

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL		California corporation number 2287764
Additional information. See instructions.		FEIN 91-2161820
Street address (suite or room) PO BOX 507		PMB no.
City IDYLLWILD	State CA	ZIP code 92549-0507
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	50,980.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	239,323.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	290,303.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	290,303.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	301,097.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-10,794.00
Filing Fee	11 Total payments	11	00
	12 Use tax. See General Instruction K	12	00
	13 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15 Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16 Penalties and Interest. See General Instruction J	16	00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer TREASURER	Date	Telephone 951-659-6208
Paid Preparer's Use Only	Preparer's signature	Date	PTIN P00165007
	Firm's name (or yours, if self-employed) and address ROGERS, ANDERSON, MALODY & SCOTT, LLP 735 E. CARNEGIE DRIVE, SUITE 100 SAN BERNARDINO, CA 92408		FEIN 95-2662063
			Telephone (909) 889-0871

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	12.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	•	6	00	
	7	Other income	•	7	50,968.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	50,980.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	•	11	0.00	
	12	Other salaries and wages	•	12	64,191.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	7,555.00
		15	Rents	•	15	2,400.00
		16	Depreciation and depletion (See instructions)	•	16	943.00
		17	Other Expenses and Disbursements	•	17	226,008.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	301,097.00

Schedule L Balance Sheets	Beginning of taxable year			End of taxable year	
	(a)	(b)	(c)	(d)	
Assets					
1 Cash		212,106.		•	229,077.
2 Net accounts receivable				•	
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments				•	
10 a Depreciable assets	65,514.		65,514.		
b Less accumulated depreciation	(61,028.)	4,486.	(61,971.)		3,543.
11 Land				•	
12 Other assets	STMT 5	7,728.		•	1,528.
13 Total assets		224,320.			234,148.
Liabilities and net worth					
14 Accounts payable		3,617.		•	3,214.
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable				•	
18 Other liabilities	STMT 6	3,975.			25,000.
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		216,728.		•	205,934.
22 Total liabilities and net worth		224,320.			234,148.

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.				
1 Net income per books	•	-10,794.	7 Income recorded on books this year not included in this return.	•
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	
6 Total. Add line 1 through line 5		-10,794.		-10,794.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
LOIS HENSON PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
RON PERRY PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
DORIS LOMBARD PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
MIKE ESNARD PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
MARVIN SPREYNE PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
CHRIS KRAMER PO BOX 507 IDYLLWILD, CA 92549-0507	PRESIDENT 2.00	0.
NORM WALKER PO BOX 507 IDYLLWILD, CA 92549-0507	1ST VICE PRESIDENT 2.00	0.
LARRY KUENEMAN PO BOX 507 IDYLLWILD, CA 92549-0507	2ND VICE PRESIDENT 2.00	0.
RAY BARMORE PO BOX 507 IDYLLWILD, CA 92549-0507	SECRETARY 2.00	0.
JERRY HOLLDBER PO BOX 507 IDYLLWILD, CA 92549-0507	TREASURER 2.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

FORM 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
FUEL REDUCTION PROGRAM		169,550.	
ABATEMENT MATERIAL COST		15,050.	
PRINTING		6,479.	
EDUCATIONAL SUPPLIES		6,011.	
LEGAL FEES		149.	
ACCOUNTING FEES		11,500.	
OFFICE EXPENSES		1,169.	
INFORMATION TECHNOLOGY		545.	
TRAVEL		4,217.	
INSURANCE		4,848.	
ALL OTHER EXPENSES		6,490.	
TOTAL TO FORM 199, PART II, LINE 17		226,008.	

FORM 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	7,728.	1,528.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	7,728.	1,528.	

FORM 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	3,975.	25,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,975.	25,000.	

FORM 199	FUND BALANCES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	191,705.	180,909.	
TEMPORARILY RESTRICTED ASSETS	25,023.	25,025.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	216,728.	205,934.	

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2015 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Fiscal year - See instructions.**
Calendar year corporations - File and Pay by March 15, 2016.
Calendar year exempt organizations - File and Pay by May 16, 2016

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

539035
12-09-15

--- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ----- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2015** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

0000000 MOUN 91-2161820 2287764 15 FORM 3
TYB 01-01-2015 TYE 12-31-2015
MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL

PO BOX 507
IDYLLWILD CA 92549-0507

(951) 659-6208

Amount of Payment 10.

TAXABLE YEAR
2015

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL	91-2161820

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	290,303.00
2	Total gross income (Form 199, line 8)	2	290,303.00
3	Total expenses and disbursements (Form 199, line 9)	3	301,097.00

Part II Settle Your Account Electronically for Taxable Year 2015

4	<input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number _____	
6	Account number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here		Date	
	Signature of officer		TREASURER Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO		Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	ROGERS, ANDERSON, MALODY & SCOTT, LLP			FEIN 95-2662063
		735 E. CARNEGIE DRIVE, SUITE 100			ZIP code 92408
		SAN BERNARDINO, CA			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer		Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN	
Must Sign	Firm's name (or yours if self-employed) and address	ROGERS, ANDERSON, MALODY & SCOTT, LLP			FEIN 95-2662063
		735 E. CARNEGIE DRIVE, SUITE 100			ZIP code 92408
		SAN BERNARDINO, CA			