

California Exempt Organization
Annual Information Return

Calendar Year 2016 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

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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
B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," enter the gross receipts from nonmember sources \$ _____
D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	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"/>
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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	N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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
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 Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____
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	

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	51,691.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	196,204.00
	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	247,895.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	1,426.00
	7	Total costs. Add line 5 and line 6	7	1,426.00
	8	Total gross income. Subtract line 7 from line 4	8	246,469.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	268,405.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-21,936.00
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	Title DIRECTOR	Date	Telephone 951-659-6208
	Preparer's signature		Date	PTIN P00165007
Paid Preparer's Use Only	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	11.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	•	6	6,500.00	
	7	Other income SEE STATEMENT 3	•	7	45,180.00	
	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	51,691.00	
	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 SEE STATEMENT 4	•	11	0.00	
	12	Other salaries and wages	•	12	55,893.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	7,990.00
		15	Rents	•	15	2,200.00
		16	Depreciation and depletion (See instructions)	•	16	640.00
		17	Other Expenses and Disbursements SEE STATEMENT 5	•	17	201,682.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	268,405.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		229,077.		113,986.
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.		54,512.	
	b Less accumulated depreciation	(61,971.)	3,543.	(53,034.)	1,478.
11	Land				
12	Other assets STMT 6		1,528.		78,254.
13	Total assets		234,148.		193,718.
Liabilities and net worth					
14	Accounts payable		3,214.		6,295.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 7		25,000.		3,425.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		205,934.		183,998.
22	Total liabilities and net worth		234,148.		193,718.

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	•	-21,936.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5		-21,936.
7	Income recorded on books this year not included in this return.	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		-21,936.

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
USDA FOREST SERVICE	P.O. BOX 944246 SACRAMENTO, CA 94244	10/12/16	151,726.
TOTAL INCLUDED ON LINE 3			<u>151,726.</u>

FORM 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,426.	0.	0.	6,500.
TOTAL TO FORM 199, PAGE 2, LN 6	1,426.	0.	0.	6,500.

FORM 199	OTHER INCOME	STATEMENT	3
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DESCRIPTION	AMOUNT
ABATEMENT COST-SHARING	45,180.
TOTAL TO FORM 199, PART II, LINE 7	45,180.

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

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.
JERRY HOLLDBER 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.
MARVIN SPREYNE 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	5
DESCRIPTION		AMOUNT	
FUEL REDUCTION PROGRAM		145,045.	
ABATEMENT MATERIAL COST		17,850.	
PRINTING		6,628.	
EDUCATIONAL SUPPLIES		6,058.	
ACCOUNTING FEES		11,752.	
OFFICE EXPENSES		1,109.	
INFORMATION TECHNOLOGY		876.	
TRAVEL		2,701.	
INSURANCE		5,371.	
ALL OTHER EXPENSES		4,292.	
TOTAL TO FORM 199, PART II, LINE 17		201,682.	

FORM 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		1,528.	78,254.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		1,528.	78,254.

FORM 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		25,000.	3,425.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		25,000.	3,425.

FORM 199	FUND BALANCES	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		180,909.	158,970.
TEMPORARILY RESTRICTED ASSETS		25,025.	25,028.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		205,934.	183,998.