12/12/14 Date

)

#### BUSINESS ORGANIZATION ABILITY TO PAY CLAIM

Financial Data Request Form

This form requests information regarding your financial status. The data will be used to evaluate your ability to pay for environmental clean-up or penalties. If there is not enough space for your answers, please use additional sheets of paper. Note that we may request further documentation of any of your responses. We welcome any other information you wish to provide supporting your case, particularly, if you feel your situation is not adequately described through the information requested here. If a particular question does not apply to your business, please indicate that it does not apply and give the reason. Failure to answer all the questions clearly and completely may result in denial of your claim of inability to pay.

#### Certification

Under penalties of perjury, I declare that this financial statement submitted by me as a responsible officer of the organization is a true, correct, and complete statement of all organization income and assets, real and personal, whether held in the company name or otherwise to the best of my knowledge and belief. I further understand that I will be subject to prosecution by the United States Government to the fullest extent possible under the law should I provide any information that is not true, correct, and complete to the best of my knowledge.

Dough 7. W Signature	
Douglas T. (Name (printed or typed)	ole
CUO Corporate Position	notestiene Transis de Bassilando-recorran

l.	Business Name: _	riar die	Mour	Msin.	K2ncl	LILL	
2.	For Profit X Not	for Profit	utu.				
3.	Business Address:	U252 Street	o stal	re Hu		· · · · · · · · · · · · · · · · · · ·	
		Somes	BAR.	14	45	Sex	
		City	9-Seculiamina and a second at the second at	State	4s Zip		
NOTE	C: Attach Schedule	of all Busin	ess Address	es			
4.	Foreign N/A	Domestic	Non a	Witio	no=(		
5.	Legal Form of Bus	iness Organiz	zation during	g the last 5	years		
	X Corporation	1					
	Subchapter	S Corporatio	n				
	Partnership						
	Proprietors	hip					
	Trust						
	Other:	and the state of t		na managamana ka managa ka man	og tig fala di quality y Tomillion (Salada dan Alberty Arthur		
6.	State of Incorporat	ion <u>C21i</u> f	ornia D	ate of Inco	orporation_	Feb 2,205	>
7.	Name of Registere	d Agent: 1	Jough &	<u>. T.</u>	Cole		
8.	Address of Registe	ered Agent: S	92520 treet	<u> </u>	ste 1th	1996	
		: <b>c</b>	SOWES 1	spe s	<u>CA</u> State	<u>95568</u> Zip	
		***	530- (				

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Name and address of principal stockholders and number of shares owned by each. (If more than 8 shareholders, list only those with 5 percent or more stock ownership). If your business is a partnership, list all partners and ownership percentage.

Total outstanding shares: 100

Name	Address	Shares
1. Dougles T. Cole	92520 St. Hwy 96, somes BAR,	50
1. Dougles T. Cole 2. Heidi A. Cole	11	50
3.		
4.		
5.		
6.		
7.		

9.A. Name and address of current, (and for previous 5 years), officers and number of shares held by each. For partnerships, list all partners for last 5 years.

Name	Address	Shares	Term
Doughs Ticole	92520 St. Hwg 94 somes BAR, CA.	50	
Heid: A-Cole	92520 St. Huy QL 2020055 BAR, 14. 9556	50	
			and all the state of the state
Annual Control of the		SON THE STREET, CONTROL OF THE STREET, CONTRO	

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9.B. Name and address of current, (and for previous five years), members of board of directors and number of shares held by each.

Name	Address	Shares	Term
Doughs T. Cole	92520 St. Hwy at SOMES BAR, CA 95869 92520 St. Hwy 96 Gomes BAR, CA 95568	50	
Heidi A. Cole	92520 St. Hwy 96 Somes BAR, CA 95568	50	
grave-en-Ordensensensen-Ordensen-Ordense	de oor oo aan meetin meetin de meetin die de de meeting de de de oorste ook, ook de oorste matter gegeneel de de meeting gegeneel de de meeting gegeneel de de meeting gegeneel de de oorste de de oorste de de de oorste de de de oorste de	in the second	e di
And the control of th	dayi qorasitti isaliini iima qirid qiriqida miqohalaqoqa qora qora qora qoqay iyoqid cincocci sisii qorasid ii		
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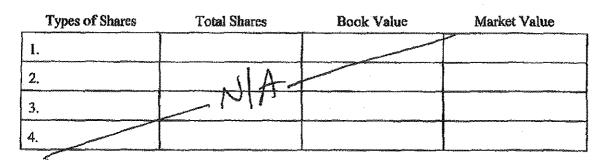
10. Has this organization ever issued a prospectus for the sale of stock? Yes No X If yes, list date, number and type of shares for each prospectus during the last five years.

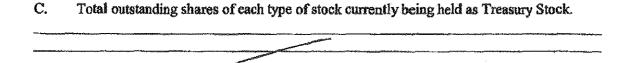
Date	Number of Shares	Type of Shares
	NIA	

11.A. Registration on international, national or local stock exchange(s). Give details, including date of registration and/or de-listing.

1		******************************	 and the second s	
2.				
3.	NIA			
4.		**************************************		

11.B. Total authorized shares for each type issued and present market value per share on each type of stock (or book value if not actively traded)





D. Total outstanding shares of each type of stock.

NA

E. Amount of bonded debt and principle bondholders.

ANIA	
NIM	
	·
**************************************	

12. List states and municipalities to which taxes have been paid and/or are being paid. Describe nature and amount of such taxes, state most recent year of payments thereof and whether tax payments are current.

SISKIYOU COUNTY TAX COllector: property taxes = \$10,140,48
615kiyou county tax collector: modular home taxes = \$351.46

TAXES ARE CLURIENT. NEXT INSCALLMENTS ARE DUE ON Feb. 1, 2017.

.

	at I.R.S. Office(s)
What	Years? 2015,
Are F	ederal Taxes current? Yes X No
Provid	e <u>SIGNED</u> Federal income tax returns and <u>ALL</u> associated schedules for the last ars.
Name	and address of;
a. <b>4</b> LI	Organization=s Independent Certified Public Accountants  North, CPA. 1181 Puerta del Sol #140  Clemente, CA. 92673 Ph. 949.498.5585
<u> Sa.</u>	clemente, cq. 92673 Ph. 949.498.5585
	Organization=s Attorney(s) presently and during the past five years.  6202 Brewner, Churchwell white, 1414 K
358	floor, Szcramento, 4.9514
<del></del>	
	is organization filed Financial Forms with any organization or government entity? une of organization or entity, date and type of Financial Form.
A	ILA

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16. Does this organization have a Profit and Loss Statement and Balance Sheet for the most recent calendar or fiscal year and for specified past years? Past five years:

Submit one copy of each. (Audited documents are preferred.)

N. <u>Ass</u> ets	Ž. (	C.P.A.	brebsre	ed year	, retu	~vs
grid Miller the friends a secure and a secure of the secur	enone de la	2015	2014	2013	2012	2011
Cash	Ls					
Securities	\$					
<u>Facilities</u>	\$					
Depreciation	\$					
<u>Equipment</u>	S					
<u>Depreciation</u>	\$					
Inventory	<u>s</u>					
Accounts Receivable	<u>\$</u>					
Other	\$					
TOTAL ASSETS	\$					

B. Liabilities and Stockholder's Equity

I I I I I I I I I I I I I I I I I I I	-	<u> 2015</u>	2014	<u>2013</u>	2012	2011
Loans Principle	\$					
Monthly Payment	\$					
Mortgages Principle	\$					
Monthly Payment	\$					
Accounts Payable	\$					
Deferred Taxes	\$					
Insurance Premiums	\$					
Other	\$					

C. Stockholder's Equity

produces a secretar a second contraction of the second contraction of	<u> 2015</u>	<u> 2014</u>	2013	<u> 2012</u>	<u> 2011</u>
Common Stock	\$				
Paid-in Capital	\$	·			
Retained Earnings	\$ 	arong to this area transmission of			

والمعادر وال	 2015	2014	2013	2012	2011
TOTAL LIABILITIES	\$				
& EQUITY					

#### 17. Loans Payable:

A.

Owed to: Kubstz Cucdot	Purpose: Mivi. accordio
Term: 60 months	Interest Rate: 000
Collateral: excevetor	Cosigner:
Monthly Payments: \$ 405.94	
Original Amount: # 147000	Date: June 2016
Present Balance & 4,000	

В,

Owed to: Chase	Purpose: Truck loan
Term: 60 months	Interest Rate: 2.39 00
Collateral: 2016 Gonz truck	Cosigner:
Monthly Payments: 🍇 716.60	
Original Amount: \$39.957	Date: 3(13(16
Present Balance \$\frac{1}{2}\cdot 22,000	

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C.

Owed to: First Francisce	Purpose: Fund water onsultants
Term: 36 mos	Interest Rate:
Collateral: M.M.R. Vel Estate	Cosigner: N.D. Cole
Monthly Payments: % GOO -	
Original Amount: \$ 45,000	Date: 14/12/16
Present Balance # 45,000	

D.

Owed to: Calnote credit	Purpose: tractor back-lose		
Term: 60 months	Interest Rate: O \$70		
Collateral: tractor	Cosigner:		
Monthly Payments: 16.56			
Original Amount: #42,600	Date: Oct 2515		
Present Balance 25,000			

#### 18. Mortgages Payable:

A.

Owed To: Nationstar Martine	Address of Property: 92520Hwy 96
Term: 30 years	Interest Rate: 3.375 %
Collateral: home	Cosigner: N.D. Cole &co
Monthly Payments: (21,821.5)	
Original Amount: \$ 255,000	Date: June 2016
Present Balance: \$ 246,602	

# B. Additional loans 2

Owed To: Chardowell wight	Address of Property:
Term:	Interest Rate:
Collateral: None	Cosigner:
Monthly Payments:	
Original Amount: # 40,000	Date: 1/12/16
Present Balance: をあろったの	water rights detense, balance carried forward

C.

Owed To:	Address of Property:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance:	

D.

Owed To:	Address of Property:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance:	

Other

19. <u>Income/Expenses:</u> Gross Income		<u> 2015</u>	2014	2013	2012	2011
	~~~~~~	444			4V16	<u> </u>
Net Sales	\$					
Interest Income	\$					
Dividends	\$					
Other	\$					
Operating Expenses	200-1					
Wages	s					
Overhead	\$					
Lease Payments	\$					
Interest Expense	\$					
Cost of Sales	\$	Andrew Control of the Police and Section 1995	The second secon		Payment	
Net Income	\$				accommonweal and the second se	

20. In addition, provide the following firm size information:

| Number of Employees | 15 seasone | 3 full time and playees |
| Size of Warehouse(s) | Volume Shipped | | |

21. Does this organization maintain bank accounts? Give names and addresses of banks, savings and loan associations, and other such entities, within the United States or elsewhere.

A. Checking			
Name of Bank	Address of Bank	Account#	Balance
chase	3607 crater Lake Hos.	32227 1625	- 22,000

Name of Bank	Address of Bank	Account #	Balance
anning ang pang ang ang ang ang ang ang ang ang ang	AND CONTRACT OF THE STREET CONTRACT OF THE ST	······································	omersky gamen v - o - h 6047772 i G
		1990s Commission (1990s Commis	appearing of the control of the Cont
2015			
<b>0</b> 44			
Other Accounts	4.15		Datas
Name of Institution	Address of Institution	Account #	Balance
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		NOTACHA AND THE RESIDENCE OF THE RESIDEN	A CONTRACTOR OF THE PERSON NAMED OF THE PERSON
	tions or other such entities		And the second s
Savings & Loan Associa Name of Institution	tions or other such entities Address of Institution	Account #	Balance
		Account #	Balance
Name of Institution		Account #	Balance
Name of Institution  Trust Account(s)	Address of Institution		
Name of Institution  Trust Account(s)	Address of Institution		
Name of Institution  Trust Account(s)	Address of Institution		
Name of Institution  Trust Account(s)	Address of Institution		
Name of Institution  Trust Account(s)  Name of Institution	Address of Institution		
Name of Institution  Trust Account(s)	Address of Institution		Balance
Name of Institution  Trust Account(s)  Name of Institution  Other Account(s)	Address of Institution  Address of Institution	Account #	Balance
Name of Institution  Trust Account(s)  Name of Institution  Other Account(s)	Address of Institution  Address of Institution	Account #	

interest whatsoever, presently in transit or in the possession of any banking institution. Describe such paper and the organization—s interest therein, and state its present location. List all loans receivable in excess of \$10,000.00 and specify if due from an officer, stockholder, or director.
23. Has this organization engaged in any Joint Loan Agreements, including Letters of Credits, with any other organization(s)? If yes, describe all such agreements.
24. Does this organization have any debt coinsured by another organization? If yes, describe such arrangements.
25. List all equity participation in other organizations, both domestic and foreign, in which this organization has an interest, including the type, amount and terms of such interest.



26. List all debt participation in other organizations, both domestic and foreign, in which this organization has an interest, including the type, amount and terms of such interest.
or gameation has all interest, mercaning the type, amount and terms of such interest.
27. Is this organization presently:  A. Active  (Answer No for inactive, but still in existence) Yes X  No
B. Void and/or terminated by State authority. Yes No
C. Otherwise dissolved YesNo
1. Date
2. By Whom
3. Reason

28. A. List corporate salaries, bonuses to and/or drawings of the following personnel for the last five taxable years:

Position	Name		2015	2014	2013	2012	2011	
President	Dava	Cole	- ne	r loss	es -	sce re	turn	to I E.C
Vice President	0							
Chairman								
Secretary	Herdi	Cole						Constanting
Treasurer								RE Minus Anna Anna Anna Anna Anna Anna Anna Ann
		600	tee cal		1 - 1	. 1 1	_	-

B. List the five most highly compensated employees or officers other than the above, describe position and list annual salary and/or bonus for the last five taxable years:

Name	Position/Title	2014		
and the second s				
Non			, , , , , , , , , , , , , , , , , , ,	
	· · · · · · · · · · · · · · · · · · ·			
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C. Describe the nature of the compensation paid to the persons listed in (A) and (B) above and set forth any stock options, pensions, profit sharing, royalties, or other deferred compensation rights of said persons.					
		<u> </u>			
•					
JA-					
N	managara majih ke ke ke magang gijilah kacamana sacara gi ili kili ili bihan a zara she ili me ke ke ya kara m				

29. List the organizations commercial activity, (fields of activity resulting in income), and SIC Code.

Commercial Activity	SIC Code
Primary Dude Rand	70320102
Other 1.	Water and Production of Control o
Other 2.	ng pagamanananananananan
Other 3	

directly, through it affiliates, sta subsidiaries or affiliates:	y fields of activity in which this organization is engaged, either ating the name(s) and states(s) of incorporation of such
Contract ser	yices to GI Fire and United
	Service for fire camps
fire comp inc	oure lexpense 15 included by
Martle Mounts	oune lexpense 13 included by  The Ranch gross incomes lexpenses.
	y time been the subject of any proceeding under the provisions of e federal Bankruptcy Act, as amended? If so, supply the h such proceeding:
A. Date (Commencement)	
B. Date (Termination)	NA
The state of the s	on, if any, and operative effect thereof:
D. State Court	Docket No.
County	
E. Federal Court	Docket No.
County	
owned or under contract to be p	personal property of an estimated value in excess of \$ 10,000 purchased by this organization with names and addresses of seller cated:  Shown as Marble Mountain Panch at
	Somes BAR, CA. 95568
	SEKiyou county business property
tax Schedule	
	·

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#### MARBLE MOUNTAIN RANCH BUSINESS PROPERTY Feb 2016

100 HP HYDRO ELECTRIC PLANT AND THES CONTROLS

65 KW GENERATOR

AC/DC ARC WELDER

ACETYLENE TORCH

DE WALT 12" RADIAL ARM SAW

WOOD SPLITTER

DISC, BRUSH HOG, BOX SCRAPER

2 LAWN MOWERS

2008 JOHN DEER RIDING MOWER (purchased July 2008)

1940 JOHN DEER TRACTOR

4 WHEEL BARRELS AND MISC GARDEN TOOLS

10 REFRIGERATORS

1 CHEST FREEZER

1 COMMERCIAL REFRIGERATOR

2 COMMERCIAL STOVES

**DINING ROOM SEATING AND TABLES FOR 25** 

2 COMMERCIAL CLOTHES DRYERS

2 COMMERCIAL CLOTHES WASHERS

25 TWIN BEDS

)

**5 QUEEN OR FULL SIZED BEDS** 

LINENS FOR 30 BEDS

DRESSERS, NIGHT STANDS, LAMPS FOR 12 CABINS

MISC PICNIC TABLES

I-MAC COMPUTER AND PRINTER

2 @ 5000 GAL WATER STORAGE TANKS

3 @ SAND FILTERS

300 FEET OF 3" HOOK-LATCH AG PIPE

2 "BIG GUN" SPRINKLERs

STOCK: 15 MIXED BREED HORSES AND TACK FOR 15 HORSES (approx. 16,000 -

evolving as horses age)

2 USED UTILITY TRAILERS

1 ICE MACHINE (approx. \$1000 new-2008)

2 used STHIL POLE SAWs (approx. \$500)

Sthil string weed eater (\$450 new in 2012

2009 Rogue Jet boat (new purchase price was \$40K)

2008 Hyde drift boat (new acquisition 2012 for \$3500)

3 misc older rafts with gear, approx. value \$4,500

2012 Sotar Raft (new acquisition 2012 for \$3800)

2015 Sotar Raft (new acquisition 2015 for \$4380)

2015 Kubota tractor (new acquisition 2015 \$41,600)

2014 BBQ smoker (\$3000 purchase)

1998 used mobile home-serial number GWOR23N20422 (new acquisition 2012 for \$18,000)

Two 20' cargo containers, \$7000 total purchase price

SIGNED:

Dowcon

DATE: 12/14

<ul><li>33. List and describe all judgments, recorded and unrecorded, this organization is a party of:</li><li>A. Against the organization</li></ul>
WH
B. In favor of the organization
AAA
34. List and describe all other encumbrances (including but not limited to security interest, whether perfected or not) against any such personal property owned by the organization as is listed in 30 (A) above.
NA
35. List all life insurance, now in force on any or all officers, directors, and/or Akey@ employed setting forth face amounts, names of life insurance companies and policy numbers where this organization has an Ainsurable interest@ and/or paying the premium or part of same. Where applicable, indicate under which policy(s) this organization is beneficiary, type of policy(s) this organization is a beneficiary, yearly premium, and location of policy(s). In addition, state the cash value if any and the conditions of any borrowing options available under each policy.
1112
NII.

		wing types of policies, list all primat, per occurrence and aggregate co		
A. Co.	mprehensi	ve General Liability		
5	ee a	ttached general	, liability	accord
5	Nowin	ttached general	verage.	
B. En	vironments	l Impairment Liability		
www.comp.geom		NIA		
	Prilitation of Angus pages of Control (Angus pages			
C. Oth	er policies	for which coverage might apply is	ncluding participation	on in risk retention pools.
**************************************		NIA		
organiz three ca recipies	cation, OT alendar yea at and to w		COURSE OF BUS made. Describe co	SINESS, during the last impensation paid by
Date	Value	Property Transferred	To Whom	Compensation Paid
	- Continue of the Continue of	A STATE OF THE STA		
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DATE (MM/DD/YYYY) 06/23/2014

ATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS DES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. ATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED /E OR PRODUCER, AND THE CERTIFICATE HOLDER.

the certificate holder is an ADDITIONAL INSURED, the policylest must be endorsed. If SUBROGATION IS WAIVED, subject to the

PRO	DUCER				SWACT PATRIC				
	EILERT INSURANCE GROUP	•		[8	12 K ext. 408-7	76-9090	PAX (AVC, Note	108-7	76-9075
	16450 MONTEREY RD, SUITI	ž 4		19	DORESS: CSROOE		RANCE,COM		
	Morgan Hill, ca 95037			Į.	PRODUCER CUSTOMER ID 8:				
~~~	(408) 776-9090 PHONE (408	776-	9076	FAX		SURER(S) AFFOR	DING COVERAGE	· · · · · · · · · · · · · · · · · · ·	NAICA
insu	RED			<u>ln</u>	NSURER A: PHILAC	ELPHIA INSU	RANCE CO		18058
				<u> </u>	NSURER B: STATE	COMPENSAT	ION INSURANCE FUND		
	MARBLE MTN RANCH, LL	C		la l	nsumer C:				<u> </u>
	92520 STATE HWY 96			J	NSURER O:			~	ļ
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雅	TYPE OF INSURANCE	187	Wib.	POLICY NUMBER		POLICYEXP	LMAT	5	
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	X COMMERCIAL GENERAL LIABILITY	1 1			1		PAMAGE (O RENTED PREMISES (Es occurrence)	\$	100,000
	CLAIMS-NADE X OCCUR	[ [					MED EXP (Any one person)	\$	5,000
	MENTER ME						PERBONAL & ADV INJURY		1,000,000
						1	GENERAL AGGREGATE	3	2,000,000
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В	WORKERS COMPENSATION			1953146-14	08/01/201	06/01/2015	X WC STATU OTH-		
U.	AND EMPLOYERS LIABRITY  ANY PROPRIETOR PARTNER EXECUTIVE	11		1 CHG LAN. 14	401 V 11 EU 1	T VOID !!EU TO	E.L. EACH ACCIDENT	8	1,000,000
i	ANY PROPRIETOR/PARTNER/EXECUTIVE OPPICERASE MESS EXCLUSEO?	N/A			}	1	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				[		E.L. DISEASE - POLICYLLINIT	<del></del>	1,000,000
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ČE	RTIFICATE HOLDER	****			CANCELLATIO	N			
- Parking	HAPPY CAMP RANGER I	TEIC	राटा			n date th	DESCRIBED POLICIES BE C EREOF, NOTICE WILL TYPROWSIONS		

HAPPY CAMP, CA 96039 FAX: 530-489-1796

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2009/09)

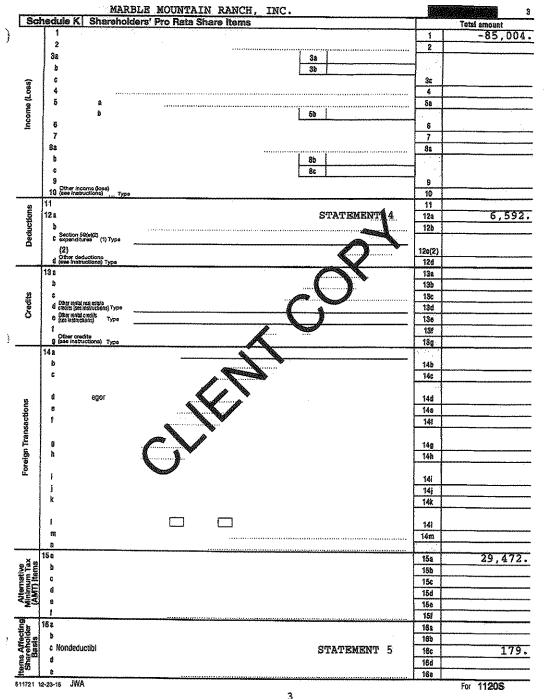
The ACORD name and logo are registered marks of ACORD

38. Is this bu	siness organizat Yes (Give det	ion a party in a ails below)	any law suit : No_	now pending?		
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39. List name		s of any person	s or other bu	siness entity, l	nolding funds in	escrow or
		NA				
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40. Other info	ormation reques	sted:				
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ercia n <sub>ar</sub> u ko <sup>ta</sup> ning goy <u>na cina s</u> ependi migazina da ala aliminina na ka-a-	n gandalamindahahagan (gang Affrica) da da da da gang ang beranda da gang ang beranda da gang ang da da da gan	ىنىسىنىڭ دېرىكا ئورۇنگىكىڭ ئۇڭكىنىچىلىرىلىنى بىياسلىقىلىلىنى بىيى بولىد	نادون در داده داده در	inida Perindahakkan acama NPA - + dacama ad PPPII-A-Angerapagaji	Fillingeryage Statistical State account our Property or vision	
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**1120S** U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is OMB No. 1545-0123 attaching Form 2553 to elect to be an S corporation. 2015 ▶ Information about Form 11208 and its separate instructions is at www.irs.gov/form1120s. Department of the Treasury Internal Revenue Service For calendar year 2015 or tax year beginning and ending Name 02/02/2015 OR PRIN MARBLE MOUNTAIN RANCH, INC. 713900 02/02/2015 C attached 2,594,301. 0 X H (1) (2) (3) (4) (5) 2 Caution; only 627,649. b Return and 257. C Bal. Subtract line 16 from line te 627,392. 1¢ 2 Income 4.179. 2 3 3 623,213. 4 4 5 5 Total income (toss) 623,213. 8 7 Deductions (See instructions for limitations) 7 8 35,895. 8 9 9 58,464. 10 10 11 11 12 TATEMENT 2 12 15,766. 13 13 16,853. 14 186,804. 14 Depletion (Do not deduct oil and gas depletion.) 15 16 16 18 6,661. 17 17 18 18 19 19 387,774. 20 Total deductions. 20 708,217. 21 Ordinary business income (loss) -85,004. 21 22 a 22a 22b 22c 23 a 23a Tax and Payments 23b 230 234 24 24 25 Amount owed. 25 26 Overpayment, 26 Gredited to 2016 estimated tax Refunded 27 enalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discus this return with the preparer shown below (see instr.)? Here PRESIDENT Title XYes Date rint/Type preparer e name Preparer's eignature PTIN Date Check if ALLAN K. DORFF CPA INC. Firm's EIN Firm's address 🐌 Phone no JWA For Paperwork Reduction Act Notice, see separate instructions. 11205

Sche	dule B Other Inform	ation	N RANCH, I	NC.	<del>er deleger verste de er en de er er</del>		Yes	h
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(a)	RECREA	TION	(b)		GUEST RAI	NCH ADVEN	PURES	
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#### **SCHEDULE C** (Form 1040)

## Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury

Information about Schedule C and its separate instructions is at www.irs.gov/schedulec,

	riment of the Treasury (99) Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065,	aniec,	Attachment Sequence No. 09	
		ocial secu	rity number (SSN)	
	UGLAS T. COLE			
A			ode from instructions	-
		► 713 <u>9</u>		
C	Business name. If no separate business name, leave blank.	Employ	er ID number (EIN), (see ins	strs)
E	MARBLE MOUNTAIN RANCH			······································
E	**************************************	es contraction of the contractio		***************************************
	City, town or post office, state, and ZIP code	THE PARTY OF THE P		····
F	Accounting method: (1) X Cash (2) Accrual (3) Other (specify) ►	····	णि ।	-
G	Did you 'materially participate' in the operation of this business during 2014? If 'No,' see instructions for			No
Н	If you started or acquired this business during 2014, check here			****
,	Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)			X No
J	If 'Yes,' did you or will you file required Forms 10997.			No
		····		×
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you		_	
2	on Form W-2 and the 'Statutory employee' box on that form was checked	<u></u>	1 474,0	
2 3	Returns and allowances.			305.
_	Subtract line 2 from line 1.		3 472,7	
4	Cost of goods sold (from line 42)	∵… ⊢		<u>110.</u>
5 6	Gross profit. Subtract line 4 from line 3		5 468,6	<u> </u>
U	(see instructions).	T 1	6 6.3	347.
7	Gross income. Add lines 5 and 6	, ▶	7 474,9	
	Expenses. Enter expenses for business use of your home only a line 3.		numerous and an analysis and an array of the Arthur and an array of the Arthur and Arthur and Arthur and Arthur	
8	Advertising	1	8 3,0	)44.
9	Car and truck expenses (see instructions)		9	
10	Commissions and foor 12 20 Tent of lease (see instructions):			
11	Contract labor a Vehicles, machinery, and equipment		0 a	
	(see instructions)		0b	
12	Depletion		1 69,4	
13	Depreciation and section 22 Supplies (not included in Part III)	poss		<u> 368.</u>
	(not included in Part III) 23 Taxes and licenses		20,4	174,
14	407/0231		10 4a 6	*~^
149	Employee benefit programs (other than on line 19) a Travel. b Deductible meals and entertainment		<u>∾a                                     </u>	68.
15	Insurance (other than health) 15 1 30, 979. (see instructions)		4b 7	186.
16	Interest: 25 Utilities	2	37,5	
a	164 16,499. 26 Wages (less employment credits)	2	26 17,7	
b	Other	2	7a 151,1	
17	Legal & professional services 17 21, 935. b Reserved for future use		?7 b	e.
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	> 2	<b>8</b> 473,7	154.
29	Tentative profit or (loss). Subtract line 28 from line 7	2	29 1,1	95.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).			
	Simplified method filers only: enter the total square footage of: (a) your home:	[		
	and (b) the part of your home used for business:  . Use the Simplifie Method Worksheet in the instructions to figure the amount to enter on line 30.	ed .		
	_		30	
31	Net profit or (loss). Subtract line 30 from line 29.			
	If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates			
	and trusts, enter on Form 1941, line 3.	3	1,1	.95.
	If a loss, you must go to line 32.			
32	If you have a loss, check the box that describes your investment in this activity (see instructions).	<b>6</b> **C3		
	If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on	3	32a All investmen	t is
	Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.	-	∟ at risk.	
	If you checked 32b, you must attach Form 6198. Your loss may be limited.		32b Some investman is not at risk.	nent

	edule C (Form 1040) 2014 DOUGLAS T, COLE			***************************************	Page 2
Later Court	Rt III Cost of Goods Sold (see instructions)		***********	**************************************	Web
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attack	-	(ation	)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory If 'Yes,' attach explanation	? ~~~~{	••••	Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35			
36	Purchases less cost of items withdrawn for personal use	36	<del></del>	4	,110.
37	Cost of labor. Do not include any amounts paid to yourself,	37	************************	·	tolar Firms you was
38	Materials and supplies	38	**************************************	4 <del></del>	**************************************
39	Other costs	39	····	. · · · · · · · · · · · · · · · · · · ·	
40	Add lines 35 through 39	40		4	,110.
41	Inventory at end of year	41	·		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42			,110.
	Information on Your Vehicle. Complete this part only if you are claiming care truck expense required to file Form 4562 for this business. See the instructions for line 13 to 18 d at if you must file	s on lin Form 4	а 9 an 562.	d are no	t
43	When did you place your vehicle in service for business purposes? (month, dat, year)	•			
44	Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for	•			
a	Business b Commuting (see instructions) c Other	-	·	***************************************	nerica
45	Was your vehicle available for personal use during off-during hours.	.,		☐Yes	□No
46	Do you (or your spouse) have another vehicle available for peachal use?			Yes	No
47 a	Do you have evidence to support your deduction?		• • • •	Yes	□No
	If 'Yes,' is the evidence written?			Yes	□No
Par	Other Expenses. List below ausiness expenses not included on lines 8-26 or line 30.			<del></del>	***************************************
SEE	STATEMENT 2		<del></del>	g <del>trainaria.</del>	
~~ ~~ ~			<del></del>	<b></b>	
			<u></u>		1/200 <sup>0</sup> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
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			<u> </u>	**************************************	<u></u>
****************************		·	<u></u>		ZNGO gilletileninyanistinning
48	Total other expenses. Enter here and on line 27a	. 48 Sched	ule C	151 (Form 10	,105. 40) 2014

2014	FEDERAL STATEMENTS		PAGE
	DOUGLAS T. AND HEIDI A. COLE	velokishka sa asasay muusuu annoon ka marayay marakani ka ka ka maray annoon ay ka sa sa sa sa sa sa sa sa sa s	
STATEMENT 1 - RECREA SCHEDULE C, LINE 6 OTHER INCOME	ATION		
RESALE GIFT MERCHANI	DISE	TOTAL \$	6,347. 6,347.
STATEMENT 2 - RECREA SCHEDULE C, PART V OTHER EXPENSES	ATION		
ACCOUNTING. AMMUNITION/SHOOTING BANK CHARGES. CASUAL LABOR. DUES AND SUBSCRIPTION FEES - DOT. FISHING EXPENSES. FOOD & LODGING SUPPLE GIFTS/DONTATIONS/PROFOUNDS MAINTENANCE. MISCELLANEOUS. RAFTING EXPENSES. SMALL SPORTING FOULD	MENT EXPENSES. USFS/BLM PENSES.		775. 4,379. 137. 6,400. 1,426. 301. 3,323. 63,640. 4,050. 3,409. 105. 1,319. 2,393. 6,533. 9,405. 33,393. 6,290. 992. 9956. 1,879. 151,105.

# STATEMENT 3 FORM 4562, PART I ELECTION TO EXPENSE SERTAIN TANGIBLE PROPERTY (SECTION 179)

DESCRIPTION OF PROPERTY	COST	ELECTED COST
7-YEAR BEE EQUIPMENT 7-YEAR KAYAKS 7-YEAR GENERATOR 7-YEAR CARGO CONTAINER 7-YEAR SMOKER	2,154. 6,623. 9,000. 3,550. 3,950. TOTAL	\$ 2,154. 6,623. 9,000. 3,550. 3,950. \$ 25,277.

#### SCHEDULE C (Form 1040)

Department of the Tressury Internal Revenue Service (99)

#### **Profit or Loss From Business**

(Sole Proprietorship)

For information on Schedule C and its instructions, go to www.irs.gov/schedulec.

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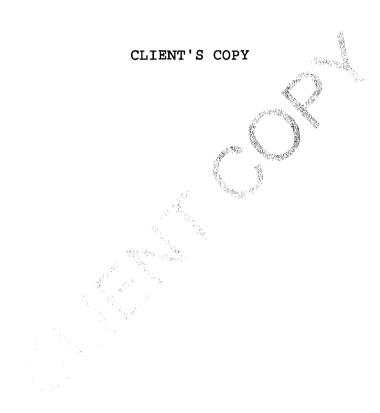
2013

Attachment Sequence No. 09 Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

	ne of proprietor		Social security number (SSN)
* attitioner	OUGLAS T COLE		
A	Principal business or profession, including product or service (see instru	ctions)	B Enter code from instructions
:2:::::2:	RECREATION : SERVICE		<b>▶</b> 713900
Ç	Business name, If no separate business name, leave blank.	A STATE OF THE STA	D EmployerID number (EIN), (see in str.)
	MARBLE MOUNTAIN RANCH	<u>and and the second sec</u>	
E	Business address (including suite or room no.)	i i zadie ko al ga al jako	
F		Other (specify) ▶	
G	Did you "materially participate" in the operation of this business during 20		
Н		, , , , , , , , , , , , , , , , , , ,	1
ŀ	Did you make any payments in 2013 that would require you to file Form(s		
j:	IF"Yes," did you or will you file required Forms 1099?		
-	in Income		
1	Gross receipts or sales. See instructions for line 1 and check the box if th	is income was reported to you on F	form W-2_
	and the "Statutory employee" box on that form was checked AT		. » 1 434,530.
2	Returns and allowances		. , , 2
3	Subtract line 2 from line 1		434,530.
4	Cost of goods sold (from line 42)		4
5	Gross profit, Subtract line 4 from line 3		6 434,530.
6	Other income, including federal and state gasoline or fuel tax credit or re	fund (see instructions) ATTAC	MENT. 6 2,750.
7			
Æ	<b>FAIL</b> Expenses for b	usiness use of your hom	e only on line 30.
•••••		ent en statum en en en statum in de se en	
8	Advertising 8 5,895.	18 Office expense (see instruction)	
9	Car and truck expenses (see	19 Pension and profit-sharing p	olans 19
	instructions)	20 Rent or lease (see instruction	ıs):
10	Commissions and fees 10 16,039.	a Vehicles, machinery, and eq	
11	Contract labor (see instructions) 11 13,423.	b Other business property .	, <u>20b</u>
12	Depletion	21 Repairs and maintenance .	
13	Depreciation and section 179	22 Supplies (not included in Pa	
	mark manner distriction from a	23 Taxes and licenses ATT	ACHMENT. 23 21,217.
	included in Part III) (see inst) 13 40,120.	24 Travel, meals, and entertain	
14	Employee benefit programs	a Travel	<u>24a</u> <u>1,972.</u>
	(other than on line 19) 14	b Deductible meals and	
15	Insurance (other than health) 16 34,542.	entertainment (see instruction	ons) <u>24b</u> <u>780</u> .
16	////	25 Utilities	25 31,296.
а		26 Wages (less employment or	
b	the state of the s	27a Other expenses (from line 4	
17	Legal and professional services 17 18,545.	b Reserved for future use	27b 384,235.
28	Total expenses before expenses for business use of home. Add lines &		
29	Tentative profit or (loss). Subtract line 28 from line 7	A A A A A A A A A A A A A A A A A A A	$\frac{29}{53,095}$
30		eisewnere. Attach Polm 6029	
	unless using the simplified method (see instructions).	in to a main.	
	Simplified method filers only: enter the total square footage of: (a) yo	Use the Simplified	
	and (b) the part of your home used for business;		30
	Method Worksheet in the instructions to figure the amount to enter on it	nesy, , , , , , , ,	
31	Net profit or (loss). Subtract line 30 from line 29.	i and an Ontrodula CC Hen?	<b>**</b>
	<ul> <li>If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13 (If you checked the box on line 1, see instructions). Estates and trusts, etc.</li> </ul>		<b>31</b> 53,095.
		alfei ort. Outrio 1041° ille 2°	
AA	If a loss, you must go to line 32.  When here a loss should the how that describes your investment in this.  **The contract of the contra	activity (ope instructions)	ie.∰ 
32	if you have a loss, check the box that describes your investment in this If you checked 32a, enter the loss on both Form 1040, line 12, (or Fo	rm 1040NR, line 13) and	32a ∏Allinveslmentis atrisk.
	on Schedule SE, line 2. (If you checked the box on line 1, see the line 3	11 instructions). Estates	32b Some investment is not
	and trusts, enter on Form 1041, line 3.		atrisk.
	e If you checked 32b, you must attach Form 6198. Your loss may be li	mited.	

SCITE	RUL Cost of Goods Sold (see Instructions)				Page
33	Method(s) used to				1,200,000
34	value closing inventory: a 🕱 Cost b Lower of cost or market c Other Was there any change in determining quantities, costs, or valuations between opening and closing inventory?	er (ettec	h expla	anation)	
	If "Yes," attach explanation	*. v.*		. Yes	X
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation				
16		1	31	\$	
	Purchases less cost of items withdrawn for personal use	.1	31		***************************************
7	Cost of labor. Do not include any amounts paid to yourself		37		-
8	Materials and supplies		38		
9	Other costs		39		
0	Add lines 35 through 39				Company and parties
		1		West was a second	·····
	Inventory at end of year	1			-
2 Wali	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	اغيا	42		
	Information on Your Vehicle. Complete this part only if you are claiming car line 9 and are not required to file Form 4562 for this business. See the institute of the find out if you must file Form 4562.	or tri	ick a	Vnenees A	n
		i interior			<del>Viciolis</del> a, person
3- '1	When did you place your vehicle in service for business purposes? (month, day, year) ▶	<del>(jilkeydykia n</del> i			
	Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle	for:			
a	Business b Commuting (see instructions) c Other				
	Was your vehicle available for personal use during off-duty hours?				
				· L Yes	
	Do you (or your spouse) have another vehicle available for personal use?			, Yes	□N
a I	Do you have evidence to support your deduction?	4 3	i	. Yes	Пν
b	f "Yes," is the evidence written?	29 - 3	. IS - 90	Yes	ΠN
T	f Yes, is the evidence written?  Other Expenses, List below business expenses not included on lines 8-26	or line	30.		
ee	STATEMENT	a a a a ana a		145,	334
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) }	Fotal other expenses. Enter here and on line 27a		48	145,	3 3 A
entinopesso.				ule C (Form 104	

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.



F	ederal Tax Compariso	on for Married Filing Jo	oint and Separate	
_	Taxpayer	Spouse	Married Filing Separate	Married Filing Joint
Total Income	-87,148.	-68,559.	-155,707.	-155,707.
Less: Adjustments				
Adjusted Gross Income	-87,148.	-68,559.	-155,707.	-155,707.
Standard/Itemized Deductions	6,300.	6,300.	12,600.	12,600.
Exemptions	4,050.	4,050.	8,100.	8,100.
Taxable Income				
Total Tax (regular & AMT)	0.	0.	0.	0.
Less: Credits				
Add: Other Taxes				
Less: Earned Income Credit				
Less: Additional child tax credit				
Less: Payments (excludes ext.)				
Tax Underpayment/(Overpayment)				

### **Tax Return Carryovers to 2017**

	LAS T. & HEIDI A. COLE	<b>,</b>		Number:	
Disallowing Form	Description .	Originating Form	Entity/ Activity	St/ City	Amount
1040	NOL C/O FROM 2015	1040			18,588.
1040	NOL C/O FROM 2016	1040			137,253.
SCH A	2016 CONTRIBUTIONS - 50% LIMIT	SCH A			14,387.
SCH A	2015 CONTRIBUTIONS - 50% LIMIT	SCH A			11,792.
6251	AMT NOL C/O FROM 2015	1040			55,530.
6251	AMT NOL C/O FROM 2016	1040			90,819.
6251	AMT 2016 CONTRIBUTIONS - 50% LIMIT	SCH A	1		14,387.
6251	AMT 2015 CONTRIBUTIONS - 50% LIMIT	SCH A			11,792.
SCH A	2016 CONTRIBUTIONS - 50% LIMIT	SCH 7		CA	14,387.
SCH P	AMT 2016 CONTRIBUTIONS - 50% LIMIT	SCH A		CA	14,387.
SCH A	2015 CONTRIBUTIONS - 50% LIMIT	SCH A		CA	11,792.
SCH P	AMT 2015 CONTRIBUTIONS - 50% LIMIT	SCH A		CA	11,792.
3805V	2015 GENERAL NOL	3805V		CA	82,004.
3805V	2015 AMT GENERAL NOL	3805V		CA	52,532.
3805V	2016 GENERAL NOL	3805V		CA	135,453.
380 <u>5</u> V	2016 AMT GENERAL NO	3805V		CA	89,019.
			<b></b>		
			ļ		·

612541 04-01-16

Name(s) as shown on return

DOUGLAS T. & HEIDI A. COLE

2015 Filing Status MARRIED FILING JOINT	2016 Filing Status MA	RRIED FILING	TOTNIT
2015 Tax Bracket 0.0%	2016 Tax Bracket 0 . (		JOINI
Description	Tay Year 2015	Textori 19016	Increase (Décrease)
SCHEDULE B - TAXABLE INTEREST SCHEDULE E (RENTAL AND PASSTHROUGH) OTHER INCOME	2. -85,004. 0.	134. -137,253. -18,588.	132. -52,249. -18,588.
TOTAL INCOME	-85,002.	-155,707.	-70,705.
ADJUSTED GROSS INCOME	-85,002.	-155,707.	-70,705.
STANDARD DEDUCTION INCOME BEFORE EXEMPTIONS PERSONAL EXEMPTIONS TAXABLE INCOME	12,600. -97,602. 8,000. 0.	12,600. -168,307. 8,100. 0.	-70,705. 100.
CALIFORNIA STATE RETURN NON-REFUNDABLE CREDITS PAYMENTS AMOUNT REFUNDED	21 ,000 4 000	222. 0. 0.	4. -4,000. -4,000.

Allan K. Dorff, CPA Inc. 1181 Puerta Del Sol #140 San Clemente, CA 92673 949 498-5585 X121

August 30, 2017

Douglas T. & Heidi A. Cole 92520 Hwy 96 Somes Bar, CA 95568

Dear Mr. and Mrs. Cole:

Enclosed are your 2016 income tax returns.

Specific filing instructions are as follows

#### FEDERAL INCOME TAX RETURN:

This return has been prepared for electronic filing and the practitioner PIN program has been elected. Please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS. To not mail the paper copy of the return to the IRS.

No payment is required.

CALIFORNIA INCOME TAX RETURN:

This return has been prepared for electronic filing. Please sign, date, and return California Form 8879 to our office. We will then submit your electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

Your copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Allan K. Dorff, CPA Inc.

### Form

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization Don't send to the IRS. This isn't a tax return.

► Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879 .

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name DOUGLAS T. COLE	Social security number	
Spouse's name	Spouse's social security number	
HEIDI A. COLE		
Part   Tax Return Information - Tax Year Ending December 31, 2016 (Whole dollars only)	155 707	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)		
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40;		
Form 1040EZ, line 7; Form 1040NR, line 62a)  4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a;	3	
	4	
Form 1040NR, line 73a)	5 0.	
Taxpayer Declaration and Signature Authorization (Be sure you get and keep		
the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return I consent to allo transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a an act bowledgement of transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Applicable, I authorize transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Applicable, I authorize transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Applicable, I authorize transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Applicable, I authorize transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Applicable, I authorize and ERO fund withdrawal (direct debit) entry to the financial institution of debit are entry to this account, force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revike (cancer a payment, I must co at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days it for to the payment (settlement) institutions involved in the processing of the electronic payment of taxes to receive confider at Information accessary to answer inquipayment. I further acknowledge that the personal identification number (PIN) below is my (gnature for my electronic income tax return. Taxpayer's PIN: check one box only  I authorize ALLAN K. DORFF, CPA INC.  ERO firm name  as my signature on my tax year 2016 electronically filed income tax return. Check this box on PIN and your return is filed using the Practitioner JiN method. The ERO must complete Part III below.	receipt or reason for rejection of the the U.S. Treasury and its designated its preparation software for payment of This authorization is to remain in full ntact the U.S. Treasury Financial Agent date. I also authorize the financial iries and resolve issues related to the rn and, if applicable, my Electronic  Enter five digits, but don't enter all zeros	
Your signature ▶ Date ▶	08/30/2017	
Spouse's PIN: check one box only		
X I authorize ALLAN K. DARFF, CA INC. to enter or generate my PIN  RO firm name as my signature on my tax year 1016 electronically filed income tax return.  I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box or PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	Enter five digits, but don't enter all zeros	
	00/30/0015	
Spouse's signature Date	08/30/2017	
Practitioner PIN Method Returns Only - continue below		
Rart III Certification and Authentication - Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all ze	eros	
I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.		
ERO's signature ► ALLAN K. DORFF, CPA INC. Date ►	<b></b>	
ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do S	O Form 2070 (2016)	

#### Tax Year 2016 e-file Jurat/Disclosure for Form 1040, 1040A, 1040EZ, or 1040NR using Practitioner PIN method (with or without Electronic Funds Withdrawal)

#### **ERO Declaration**

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

#### **ERO Signature**

I am signing this Tax Return by entering my PIN below.

ERO's	PIN

(enter EFIN plus 5 self-selected numerics)

#### Taxpayer Declarations Perjury Statement

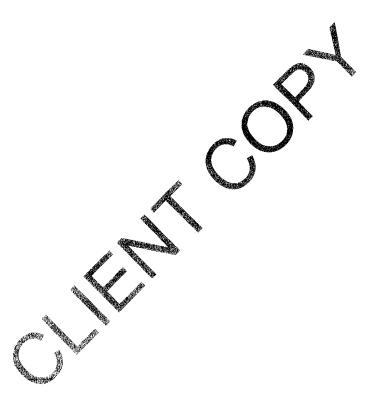
Under penalties of perjury, I declare that I have examined this return and accompanying scriedules and statements, and to the best of my knowledge and belief, they are true, correct and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the tax payer) is based on all information of which the preparer has any knowledge.

#### **Consent to Disclosure**

I consent to allow my Intermediate Service Provider, transmitter or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refunding a classical date of any refund.

I am signing this Tax Return and Electronic Funds Whodrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN:	Date Date
Spouse's PIN:	



618711 04-26-16 ▼ DETACH HERE ▼ **Application for Automatic Extension of Time** To File U.S. Individual Income Tax Return Department of the Treasury Internal Revenue Service (99) For calendar year 2016, or other tax year beginning Part | Identification Part | Individual Income Tax 4 Estimate of total tax liability for 2016 \$ 1 Your name(s) 5 Total 2016 payments DOUGLAS T. COLE & HEIDI A. COLE 6 Balance due. Subtract line 5 92520 HWY 96 0. from line 4 SOMES BAR, CA 95568 <u>o.</u> 7 Amount you are paying ..... 8 Check here if you are "out of the country" and a U.S. citizen or resident 2 Your social security number 3 Spouse's social security number 9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding

<b>1040</b>	U.	S. Individual Incor	ne Tax Return	(99) <b>201</b>	6 OMB No. 1545	5-0074 RS Use	Only - Do not writ	e or sta	aple in this space.	
	c. 31, 2	016, or other tax year beginning			, 2016, ending		.20	Se	e separate instr	uctions
Your first name and	d initial		Last name					_	r social security nu	
DOUGLAS !	г.		COLE							
If a joint return, spo	ouse's	first name and initial	Last name					Spo	use's social securit	ty number
HEIDI A.			COLE							
Home address (nur	nber a	nd street). If you have a P.C	). box, see instruction	ıs.			Apt. no.		Make sure the SSN	l(s) above
92520 HW					····				and on line 6c are	
		, and ZIP code. If you have a fore	eign address, also compl	ete spaces below.				Che	sidential Election Co eck here if you, or ye	our spouse
SOMES BAI	₹, (	CA 95568						if fil this	ing jointly, want \$3 fund. Checking a b	to go to
Foreign country nai	me		Foreign p	province/state/cour	ty	Fore	ign postal code	witt	not change your ta	x or refund
·							117 24 19	ᆜ		Spouse
Filing Status	1	Single					•		person). If the qu	
<del>-</del>	2	Married filing jointly (					a put not your (	ieben	dent, enter this o	child's
Check only	3	Married filing separat		9Vous vice		name here.	w/or\ with do-	ndor	t ohild	
one box.	0-	and full name here. ]  X Yourself. If someone		tenendent de set		Qualitying wide	w(er) with depe	muen	Boxes checked	2
Exemptions		X Spouse	toan ciann you as a (	.epenaent, <b>uo not</b> (	THEOR DOX OG	4		•••••	on 6a and 6b	
	-	Dependents:	T	(2) Dependent's	encial T	(3) Dependent	s (4).√	if child	No. of children on 6c who:	
	Ü	(1) First name	Last name	(2) Dependent's security numb		relation chicago	unger gualifyir	age 17 ig for ch		ith
	-					<u> </u>	Tax (	credit	<ul> <li>you due to divor or separation</li> </ul>	rce
If more than four	-				<del></del>				_ (see instructions	s)
dependents, see	-						<del></del>		Dependents on not entered above	
instructions and check here						1 -	-		- Add numbers	=
	d_	Total number of exemption	ns claimed			•			on lines above	2
Income	7	Wages, salaries, tips, etc.			•			7		_
IIICOIIIC	8a	Taxable interest. Attach S	chedule B if required	1				a		134.
=(.)	b	Tax-exempt interest. Do	n <b>ot</b> include on line 8a	<b>.</b>	8b			1 Y		
Attach Form(s) W-2 here, Also	9a	Ordinary dividends. Attacl	h Schedule B if requir	red				)a		
attach Forms	b	Qualified dividends			9b		- i	M		
W-2G and 1099-R if tax	10	Taxable refunds, credits,	or offsets of state and	d local income taxe	s			10		
was withheld.	11	Alimony received						11		
	12	Business income or (loss		<b>W</b>				12		
If you did not	13	Capital gain or (loss). Atta		uired. If not require	d, check here 👑		▶└┤└	13		
get a W-2,	14	Other gains or (losses). A	ttach form 797	r 				14		
see instructions.	15a	IRA distributions	158			ole amount		5b		
	16a	Pensions and annuities	16a			ole amount		6b		0.50
	17	Rentai real estate, royaltie	s, parmersnips, 5 co			•		17	-137,	253.
	18	Farm income of (loss). At						18		
	19	Unemployment compens						19		
	20a	Social security benefits Other income. List type a		CADDVOV			·	0b	-18,	500
	21							21 22	-155,	
	22	Combine the amounts in t			102	otal income .			-133,	707.
Adjusted	23 24	Educator expenses Certain business expenses of officials. Attach Form 2106 or	reservists, performing ar	tists, and fee-basis go	vernment 23	<del>                                     </del>				
Aujusteu Gross	2 <del>4</del> 25	officials. Attach Form 2106 or Health savings account de				<del> </del>				
Income	26	Moving expenses. Attach				<del>                                     </del>		AL A		
	27	Deductible part of self-em								
	28	Self-employed SEP, SIMF								
	29	Self-employed health insu						2-13 2-13		
	30	Penalty on early withdraw				<b> </b>				
•	31a	Alimony paid <b>b</b> Recipie	ent's SSN 🕨	: :	31a	<del> </del>	——— (a			
	32	15 4 1 1 11								
	33	Student loan interest ded	- 11					dasari Sarti		
	34	Tuition and fees. Attach F								
	35	Domestic production acti								
	36	Add lines 23 through 35						36		
040004 44 00 10	37	Subtract line 36 from line					► ► T	37	-155	707

Form 1040 (2016)	Γ	OUGLAS T. & HEIDI A. COLE					Page 2
Tax and	38	Amount from line 37 (adjusted gross income)				38	-155,707.
Credits	398	Check \( \sum \) You were born before January 2, 1952,	Blind. Tota	ıl boxes		12/53	<del></del>
Standard Deduction for -		if: Spouse was born before January 2, 1952,	- D	cked > 3	9a	148	
People who	b	If your spouse itemizes on a separate return or you were a dual-stati	,		39b		
check any box on line 39a or 39b <b>0f</b> who can	40	Itemized deductions (from Schedule A) or your standard deduction				40	12,600.
39b <b>0</b> who can be claimed as a	41	Subtract line 40 from line 38			T	41	-168,307.
dependent, see instructions.	42	<b>Exemptions.</b> If line 38 is \$155,650 or less, multiply \$4,050 by the n	umber on line 6d	Otherwise see	inet	42	8,100.
metractions.	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more that				43	0.
1 1		Tax Check if any from:	070 0	· · · · · · · · · · · · · · · · · · ·		44	0.
1	44	Tax. Check if any from: a Form(s) 8814 b Form 4					
All others:	45	Alternative minimum tax. Attach Form 6251				45	
Single or	46	Excess advance premium tax credit repayment, Attach Form 8962				46	
Married filing separately,	47	Add lines 44, 45, and 46			<b></b>	47	0.
\$6,300	48	Foreign tax credit, Attach Form 1116 if required					
Married filing jointly or	49	Credit for child and dependent care expenses. Attach Form 2441 $_{\dots}$		_			
Qualifying widow(er),	50	Education credits from Form 8863, line 19		)			
\$12,600	51	Retirement savings contributions credit. Attach Form 8880					
Head of household,	52	Child tax credit. Attach Schedule 8812, if required	52	2			
\$9,300	53	Residential energy credits. Attach Form 5695		3	4		
	54	Other credits from Form: a 3800 b 8801 c	54	1	À	de la	
	55	Add lines 48 through 54. These are your total credits		Allen		55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	)		<b></b>	56	0.
	57	Self-employment tax. Attach Schedule SE			*	57	
Other	58	Unreported social security and Medicare tax from Form: a 41	37 <b>b</b> 891	9		58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach F			,,,,,	59	
	60a	Household employment taxes from Schedule H	<b>#</b>	200 Ata		60a	
		First-time homebuyer credit repayment. Attach Form 5405 if require				60b	
			y ar coverage 🛽			61	
	62	Taxes from: a Form 8959 b Form 8960 c Inst.;	ester code	<u> </u>		62	
	63	Add lines 56 through 62. This is your total tax	. ABY			63	0.
Payments		Federal income tax withheld from Forms W-2 and 1099	6				
, aymonto		2016 estimated tax payments and amount applied from 2015 rough			***********		
If you have a		Earned income credit (EIC)	66				
qualifying child, attach		Nontaxable combat pay election	## 2		, and the second second		
Schedule EIC.	67	Additional child tax credit. Attach Schedur 8812	6				
	68	American opportunity credit from Form 3863 line 8	6				
		Net premium tax credit. Attach Form 1962	6				
	69						
	70	Amount paid with request for extension file					
		Excess social security and tiera RRTA tax Withheld					
		Credit for federal tax of fuels. Attach 50m 4136	<u></u>				
	73	Credits from Form: 243 b Reserved c 8885 d		3			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payer			·····	74	
Refund		If line 74 is more than line 63, subtract line 63 from line 74. This is t	<del>-</del>		<u>.</u>	75	0.
Direct deposit?		Amount of line 75 you want refunded to you. If Form 8888 is attach			🟲 🗀	76a	<del></del>
See instructions.		Routing ► C Type: Checking Savings ►					
	77	Amount of line 75 you want applied to your 2017 estimated tax		<del></del>	0.		_
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how	to pay, see instru	ctions		78	0.
You Owe	79	Estimated tax penalty (see instructions)					
Third Party		o you want to allow another person to discuss this return with the IR			s. Complete bel	OW.	identification No
Designee		ignee's ►ALLAN DORFF, CPA	Phone ▶9 4			number (	PIN)
Sign		Inder penalties of perjury, I declare that I have examined this return and accompanying schedules an ccurately list all amounts and sources of income I received during the tax year. Declaration of prepan	id statements, and to the b er (other than taxpayer) is	est of my knowledge based on all informati	and belief, they are true on of which preparer h	, correct, an as any knov	d vledge.
Here		Your signature Date Y	our occupation			Dayti	me phone number
Joint return? See instructions.			ELF-EMPI	OYED			
Keep a copy for your		Spouse's signature. If a joint return, <b>both</b> must sign. Date	pouse's occupation				IRS sent you an Identity ction PIN.
records.		S	ELF-EMPI	OYED			it here
	Prin	/Type preparer's name Preparer's signature	Da	te	Check	if PT	IN
Paid		1	1		self-employed	]	
Preparer			1				
Use Only	Firm	sname ►ALLAN K. DORFF, CPA INC.			Firm's EIN		
		1181 PUERTA DEL SOL, #140			Phone no. 9	49 4	198-5585
610002 11-30-16	Firm	saddress ► SAN CLEMENTE, CA 92673					

622021	04-01-16

0.

28. Allowable 100% conservation real property contribution (lesser of Line 26 or 27)

29. Total 2016 contributions allowed on Schedule A30. Total prior year carryovers allowed on Schedule A

31. Total charitable contributions to Schedule A, Line 19

#### **SCHEDULE B**

(Form 1040A or 1040) (Rev. January 2017)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

### **Interest and Ordinary Dividends**

► Attach to Form 1040A or 1040.

Information about Schedule B and its instructions is at www.irs.gov/scheduleb

OMB No. 1545-0074

2016
Attachment 08

					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DOUGLAS !	Г.	& HEIDI A. COLE				•
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the			nount	
Interest		property as a personal residence, see instructions and list this interest first. Also, show that				
milerest		buyer's social security number and address				
		US TREASURY DEPARTMENT			1:	$\overline{34.}$
			1 [			
						_
			1			_
Note: If you			1 1			
received a Form						
1099-INT, Form 1099-OID,						
or substitute						
statement from a brokerage firm,						
list the firm's			] ,			
name as the payer and enter					_	
the total interest	_		<del>-</del> -		7	2.4
shown on that form.		Add the amounts on line 1	2		<u> </u>	34.
	3	Excludable interest on series EE and I U.S. savings bonds is seed after 1939.				
		Attach Form 8815 Subtract line 3 from line 2. Enter the result here and on Farm 1040, or Form 1040, line 8a	3		1·	34.
	_	te: If line 4 is over \$1,500, you must complete Partill.	4			<u></u>
Part II	_				mount	
	9	List name of payer	•			
Ordinary						
Dividends						
			ĺĺ			
			1 1			
Note: If you			5			
received a Form			1 1			
1099-DIV or substitute						
statement from						
a brokerage firm, list the firm's			1 1			
name as the						
payer and enter the ordinary						
dividends shown						
on that form.					_	
	<u>6</u>	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6			
		te: If line 6 is over \$1,500, you must complete Part III.				
D		must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had	a foreig	jn	Yes	No
Part III	_	ount; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		<u> </u>	1945 S. V. A.	Gerene.
Foreign	7a	At any time during 2016, did you have a financial interest in or signature authority over a financial a		•	7.70 B	Marian V
Accounts and		as a bank account, securities account, or brokerage account) located in a foreign country? See ins  If "Yes," are you required to file FinCEN Form 114. Report of Foreign Bank and Financial Accounts			33.330	X
Trusts		, , , , , , , , , , , , , , , , , , , ,	` '	,		
		to report that financial interest or signature authority? See FinCEN Form 114 and its instructions fo requirements and exceptions to those requirements	-		# 1755 B	p0 7 Gr
	<b>L</b>	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial		t	1946	
	D	is largeted	ui auul	ruiit		
	8	During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign	n true	2	6757	
627501 01-12-17	•	If "Yes," you may have to file Form 3520. See instructions		••	PER HER	X
				****		

### **Interest and Dividend Summary**

Name: DOUGLAS T. & HEIDI A	_	Interest on U.S.	Tax-Exempt	Private Activity	Original Issue	FEIN/SSN: Ordinary	Qualified		Federal Income	State Tax	Foreign Tax Pai
Payer	Interest	Savings Bonds	Interest	Interest	Discount (OID)	Dividends	Dividends	Distributions	Tax Withheld	Withheld	Tax Pai
S TREASURY DEPARTMENT	134.						_				
					L					·	<u>.</u>
							4				
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									<del>                                     </del>		<u> </u>
		3000									
TOTALS	134										

Schedule E (Form 1040) 2016

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

DOUGLAS	Ψ.	S.	TOTHE	Δ.	COLE
טמעטטט		CY.		$\boldsymbol{\alpha}$	CULL

Caut	n <b>on:</b> The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-	1.			
Pa	Income or Loss From Partnerships and S Corporations Note:	If you rep	ort a loss	from an at-risk activity fo	r which
	any amount is not at risk, you must check column (e) on line 28 and attach Form	<b>m 6198.</b> S	ee instruc	tions.	
27	Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis I passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expense If you answered "Yes," see instructions before completing this section.	es?		unallowed loss from a	X No
28	(a) Name	(b) <sub>Enter</sub> P <sub>for</sub> partnership; S or S corporation	(C) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
	ACADDA D. MOSTOMA TAY DANION TAYO			_	

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from <b>Schedule K-1</b>		ction 179 exp on from <b>Forn</b>		(j) Nonpassiv from <b>Sche</b>			
	Passive Income and Loss				Nonpassive Income and Loss					
D										
C										
В	MARBLE MOUNTAIN RANC	S								
Α	MARBLE MOUNTAIN RANC	H INC		S						
28	(a	) Name	to:	oartnership; 5 r S corporation	partnership	identificati	on number	not at risk		

		i addite indonic and Ed	.55	Non-passive income and 2000							
		loss allowed I <b>582</b> if required)	(g) Passive income from Schedule K-1	(h) Nonpassiv from <b>Schedul</b>	e loss e K-1	(i) Section 179 expense deduction from Form 4562		) Nonpassive income from <b>Schedul</b> ę <b>K-1</b>			
Α					627.						
В				68,	626.						
C											
D					4						
29a	Totals	Column Column									
b	Totals			137,	253		dering.				
30	Add columns (g) an					1	30				
31	Add columns (f), (h), and (i) of line 29b							(137,253.)			
32	Total partnership a	nd S corporation income o	r (loss). Combine lines 30 a	and 31. Effer the	4						
	result here and inclu	de in the total on line 41 be	low		<u></u>		32				
3 700		u I aaa Eusaa Estal	an and Tarreto	A Therese	7						

100	But note and include in the teat on the 41 below		
Part I	Income or Loss From Estates and Trusts		
33	(a) Name		(b) Employer identification number
Α			
В		_	
	Passive Income and Coss	Nonpassive Inco	me and Loss
	(c) Passive deduction or loss allowed (d) Passive income	(e) Deduction or loss	(f) Other income from

		8582 if required)	from Schedule K-1	from <b>Schedule K-1</b>	Schedule K-1
Α					
В					
34a	Totals			akan aya daling masa a sa sa sa sa sa	
b	Totals				Marine Town
35	Add columns (d) and (f) o	f line 34a			35
36	Add columns (c) and (e) o			***************************************	36 ( )
37	Total estate and trust inc	37			

37 <b>Pa</b>	Total estate and trust income or (loss)  Int. V Income or Loss From	37 dual Holder			
38	(a) Name	(b) Employer identification number	I (c) Excess inclusion from		(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Ente	er the result here and include in the	total on line 41 below		39

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	
$\mathbf{P}_{c}$	rt V Summary		

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below		39	
Pa	rt V Summary			
40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below		40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17	7, or Form 1040NR, line 18	41	-137,253.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income			
	reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1			
	(Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42		
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions),			
	enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate			
	activities in which you materially participated under the passive activity loss rules	43		

Schedule E (Form 1040) 2016

43

activities in which you materially participated under the passive activity loss rules

2016

SCI	161	<b>71 II</b>	_	_

Name DOUGLAS T. COLE
Passthrough MARBLE MOUNTAIN RANCH INC
S CORPORATION SSN/EIN TAXPAYER ID \_\_\_\_

D COM CHAILEN								
NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2	and the state of t		7 W 5 W 7 W 1		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			<b>1</b>
Ordinary business income (loss)	-68,627.							Television in the
Rental real estate income (loss)						A STATE OF THE STA		45.0
Other net rental income (loss)		7 4 4 6 7 7				al exercise to the second	100000	AND MAKES AND A
Intangible drilling costs/dry hole costs							100	
Self-charged passive interest expense							100	Carrie Malaine
Guaranteed payments							100	
Section 179 and carryover					X			
Disallowed section 179 expense			25.0					
Excess farm loss							- 100	
Net income (loss)	-68,627.				Ĺ			-68,627.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover			- 4					
Disallowed due to 65% limitation			Contract of the contract of th					
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-68,627.	•		W-10-10-10-10-10-10-10-10-10-10-10-10-10-			a s. na po electroniste	-68,627.
FORM 4797				A NOW	14			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Section 1231 gain (loss)			<u> </u>					
Section 179 recapture on disposition	Service to be about the control of t					ES-0, 1775-01 12-25-77-77-7 5-7-1-1	and the second and the second and	
SCHEDULE D	pale, a site si		2	5		Martin Hills	A CONTRACT	10 700 20
Net short-term cap. gain (loss)					ļ			
Net long-term cap. gain (loss)					-		<b>.</b>	
Section 1256 contracts & straddles	Alberta solet, une disessi	and on the property of the second	an ordinario	2027 Process (1971 - 1971 - 1972)	and the arms of the concrete	SECONDARY CONTRACTOR	Windowski (1990)	Germania y a seriaran da ana
FORM 4952	\$1.51.32DE28	PARTICIPATION						
Investment interest expense - Sch. A								
Other net investment income	STATE OF THE STATE OF THE STATE OF					P24813000000000000000000000000000000000000		No. 10
	2 014		War and the second	2.02		ROSA X NO.		3 214
Charitable contributions	3,214.	<u> </u>				<del></del>		3,214.
Deductions related to portfolio income		<del></del>	<del></del>			<del> </del>	<del> </del>	<u> </u>
Other		l			L		l	

SCHEDULE E								
Name DOUGLAS T. COLE							SSN/EIN _	
Passthrough MARBLE MOUNTAIN RA	ANCH INC		ID.		_		_	TAXPAYER
S CORPORATION								
NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Basis Limitation	Prior Year Unallowed At-Risk Loss	At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1.04	100			
Interest income								
Interest from U.S. bonds					4			
Ordinary dividends								
Qualified dividends					America			
Tax-exempt interest income								
FORM 6251								10 m P 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
Depreciation adjustment after 12/31/86					X			23,150
Adjusted gain or loss								
Beneficiary's AMT adjustment								·
Depletion (other than oil)								
Other								Í
MISCELLANEOUS		\$ 1						<b>2000年10日本の</b>
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royatties				•				
Royalty expenses/depletion			(Pileson					
Undistributed capital gains credit								
Backup withholding			A 1					
Credit for estimated tax		<b>₩ ₩</b>				l		
Cancellation of debt		***						L
Medical insurance · 1040		- N						·
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								l
Credits								
Casualty and theft loss								

2016

SCHEDULE E					•			
Name HEIDI A. COLE							SSN/EIN	
Passthrough MARBLE MOUNTAIN RA	ANCH INC		ID				-	SPOUSE
S CORPORATION							<del>-</del>	
NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2		4.0		F 10 17 1	activities to		11.0	of controls
Ordinary business income (loss)	-68,626.							400004464
Rental real estate income (loss)		ne y te la congris	1	201	1			a la
Other net rental income (loss)		10000		1	4.0		er in the second	wide a state
Intangible drilling costs/dry hole costs				British Control				
Self-charged passive interest expense						Mark Strain		
Guaranteed payments						21,121,134		
Section 179 and carryover					Y			
Disallowed section 179 expense		100			1.0			
Excess farm loss						200 TO 100 M		
Net income (loss)	-68,626.							-68,626
First passive other								
Second passive other								
Cost depletion								
Percentage depletion			. #					
Depletion carryover				•				
Disallowed due to 65% limitation			Green L					
Unreimbursed expenses (nonpassive)					T			
Nonpassive other								
Total Schedule E (page 2)	-68,626.	* 4						-68,626
FORM 4797							A	1.1
Section 1231 gain (loss)		<b>&amp; 4</b>						
Section 179 recapture on disposition				1				
SCHEDULE D	8.0 P.			The second section of the second section secti			Kanada, Yuk	12 (20 23)
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952				h.				
Investment interest expense - Sch. A	L							
Other net investment income								
ITEMIZED DEDUCTIONS	da arriva aray 21, Arress dalah baran da da da da da				10 To		82 VIII VIII	Grand de Alban

Deductions related to portfolio income

SCHEDULE E								
Name HEIDI A. COLE							SSN/EIN	
Passthrough MARBLE MOUNTAIN RA	ANCH INC		ID		_		_	SPOUSE
S CORPORATION					-			
NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS	(A)	1.1		Control of Vine	Ya. 477, 514			T. 18 18 18 18 18 18 18 18 18 18 18 18 18
Interest income								
Interest from U.S. bonds					4			
Ordinary dividends					N N			
Qualified dividends		·	·		Allegan			
Tax-exempt interest income								
FORM 6251				Part of the			Part of the second	tion that
Depreciation adjustment after 12/31/86	23,150,				X			23,150
Adjusted gain or loss					1 2			
Beneficiary's AMT adjustment					J			
Depletion (other than oil)		<u> </u>			<u> </u>			
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc			₩ <b>₩</b>					
Royalties			- 1	*				
Royalty expenses/depletion			William V.					
Undistributed capital gains credit								
Backup withholding		4						
Credit for estimated tax		- W					<u> </u>	
Cancellation of debt		N N						
Medical insurance - 1040		4	<b>&gt;</b>				<u> </u>	
Dependent care benefits								
Retirement plans		1 4 W		<u> </u>				
Qualified production activities income							<del></del>	
Passthrough adjustment to Form 1040		1000		ļ			<b></b>	
Penalty on early withdrawal of savings								
NOL					ļ	ļ		
Other taxes/recapture of credits			ļ			<u> </u>		
Credits			1		ļ.,			<u> </u>

# Form **625**1

## **Alternative Minimum Tax - Individuals**

Department of the Treasury Internal Revenue Service (99) Information about Form 6251 and its separate instructions is at www.lrs.gov/form6251.

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016
Attachment
Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

D	DUGLAS T. & HEIDI A. COLE		
	art I Alternative Minimum Taxable Income		
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the	$\Box$	
	amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1 1	-155,707.
2	Medical and dental. If you or your spouse was 65 or older, enter the <b>smaller</b> of Schedule A (Form 1040), line 4,		
	<b>or</b> 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$155,650 or less, enter -0 Otherwise, see instructions	6	
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	18,588.
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount  Alternative tax net operating loss deduction  SEE STATEMENT 2	11	0.
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Interest from specified private activity bonds exempt from the regular tax  Qualified small business stock, see instructions  Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or los	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 1	18	46,300.
19	Passive activities (difference between AMT and regular tax income alloss)	19	<u></u>
20	Loss limitations (difference between AMT and regular tax incompositions)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23		23	
24		24	*···
25	Income from certain installment sales before January 1 1987.	25	
26	Intangible drilling costs preference	26	
27	Intangible drilling costs preference Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Ombine lines 1 through 27. (If married filing separately and line 28 is		
	more than \$247,450, see instructions.)	28	-90,819.
P	Alternative Minimum Tax (AMT)		
29	Exemption. (If you were under age 24 at the end of 2016, see instructions.)	(C)	
	IF your filing status is AND line 28 is not over THEN enter on line 29	0.00	
	Single or head of household \$119,700 \$53,900		
	Married filing jointly or qualifying widow(er) 159,700 83,800	66.4	•
	Married filing separately 79,850 41,900	29	83,800.
	If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.		
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	0.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	100	<u> </u>
	• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends	1,597	
	on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured	\$8.43°	
	for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here.  • All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by	31	0.
	26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing		
	separately) from the result.	100	
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	0.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any		
	foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure		
	that tax without using Schedule J before completing this line (see instructions)	34	
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	35	0.

_	Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksh	eet in t	he instructions.
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from		
	line 3 of the worksheet in the instructions for line 31	36	
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If		
	you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see		
	instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount		
	from line 37. Otherwise, add lines 37 and 38, and enter the <b>smaller</b> of that result or the amount from line		
	10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or		
	2555-EZ, see instructions for the amount to enter	39	
	Enter the smaller of line 36 or line 39	40	
	Subtract line 40 from line 36	41	
42	If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise,	40	
42	multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	42	
40	Enter:  • \$75,300 if married filing jointly or qualifying widow(er),		
	<ul> <li>\$75,300 if married filing jointly or qualifying widow(er),</li> <li>\$37,650 if single or married filing separately, or</li> </ul>	43	
	• \$50,400 if head of household.	<del> ~</del>	<u>.</u>
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you lid that complete either		
	worksheet for the regular tax, enter the amount from Form 1040, line 43; if a ro or less, enter -0 If you		
	are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45	Subtract line 44 from line 43. If zero or less, enter ·0·	45	
46	Enter the <b>smaller</b> of line 36 or line 37	46	·
47	Enter the smaller of line 36 or line 37 Enter the smaller of line 45 or line 46. This amount is taxed at 10%	47	
48	Subtract line 47 from line 46	48	
48			
48	Enter:  • \$415,050 if single		
48	Enter:  • \$415,050 if single • \$233,475 if married filing separately		
48	Enter:  • \$415,050 if single	48	
48 49	Enter:  • \$415,050 if single • \$233,475 if married filing separately • \$466,950 if married filing jointly or qualifying widow(e) • \$441,000 if head of household	48	
48 49	Enter:  • \$415,050 if single • \$233,475 if married filing separately • \$466,950 if married filing jointly or qualifying widower) • \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions	48	
48 49	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying widow(f) \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet, whichever applies	48	
48 49	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying vido v(e) \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the	48	
48 49	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying wido (F) \$461,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ,	49	
48 49 50 51	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying widow(e) \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero orders, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	48 49 50	
48 49 50 51	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying widow(f) \$461,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 1 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter Add line 50 and line 51	48 49 50 51 52	
48 49 50 51 52 53	Enter:  \$ 4115,050 if single \$ \$233,475 if married filing separately \$ \$466,950 if married filing jointly or qualifying wido (ef) \$ \$461,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if vero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter Add line 50 and line 51 Subtract line 52 from line 49. If zero or less, enter -0-	48 49 50 51 52 53	
48 49 50 51 52 53 54	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying widow(f) \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter Add line 50 and line 51 Subtract line 52 from line 49. If zero or less, enter -0- Enter the smaller of line 48 or line 53	48 49 50 51 52 53 54	
50 51 52 53 54 55	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying widow(e) \$466,950 if married filing jointly or qualifying widow(e) \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter Add line 50 and line 51 Subtract line 52 from line 49. If zero or less, enter -0- Enter the smaller of line 48 or line 53 Multiply line 54 by 15% (0.15)	48 49 50 51 52 53 54 55	
50 51 52 53 54 55	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying widow(e) \$466,950 if married filing jointly or qualifying widow(e) \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter Add line 50 and line 51 Subtract line 52 from line 49. If zero or less, enter -0- Enter the smaller of line 48 or line 53 Multiply line 54 by 15% (0.15)  Add lines 47 and 54	48 49 50 51 52 53 54	
50 51 52 53 54 55 56	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying wido (F) \$466,950 if married filing jointly or qualifying wido (F) \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero orless, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter Add line 50 and line 51 Subtract line 52 from line 49. If zero or less, enter -0- Enter the smaller of line 48 or line 53 Multiply line 54 by 15% (0.15) Add lines 47 and 54  If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	48 49 50 51 52 53 54 55	
50 51 52 53 54 55 56	Enter:  \$ \$415,050 if single  \$ \$233,475 if married filing separately  \$ \$466,950 if married filing jointly or qualifying widow.  \$ \$441,000 if head of household  Enter the amount from line 45  Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if sero ordess, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter  Add line 50 and line 51  Subtract line 52 from line 49. If zero or less, enter -0-  Enter the smaller of line 48 or line 53  Multiply line 54 by 15% (0.15)  Add lines 47 and 54  If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.  Subtract line 56 from line 46	48 49 50 51 52 53 54 55 56	
50 51 52 53 54 55 56	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying widows \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero orless, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter Add line 50 and line 51 Subtract line 52 from line 49. If zero or less, enter -0- Enter the smaller of line 48 or line 53 Multiply line 54 by 15% (0.15) Add lines 47 and 54  If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. Subtract line 56 from line 46	48 49 50 51 52 53 54 55 56 57	
50 51 52 53 54 55 56 57 58	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying widows \$466,950 if married filing jointly or qualifying widows \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 15 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero orless, enter 0. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter Add line 50 and line 51 Subtract line 52 from line 49. If zero or less, enter 0. Enter the smaller of line 48 or line 53 Multiply line 54 by 15% (0.15)  Add lines 47 and 54  If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. Subtract line 56 from line 46 Multiply line 57 by 20% (0.20)	48 49 50 51 52 53 54 55 56 57	
50 51 52 53 54 55 56 57 58 59	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying widow \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 1 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero opless, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter Add line 50 and line 51 Subtract line 52 from line 49. If zero or less, enter -0- Enter the smaller of line 48 or line 53 Multiply line 54 by 15% (0.15) Add lines 47 and 54  If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. Subtract line 57 by 20% (0.20)  If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	48 49 50 51 52 53 54 55 56 57	
50 51 52 53 54 55 56 57 58 59 60	Enter:  \$415,050 if single \$233,475 if married filing separately \$446,950 if married filing jointly or qualifying widot. \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 1 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0- If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter Add line 50 and line 51 Subtract line 52 from line 49. If zero or less, enter -0- Enter the smaller of line 48 or line 53 Multiply line 54 by 15% (0.15) Add lines 47 and 54 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. Subtract line 56 from line 46 Multiply line 57 by 20% (0.20)  If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. Add lines 41, 56, and 57	48 49 50 51 52 53 54 55 56 57 58	
50 51 52 53 54 55 56 57 58 59 60 61	Subtract line 47 from line 46 Enter:  \$415,050 if single \$233,475 if married filing separately \$446,950 if married filing jointly or qualifying widower) \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 1 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if you or less, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter  Add line 50 and line 51 Subtract line 52 from line 49. If zero or less, enter -0 Enter the smaller of line 48 or line 53 Multiply line 54 by 15% (0.15)  Add lines 47 and 54  If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. Subtract line 56 from line 46  Multiply line 57 by 20% (0.20)  If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.  Add lines 41, 56, and 57  Subtract line 59 from line 36	48 49 50 51 52 53 54 55 56 57 58 59 60	
50 51 52 53 54 55 56 57 58 59 60 61 62	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying widower \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 1 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if you orless, enter -0. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter Add line 50 and line 51 Subtract line 52 from line 49. If zero or less, enter -0. Enter the smaller of line 48 or line 53 Multiply line 54 by 15% (0.15) Add lines 47 and 54  If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. Subtract line 56 from line 46 Multiply line 57 by 20% (0.20)  If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. Add lines 41, 56, and 57 Subtract line 59 from line 36 Multiply line 60 by 25% (0.25) Add lines 42, 55, 58, and 61  If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26).	48 49 50 51 52 53 54 55 56 57 58 59 60 61	
48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63	Subtract line 47 from line 48  Enter:  \$415,050 if single \$233,475 if married filling separately \$4466,950 if married filling jointly or qualifying widow \$410,000 if head of household Enter the amount from line 45  Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero options, enter -0. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter  Add line 50 and line 51  Subtract line 52 from line 49. If zero or less, enter -0. Enter the smaller of line 48 or line 53  Multiply line 54 by 15% (0.15)  Add lines 47 and 54  If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.  Subtract line 56 from line 46  Multiply line 57 by 20% (0.20)  If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.  Add lines 41, 56, and 57  Subtract line 59 from line 36  Multiply line 60 by 25% (0.25)  Add lines 42, 55, 58, and 61  If line 36 is \$186,300 or less (\$93,150 or less if married filling separately), multiply line 36 by 26% (0.26).  Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filling separately) from the result	48 49 50 51 52 53 54 55 56 57 58 59 60 61	
48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63	Enter:  \$415,050 if single \$233,475 if married filing separately \$466,950 if married filing jointly or qualifying widower \$441,000 if head of household Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 1 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if you orless, enter -0. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter Add line 50 and line 51 Subtract line 52 from line 49. If zero or less, enter -0. Enter the smaller of line 48 or line 53 Multiply line 54 by 15% (0.15) Add lines 47 and 54  If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. Subtract line 56 from line 46 Multiply line 57 by 20% (0.20)  If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. Add lines 41, 56, and 57 Subtract line 59 from line 36 Multiply line 60 by 25% (0.25) Add lines 42, 55, 58, and 61  If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26).	48 49 50 51 52 53 54 55 56 57 58 59 60 61 62	

[		ALTERNA	TIVE MINIMUM IM TAY DE	ECONCILIATION REPO			
Name(s)		ALIERIA	TIVE INITIALITY TAX TO	- CONOILIATION REPOR	····		Social Security Number
DOUGL	AS T. & HEIDI A. COLE						
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Adjustment Form 6251, Line 19	Form 6251, Line 20	Form 6251
	MARBLE MOUNTAIN RANCH		Form 6251, Line 17	PORTOZOT, LINE 16	A S	70111 0231, Ellie 20	Form 6251 Other Adjustment
	INC * REGULAR INCOME	-68,627.				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	\$ * . * 2 * . * . *
	DEPR ADJ * AMT NET INCOME	<b>23,150.</b> -45,477.		23 23 1 50	\$ 1 3 1 4 1 T B		<b>4</b> 455,000
K1-	MARBLE MOUNTAIN RANCH		<b>1</b>			i e i i e i e i e i e i e i e	
	INC.					<b>.</b>	
	DEPR ADJ	-68,626. <b>23,150</b> .	Page despe	23,150 23,150.	prosporati projek	in en regnaldin	<b>des</b> ir arzolitza
50.50	* AMT NET INCOME	-45,476.	1	23,150.			
20.50KM	** TOTAL ADJ & PREF **			<b>46,300</b> .			
1375萬							
	20 M M			talenter i	Aug. 10 Teach (Steel Land	Massach transf	Section (Section )
		CN					
	Maria Maria Bankania			ate very		Poletino da investo.	and the second second
						v Cody) sign	

### To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete Worksheet A or Worksheet B if you are directed to them as you complete Steps 1 through 5.
- Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

_		<del></del>
S	Step 1 All Filers	
1.	Can someone claim you as a dependent?	
	Yes. Stop. You do not owe a shared responsibility payment. Do not check the box on line 6a of Form 1040 or Form 1040A. If you file Form 1040EZ, check the box on line 6a of Form 1040 or Form 1040A.	oox on line 5
	No. Continue to line 2	
2.	Did you, and everyone else in your tax household (see <u>Tax household</u> under <u>Definitions</u> , earlier) have qualifying health coverage	for every month of
	2016*?	
	Yes. Stop. You do not owe a shared responsibility payment. Check the Full-year coverage box on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line	ne 11
	No. Continue to line 3	
	*You can check the Full-year coverage box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person he care coverage for every month he or she was a member of your tax household.	ad qualifying health
3.	Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any mont	h in
	2016?	
	Yes. Stop. Claim any coverage exemption you qualify for on Form 8965. Skip question 4; go to Werksheet A	
	No. Continue to line 4	
4.	Did you, or anyone else in your tax household turn 18 during 2016?	
	Yes. Go to Worksheet A	
	L No. Go to Step 2	
S	tep 2 Flat Dollar Amount	
1.	Multiply \$695 by the number of people in your tax household who were at least 18 years old.*	1
	*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he	<del>-</del>
	or she didn't turn 18 before the first day of the month. An individual was	
	born.	
2.	Multiply \$347.50 by the number of people in your tax household was were under age 18	2
_		^
4.	Enter the smaller of line 3 or \$2,085 here and on line of the Stared Responsibility Payment Worksheet. Go to Step 3	4
S	tep 3 Household Income	
	Enter the amount from Form 1040, line 38, Form 1040A, line 21; or Form 1040EZ, line 4	1
2.	Did you receive any tax-exempt interest?	
	Yes. Enter the amount from Form \$40, line 8b form 1040A, line 8b; or the amount entered in the space to the left of Form 1040EZ, line 2	2
	No. Continue to line 3	
3.	Did you attach Form 2555 or Form 2555-EZ?	
	Yes. Enter the amount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18	3
	No. Continue to line 4	
4.	Did you claim any dependents?	
	Yes. Continue to line 5	
	No. Stop. Add lines 1 through 3. This is your household income. Enter the result on Step 4, line 1	
5.	Were any of the dependents you claimed required to file a return?	
	Yes. Complete questions 1 through 3 for each dependent with a filing requirement for whom you did not attach Form 8814. Enter the total here	5
	No. Add lines 1 through 3. This is your household income. Enter the result on Step 4, line 1	
6.	Did you attach Form 8814?	
	Yes. Continue to line 7	
	No. Stop. Add lines 1, 2, 3, and 5. This is your household income. Enter the result on Step 4, line 1	
7.	Is Form 8814, line 4 more than \$1,050?	
	Yes. Add the amount from Form 8814, line 1b and the smaller of Form 8814, line 4 or 5	7
	No. Enter -0 Continue to line 8	
R	Add lines 1, 2, 3, 5, and 7, <b>This is your household income.</b> Enter the result on Step 4, line 1	8

### **Shared Responsibility Payment continued**

Step 4 Percentage Income Amount	
Enter your household income from Step 3	1
Were you or your spouse (if filing jointly) born before January 2, 1952?      Yes. Skip question 3. Find your filing threshold on the Filing Thresholds for Most People chart and enter it both here and on line 4.	2
No. Go to question 3.	
<ul> <li>3. Enter the amount listed below for your filing status.</li> <li>Single · \$10,350</li> <li>Head of household · \$13,350</li> <li>Married filing jointly · \$20,700</li> <li>Married filing separately · \$4,050</li> </ul>	3
Qualifying widow(er) with dependent child - \$16,650	
4. Enter the amount from line 2 or 3.	4
5. Subtract line 4 from line 1	5
6. Is the amount on line 5 zero or less?  Yes. Stop. You do not owe a shared responsibility payment. Complete Form 8965 by checking the horon line 7.  No. Continue to line 7.	
<ul> <li>7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount</li> <li>8. Were you required to complete Worksheet A?  Yes. Go to Worksheet B. Then continue to Step 5  No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Bayment Worksheet and complete line 3 of that worksheet. Then continue to step 5.</li> </ul>	7
Step 5 National Average Bronze Plan Premium  1. Were you required to complete Worksheet A?  Yes. Continue to line 2  No. Skip question 2; Go to question 3.  2. Multiply \$223* by the number on Worksheet A, line 8. Interent result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet  *\$223 is the 2016 national average premium for a bronze livel health plan available through the Marketplace for one individual for one month.  3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet.  1 person - \$2,676 2 people - \$5,352 3 people - \$8,028 4 people - \$10,704 5 or more people - \$13,380	2
Shared Responsibility Payment Worksheet  Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2016, stop here. You do not owe a shared responsibility payment.	
Complete Step 1  1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7)  Complete Step 3  2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14)  2	
3. Enter the larger of line 1 or line 2  Complete Step 5	
4. Enter the National Average Bronze Plan Premium (From Step 5, question 2 or 3)  5. Enter the smaller of line 3 or line 4 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11.  This is your shared responsibility payment  5	
621637 10-26-16	

11.5

# **Schedule A - Net Operating Loss (NOL)**

2016

Nam			Social Security Number
DO	UGLAS T. & HEIDI A. COLE		
1	Enter the amount from your 2016 Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts,		
	and exemption amount	1_	168,307.
2	Nonbusiness capital losses before limitation. Enter as a positive number2	Andrew Market	
3	Nonbusiness capital gains (without regard to any section 1202 exclusion) 3		
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0-		
5	If line 3 is more than line 2, enter the difference;		
	otherwise, enter -0-		
6	Nonbusiness deductions (see instructions) 6 12,600.	<b>M</b> . ()	
7	Nonbusiness income other than capital gains		
	(see instructions) STATEMENT 3 7 134.		
8	Add lines 5 and 7 8 134.		
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0-	9	12,466.
10	If line 8 is more than line 6, enter the difference;		
	otherwise, enter -0 But do not enter more		
	otherwise, enter -0 But do not enter more than line 5		
11	Business capital losses before limitation. Enter as a positive number	<i>(4)</i> ,	
12	Business capital gains (without regard to any	1.	
	section 1202 exclusion) 12		
13	Add lines 10 and 12	12.4	
14	Subtract line 13 from line 11. If zero or less, enter -0-		
15	Add lines 4 and 14	The state of	
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates		
	and trusts, enter the loss, if any, from line 15, column (3), of Schedule D		
	(Form 1041).) Enter as a positive number. If you do not have a fossion		- the control of the
	that line (and do not have a section 1202 exclusion), skip lines 16 through		
	21 and enter on line 22 the amount from line 15		
		in the same	
17	Section 1202 exclusion. Enter as a positive number  Subtract line 17 from line 16. If zero or less, enter 0. 18	17	
18			
19	Enter the loss, if any, from line 21 of Schedule D (Farm 1940). (Estates and		
	trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter	H N	
	as a positive number 19 If line 18 is more than line 19, erger the difference; otherwise, enter -0- 20	ir es	
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0-	F1202 F1	
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0-	21	
22	Subtract line 20 from line 15. If zero or less, enter -0-	22	<del> </del>
23	Domestic production activities deduction from Form 1040, line 35 (or included on Form 1041, line 15a)	23	18,588.
24	NOL deduction for losses from other years. Enter as a positive number  NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, this is your	24	10,300.
25	current year NOL. If the result is zero or more, you <b>do not</b> have an NOL	25	-137,253.
	**TAXPAYER ELECTS UNDER IRC SECTION 172(B)(3) TO FORGO AN		131,2334

CARRYBACK OF THE NET OPERATING LOSS FOR 2016 SHOWN HERE

		as shown on return LAS T. & HEIDI A. COLE		Social Security Number
<b>1</b> , L	.08	s for the current year		176,407.
<b>2</b> . F	ers	sonal exemptions	8,100.	
3. N	let	operating loss deduction	18,588.	
		ess of nonbusiness deductions over business income:		
(	A)	AMT nonbusiness itemized deductions and adjustments		
(	B)	AMT nonbusiness income 134.		
(	C)	Net nonbusiness capital gains (without regard to any section 1202 exclusion)		en e
(	D)	Total nonbusiness income 134.		
(	E)	Difference (line 4(A) less 4(D)) not less than zero	0.	and the state of t
6. A	dju	ess of nonbusiness capital loss over nonbusiness capital gain sted deduction for business tal loss		
•	A) B)	Business capital loss Line 4(D) minus 4(A), not less than zero. Do not enter more than line 4(C)		
(	C)	Business capital gains (without regard to any section 1202 exclusion)		and the state of t
(	D)	Total (line 6(B) plus 6(C))		
(	E)	Difference (line 6(A) less 6(D)) not less than zero	Report Control	
7. A	dd	lines 5 and 6E		
<b>8.</b> E	nte	r the loss, if any, from AMT Schedule D, Line 16		
		sted section 1202 exclusion		ericania de la compansión
10. L	ine	8 minus line 9		general de la companya de la company
11. E	nte	r the loss, if any, from AMT Schedule D, line 21		TO THE STATE OF TH
<b>12.</b> L	ine	10 minus line 11, not less than zero	entes (common transport	e e e e e e e e e e e e e e e e e e e
<b>13</b> . L	ine	11 minus line 10, not less than zero		
<b>14.</b> L	ine	7 minus line 12, not less than zero		
<b>15.</b> T	ota	l adjustment and preference items (Form 6251)	58,900.	
16. D	om	estic production activities deduction		
17. T	ota	I (line 2 + 3 + 4(E) + 9 + 13 + 14 + 15 + 16)		85,588.
<b>18.</b> 0	urr	ent year alternative tax net operating loss - (line 1 less line 17)		90,819.

NOL				Detail	NOL Carryover/C	arryback Worksh	eet		· · ·		2016
Name(s	LAS T. & HE	IDI A. CO	LE							Social S	ecurity Number
Year	Amount Available for Carryover/Carryback	Amount Used in 2013	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in
2016 <b>2015</b>		66,416.									
			142							Supersia, 1939	
	1.0										
		, v		$\mathcal{L}$							
		State .									
	ge 1741 W. 117 A. 1			<b>J</b>				88.4			
Totals	222,257.	66,416.									
Less Less	Il amount available for s total amounts used s total amounts expired emaining carryover	d	222,257. 66,416. 0. 155,841.								

T. & HE unt Available Carryover	IDI A. CO Amount Used in 2013	Amount Used in	Amount Used in	Amount	Amount					ecurity Number
unt Available Carryover	Amount Used in	Amount	Amount Used in	Amount	Amount					
90,819.				Used in	Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in
55,530.	0.0							2.18		1
**************************************										j.
			20.0							<b>1</b>
			912							
46.349.	0.				La sa se da se d					
1	46,349. It available for mounts used	t available for carryover	t available for carryover 146,349.	t available for carryover 146,349. mounts used 0.	46,349. 0. t available for carryover nounts used 0.	46,349. 0. t available for carryover 146,349.	46,349. 0. 146,349. 146,349.			

Election to Waive the Net Operating Loss Carryback Period

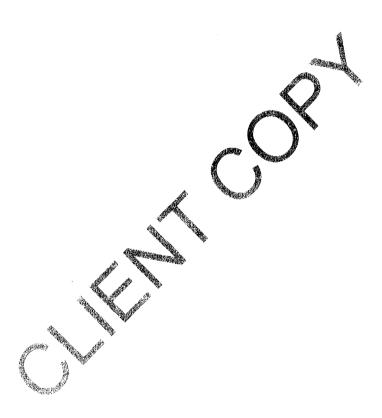
Douglas T. & Heidi A. Cole 92520 Hwy 96 Somes Bar, CA 95568

Taxpayer Identification Number:

For the Year Ending December 31, 2016

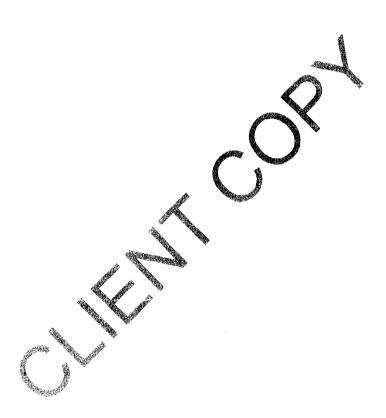
Douglas T. & Heidi A. Cole hereby Elect, pursuant to Sec. 172(b)(3) of the Internal Revenue Code, to relinquish the entire carryback period with respect to the net operating loss incurred for the tax year ended December 31, 2016, and will have such loss available for carryforward only.

FORM 6251	DEPRECIATION	ON	ASSETS	PLACED	IN	SERVICE	AFTER	1986	STATEMENT	1
DESCRIPTION									AMOUNT	
	MARBLE MOUNTAIN MARBLE MOUNTAIN							•	23,15 23,15	
TOTAL TO FOR	RM 6251, LINE 1	18						_	46,30	00.



FORM	6251	ALTERNATIVE MINIMUM TAX NOL LIMITATION	STATEMENT	2
	QUALIFIE	RRYFORWARDS AND CARRYBACKS ATTRIBUTABLE TO DISASTER LOSSES RRYFORWARDS AND CARRYBACKS OTHER THAN THOSE		
٠.		IN LINE 1A	55,5	30.
c.	SUM OF LI	INE 1A AND LINE 1B	55,5	30.
ATNO	LD LIMITA	ATION:		====
E	9 AND TO TENTATI LINE 11 DOMESTI	FORM 6251, LINES 1 - 27 WITHOUT LINE CREATING LINE 11 AS ZERO -90,819. EVE AMOUNT FOR LINE 9 WHEN TREATING AS ZERO CC PRODUCTION ACTIVITIES DEDUCTION  LINES 2A - 2C. IF ZERO OR LESS, EERO (-0-) 0.		
		OF LINE 1B OR 90% OF LINE 2D OF LINE 1A OR LINE 2D MINUS 3A		0.
C.	LINE 3A F	PLUS LINE 3B. TOTAL TO FORM 6.51, LINE 11		0.
C.	LINE 3A F	PLUS LINE 3B. TOTAL TO FORM 6.51, LINE 11		

NOL	NONBUSINESS INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
TAXABLE INTEREST - 1040, LIN PARTNERSHIPS & S-CORPS - SCH BUSINESS INCOME FROM ACTIVIT BUSINESS INCOME FROM ACTIVIT	I E PG 2, LINE 32 YY - 1	134. -137,253. 68,627. 68,626.
TOTAL TO NOL SCHEDULE A, LIN	E 7 (NEGATIVE AMT IS LIMITED TO 0)	134.



For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8879 C2 2016

ERO's signature

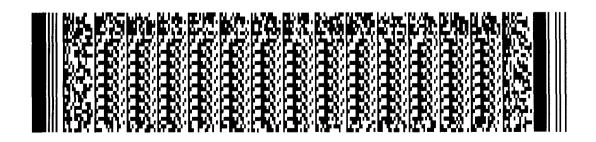
TAX	ABLE \	YEAR									EODA4	1 00 20-17
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				_							_	<u>.</u>
		3.0	COLE	\ <b>.</b>				16				
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		1054		1050								
07	-28	-1954 (	9-24-	1958								
									4			
								A				
									<b>&gt;</b>			
							A.					
		<del></del> _			<del></del>	<del></del>						
	1	Single			4				oerson). See inst			
_ «	2	X Married/F	RDP filing je	ointly. See	inst. 5	L Quality	ing widow(er) wi	ith dependent chi	ld. Enter year spou	se/RDP died	L	
Filing Status												
正あ	3	∟ Married/F	RDP filing s	eparately.	Enter spouse	e's/RDP's GS	N or ITIN above	e and full name	here [		<del></del> -	
		lf your California	a filina etat	tue ie differ	ont from	W	· ·	the boy bere				
			a illing stat	.us is diller	ent iron you	i regerer illinić	status, crieck	trie box fiere				pt.
	6	If someone can	claim you	(or your sp	ouse RDP	ıs adepende	nt, check the b	ox here. See in	st•	6		
					4.00	14 11/20			d dollar amount f	or that line. \	Whole doll	ars only
		<b>Personal:</b> If you										
		box 2 or 5, ente						ons • 7 2	X \$111 =	<b>●</b> \$		222
		Blind: If you (or							7	• s		
		if both are visua <b>Senior:</b> If you (d						♥ 8∐_	X \$111 =			
		if both are 65 o						• 9	X \$111 =	<b>●</b> \$		
		Dependents: D								° • L		
so.					o. <b>,</b> o,				_			
Exemptions			Depe	ndent 1	<del>.</del>		Dependent 2	<del></del>		endent 3		
mpt	ı	First Name	<ul><li></li></ul>						●			
Ä												
	ı	Last Name	●[									
		0011	•									
		SSN Dopondont's	<u> </u>									
		Dependent's relationship	$\odot$			—						
	1	to you	٠ <u>ــــ</u>									
		Total danandan	st avamati	000				• 10	V #244 _	● \$		

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32

Your	nan	ne: DOUGLAS T. COLE Your SSN or iTIN:		
	12	State wages from your Form(s) W-2, box 16	.00	
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4	. ● 13	-155,707.00
	14	California adjustments - subtractions. Enter the amount from Schedule CA (540), line 37, column B	• 14	82,004.00
e e	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	-237,711.00
lncon	16	California adjustments - additions. Enter the amount from Schedule CA (540), line 37, column C	• 16	20,388.00
Taxable Income		California adjusted gross income. Combine line 15 and line 16  Enter the larger of Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status:  Single or Married/RDP filing separately \$4,129	• 17	-217,323,00
		Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,258  If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions.	• 18	8,258.00
	19	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0-	. ● 19	0.00
		Tax. Check the box if from:  X Tax Table  FTB 3800  Tax Rate Schedule  FTB 3803	• 31	0.00
	32	Exemption credits. Enter the amount from line 11. If your federal AGI more than \$182,459, see instructions	● 32	222.00
Tax	33	Subtract line 32 from line 31. If less than zero, enter -0-	. ⊚ 33	0.00
	34	Tax. See instructions. Check the box if from: ● Schedule G-1 FTB 5870A	. • 34	.00
	35	Add line 33 and line 34	● 35	0.00
	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	. • 40	.00
	43	Enter credit name code ● and amount	. • 43	.00
edits	44	Enter credit name code ● and amount	. • 44	:00
Special Credi	45	To claim more than two credits, see instructions. Attach Schedule P (540)	• 45	.00
Spe	46	Nonrefundable renter's credit. See instructions	. • 46	.00
	47	Add line 40 through line 46. These are your total credits	. ● 47	00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	. ● 48	0.00
	61	Alternative minimum tax. Attach Schedule P (540)	. • 61	
axes		Mental Health Services Tax. See instructions	• 62	
Other Taxes		Other taxes and credit recapture. See instructions	• 63	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	• 64	000

Your	nan	me: DOUGLAS T. COLE Your SSN or ITIN:		
	71	California income tax withheld. See instructions	• 71	.00
	72	2 2016 CA estimated tax and other payments. See instructions	• 72	.00
Payments	73	Withholding (Form 592-B and/or 593). See instructions	• 73	.00
Рауп	74	Excess SDI (or VPDI) withheld. See instructions	• 74	.00
	75	Earned Income Tax Credit (EITC)	• 75	
	76	Add lines 71 through 75. These are your total payments. See instructions	● 76	.00
Use	91	Use Tax. See instructions 91	.00	
Use		Use Tax. See instructions  • 91  Payments balance. If line 76 is more than line 91, subtract line 91 from line 76		.00
x/ Use	92			.00
aid Tax/ Use	92 93	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76  Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	<ul><li>92</li></ul>	
Overpaid Tax/ Use Tax Tax Tax	92 93 94	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76  Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	<ul><li>92</li><li>93</li></ul>	.00
Overpaid Tax/ Use Tax Due	92 93 94 95	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76  Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91  Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	<ul><li>92</li><li>93</li><li>94</li></ul>	.00
Overpaid Tax/ Use Tax Due Tax	92 93 94 95	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76  Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91  Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92  Amount of line 94 you want applied to your 2017 estimated tax	<ul><li>92</li><li>93</li><li>94</li><li>95</li></ul>	.00





Your name: DOUGLAS T. COLE

Your SSN or ITIN:

		Code	Amount
	California Seniors Special Fund. See instructions	• 400	.00
	Alzheimer's Disease/Related Disorders Fund	• 401	.00
	Rare and Endangered Species Preservation Program	• 403	.00
	California Breast Cancer Research Fund	• 405	.00
1000 1000 1000 1000 1000 1000 1000 100	California Firefighters' Memorial Fund	• 406	.00
	Emergency Food for Families Fund	• 407	.00
	California Peace Officer Memorial Foundation Fund	• 408	.00
	California Sea Otter Fund	• 410	.00
2	California Cancer Research Fund	• 413	.00
Dution	RESERVED (DO NOT USE)		
Contr	School Supplies for Homeless Children Fund	• 422	.00
	State Parks Protection Fund/Parks Pass Purchase	• 423	.00
(C.)	Protect Our Coast and Oceans Fund	• 424	.00
	Keep Arts in Schools Fund		.00
	State Children's Trust Fund for the Prevention of Child Abuse	• 430	.00
	Prevention of Animal Homelessness and Orughy Fund	• 431	.00
	Revive the Salton Sea Fund	• 432	.00
	California Domestic Violence Victims Fund	• 433	.00
	Special Olympics Fund	• 434	.00
	Type 1 Diabetes Research Fund	• 435	.00
	110 Add code 400 through code 435. This is your total contribution	• 110	.00

You	r nam	DOUGLAS T. COLE Your SSN or ITIN:	
Amount You Owe	111	AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instruction Mail to: FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0001  Pay online - Go to ftb.ca.gov for more information.	ons. <b>Do not send cash.</b>
pui s	112	Interest, late return penalties, and late payment penalties 112	2 .00
Interest and Penalties	113	Underpayment of estimated tax. Check the box: ● FTB 5805 attached ● FTB 5805F attached ● 113	
<u> </u>		Total amount due. See instructions. Enclose, but <b>do not</b> staple, any payment	0.00
Refund and Direct Deposit	Fill i See All c	Checking Savings  remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:  Type Account number  Checking Account number	0,00
		NT: See the instructions to find out if you should attach a copy of your complete federal tax return.  bout your privacy rights, how we may use your information, and the consequences for not providing the reques	sted information, go to
ftb.c this t	a.gov	and search for <b>privacy notice</b> . To request his notice by mail, call 800.852.5711. Under penalties of perjury, I urn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true  Date  Spouse's/RDP's signature (if a joint tax return to the person of the person of the penalties of perjury, I urn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true  Spouse's/RDP's signature (if a joint tax return to the penalties of perjury).	declare that I have examined , correct, and complete. urn, both must sign)
Sigı	า	Your email address. Enter only one email address.  GUESTRANCH@MARBLEMOUNTAIN.COM	Preferred phone number
forge a	ilawful i e's/RD	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	● PTIN
Joint t		ALLAN K. DORFF, CPA INC.	
	r Istructi	Firm's address	● FEIN
		1181 PUERTA DEL SOL, #140 SAN CLEMENTE, CA 92673  Do you want to allow another person to discuss this tax return with us? See instructions	Yes No
		Print Third Party Designee's Name  ALLAN DORFF, CPA	949 498-5585

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3105164

Form 540 C1 2016 Side 5

SCHEDULE

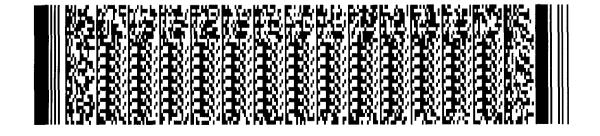
# California Adjustments - Residents

**CA (540)** 

	(s) as shown on tax return  JGLAS T. & HEIDI A. COLE	<u> </u>			-	SS	GN or ITIN
ar	I Income Adjustment Schedule		(taxabl	eral Amounts e amounts from deral tax return)	B Subtractions	C	Additions
7	Wages, salaries, tips, etc. See instructions before making			<u> </u>	_		
	an entry in column B or C				•	0	
8	Taxable interest (b)	8(a)	<u> </u>	134.	•	•	
9	Ordinary dividends. See instrs. (b)	9(a)	•		•	•	www.
0	Taxable refunds, credits, offsets of state and local income taxes .				•		
11	Alimony received		<del></del>			<u> </u>	
2	Business income or (loss)		<del></del>		<b>•</b>	0	<del>_</del>
3	Capital gain or (loss). See instructions				•	0	
4	Other gains or (losses)		<u> </u>		<b>O</b>	0	
5	IRA distributions. See inst. (a)	_ 15(b)			<b>O</b>	•	
6	Pensions and annuities. See inst. (a)	_ 16(b)		400 000		0	
17	Rental real estate, royalties, partnerships, S corporations, trusts,		$\overline{}$	-137,253		0	1,800
8	Farm income or (loss)				* · · · · · · · · · · · · · · · · · · ·	0	THE STATE OF THE S
9	Unemployment compensation		_				
0	Social security benefits (a)	20(b	<u> </u>			a ***	1
1	Other income.  • NOL from FTB 3805D, 3805Z.				a 🗑	25242	The Part of State
	a California lottery winnings 3806, 3807, or 3809				b		
	<b>b</b> Disaster loss deduction from FTB 3805V <b>f</b> Other (describe):	21	$\odot$	-18,588.	C NATURAL STATE OF THE STATE OF	ĕ -	,_,
	C Federal NOL (Form 1040, line 21)		· '		d <b>●</b> 82,004.		
	d NOL deduction from FTB 3805V	_			e <u> </u>	4.200	F
		ø.		`	` f	f ⊚	
2	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B	22		-155,707.	<ul><li>82,004.</li></ul>		20,388
ecti	on B - Adjustments to Income	A STATE OF THE PARTY OF THE PAR					
23	Educator expenses	23	•		•		
24							
	fee-hasis government officials	24	<ul><li>•</li></ul>		•	◉	
25	fee-basis government officials Health savings account deduction Moving expenses Deductible part of self-employment to	25	<ul><li>•</li></ul>		•	14	7.74
6	Moving expenses	26	•				
7	Deductible part of self-employment	27	•		engan in and a side	13 13	TO WELL
8	Self-employed SEP, SIMPLE, and qualified plans	28	<b>O</b>		S		GOOGLER BY
9	Self-employed health insurance deduction					Y X	a Table 1982
0	Penalty on early withdrawal of savings		•				
						3	100
	Alimony paid. (b) Recipient's: SSN●				Collection of the second		
1a	Last name	31a	•		100.90 307.5217	◉	
1a		<b>-</b>				<b>第76</b>	\$2.50° \$2.65°
		UL			196 Sec 100 Sec. 12 (42344)	0	<u>i i a mari marang mangga sa nga Prikam ta ng Palan</u>
2	IRA deduction		●				
2	IRA deduction Student loan interest deduction	33			•		# 1 Park
3	IRA deduction Student loan interest deduction Tuition and fees	33 34	•		•		45 (15 de 15 d 1
2 3 4 5	IRA deduction Student loan interest deduction Tuition and fees Domestic production activities deduction	33 34	•				
2 3 4 5	IRA deduction Student loan interest deduction Tuition and fees Domestic production activities deduction Add line 23 through line 31a and line 32 through line 35 in	33 34 35	<ul><li>①</li><li>①</li></ul>		•	•	
2	IRA deduction Student loan interest deduction Tuition and fees Domestic production activities deduction	33 34 35	<ul><li>①</li><li>①</li></ul>			•	

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 10	040), lines 4, 9, 15, 19, 20, 27, and 28	● 38	4,000.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, General Sales Tax) and line 8 (foreign income taxes <b>only</b> ). See instructions	and state and local income tax, or	⊚ 39	4,000.
40	Subtract line 39 from line 38		● 40	
41	Other adjustments including California lottery losses. See instructions. Specify		● 41	
42	Combine line 40 and line 41		● 42	
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying widow(er) No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Sched	\$182,459 \$273,692 \$364,923	<b>●</b> 43	
44	Enter the larger of the amount on line 43 or your standard deduction listed be Single or married/RDP filing separately. See instructions Married/RDP filing jointly, head of household, or qualifying wido	slow \$4,129 w(er)\$5,258	5 .	8,258.
	Transfer the amount on line 44 to Form 540, line 18			



639051 11-30-16 CALIFORNIA FORM 3805V

# Net Operating Loss (NOL) Computation and NOL and

Disaster Loss Limitations - Individuals, Estates, and	d Trusts
Attach to your California tax return.	SSN or ITIN
Names as shown on return	FEIN
DOUGLAS T. & HEIDI A. COLE	FEIN
Part I Computation of Current Year NOL for Individuals, Estates, and Trusts. If you do not have a current	ent year NOL, go to Part II.
Section A - California Residents Only (Nonresidents go to Section B.)	
1 Adjusted gross income from 2016 Form 540, line 17. If negative, use brackets.	
Estates and Trusts, begin on line 3	1 <217,323.> 00
2 Itemized deductions or standard deduction from 2016 Form 540, line 18	
3 a Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instructions.) If negative, u	
If positive, enter -0- here and on line 25. Do not complete the rest of Section A. You do not have a cu	urrent year NOL.
Complete Part II and Part III if you have a carryover from prior years	3a $<225,581.>00$
b 2016 declared disaster loss included in line 3a. Enter as a positive number	3b00
c Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero or more, do not	
Part I. Enter the amount from line 3b, if any, in Part III, line 3, column (d) and complete Part II and Part III, line 3, column (d) and complete Part II and Part III, line 3, column (d) and complete Part II and Part III, line 3, column (d) and complete Part II and Part III, line 3, column (d) and complete Part III and Part III, line 3, column (d) and complete Part III and Part III, line 3, column (d) and complete Part III and Part III, line 3, column (d) and complete Part III and III and III and III and III and III and	art III as instructed 3c<225,581.> 00
Enter amounts on line 4 through line 24 as if they were all <b>positive</b> numbers. See instructions.	
4 Nonbusiness capital losses 4 00	
5 Nonbusiness capital gains 5 00	
6 If line 4 is more than line 5, enter the difference; otherwise, enter -0-	00
7 If line 4 is less than line 5, enter the difference; otherwise, enter -0-	00
8 Nonbusiness deductions 8 8 , 25%	
9 Nonbusiness income other than capital gains STMT 2 9 134 • Qa	124
10 Add line 7 and line 9	134.00
11 If line 8 is more than line 10, enter the difference; otherwise, enter -0-	11 8,124.00
12 If line 8 is less than line 10, enter the difference; otherwise, enter -0- 12 0 • 00	
13 Business capital losses 13 00	
14 Business capital gains 14 00	22
15 Add line 12 and line 14 15  16 If line 13 is more than line 15, enter the difference; otherwise, enter 0 16	00
17 Add line 6 and line 16	00
17 Add line 6 and line 16 17 18 Enter the loss, if any, from line 8 of Schedule D (540) Estates and rusts, enter the loss, if any,	00
from line 9, column (c), of Schedule D (541). If you do not have a loss on that line, skip line 18	
through line 21 and enter on line 22 the amount from line 17	00
19 Enter the loss, if any, from line 9 of Schedule D (540). Estates and Trusts, enter the loss, if	<u> </u>
any, from line 10 of Schedule D (541) Enter as apositive number	. 00
20 If line 18 is more than line 19, enter the difference; otherwise, enter -0-	
21 If line 19 is more than line 18, enter the difference; otherwise, enter -0-	
22 Subtract line 20 from line 17. If zero or less, enter -0-	
23 NOL and disaster loss carryovers from prior years	
24 Add lines 11, 21, 22, and 23	
25 Current Year NOL. Combine line 3c and line 24. If more than zero, enter -0 You do not have a current	
NOI de complete la	© 05 -135 /53 co

NOL to carryback or carryover © 25 \_ If the Individual, Estate, or Trust is using the current year NOL to carryback to offset taxable income for taxable years 2014 and/or 2015, complete Part IV, NOL Carryback, on Side 4 before completing Part I, Section A, lines 26-28 below. Enter lines 26 and 27 as positive numbers,

bomplote rare in, not dairy back, on didd + bale to tomploting rare i, decitor in, into 20 20 bolow. Enter into 20 to	and Er do poolavo namboro.
26 2016 NOL carryback used to offset 2014 taxable income. Enter the amount from Part IV, line 3, col. (e)	<b>©</b> 26
27 2016 NOL carryback used to offset 2015 taxable income. Enter the amount from Part IV, line 3, col. (g)	<b>●</b> 27

27 2016 NOL carryback used to offset 2015 taxable income. Enter the amount from Part IV, line 3	3, col. (g)	00
28 2016 NOL carryover to 2017. Combine line 25, line 26, and line 27. See instructions.		
If more than zero, enter -0 You do not have a current year NOL to carryover	● 28 <u>13</u> 5	5,453. <sub>00</sub>

Section B - Nonresidents and Part-Year Residents Only - Computation of Current Year California NOL

					<del></del>		
			(a) Enter total amounts	(b) Enter amounts earned	(c) Enter amounts earned	(d) Enter amounts earned	(e) Total
			as if you were a	or received from	or received during the	or received from CA	Combine
			CA resident for	CA sources if you were a nonresident	portion of the year you were a	sources during the portion of the year you	columns C and D
<del></del>			entire year.	for the entire year.	you were a CA resident.	were a nonresident.	
1	Adjusted gross income. See instructions.		'				
	If negative, use brackets	1_					
2	Itemized deductions or standard deduc-						
	tion. See instructions	2 (_	)	()	( )	( )	()
3	a Combine line 1 and line 2. See instrs	3a					
	<b>b</b> 2016 declared disaster loss included						
	in line 3a. Enter as a positive number	3b	,				
	c Combine line 3a and line 3b. If negative,	, —			-	~	
	use brackets and continue to line 4	3с					
Ente	er amounts on line 4 through line 24 as if th		re all <b>positive</b> numbers	 3.	<u> </u>		
4	Nonbusiness capital losses	4				<del></del>	
5	Nonbusiness capital gains	<u>;</u> —	·				
	If line 4 is more than line 5, enter the	<b>"</b>				4	
٠	difference; otherwise, enter -0-	6					
-		۰-			4		
′	If line 4 is less than line 5, enter the	_	l				1
_	difference; otherwise, enter -0-	<u>'</u> _					
	Nonbusiness deductions						
	Nonbusiness income other than capital gains $\dots$						
	Add line 7 and line 9	10					
	If line 8 is more than line 10, enter the						
	difference; otherwise, enter -0-	11			4		
	If line 8 is less than line 10, enter the						
	difference; otherwise, enter -0-	12			<b>100</b>		
13	Business capital losses	13					
	Business capital gains	14	4				
15	Add line 12 and line 14			A 4			
	If line 13 is more than line 15, enter the	_	4				
	difference; otherwise, enter -0-	16		- and the second			
	Add line 6 and line 16			<del>-</del>			
	Enter the loss, if any, from line 4 of	'' —			<del></del>	···	
	Schedule D (540NR) worksheet for nonresidents and part-year residents. See instructions	18					
19	Enter the loss, if any, from line 5 of Schedule D (540NR) worksheet for nonresidents and part-year residents. Enter as a positive number	19					
20	If line 18 is more than line 19, enter the	4					
	difference, otherwise, enter -0-	20					
21	If line 19 is more than line 18, enter the	_	<del></del>				
	difference; otherwise, enter -0-	21					
22	Subtract line 20 from line 17. If zero or						
		22			}		
22	less, enter -0-				<del></del>	<del> </del>	
	NOL & disaster loss carryovers from prior years			<del></del> _	<del> </del>		
	Add lines 11, 21, 22, 23	Z4		<del></del>	<del></del>		<del> </del>
25	Current Year NOL. Combine line 3c and						
	line 24. If more than zero, enter -0-				L	Ļ	<u> </u>
	e Individual, Estate, or Trust is using the cu		•			4 and/or 2015, comple	te Part IV, NOL Carryback,
on S	Side 4 <b>before</b> completing Part I, Section B, I	lines 2	26-28 below. Enter line	s 26 and 27 as positive	numbe <u>rs.</u>		
	0040 1101 acceptants would be affect 00444						
26		26		<b>●</b>			<u> </u>
27	2016 NOL carryback used to offset 2015 taxable income Enter the amount from Part IV line 3 col (n)	27		•			•
28	2016 NOL carriover to 2017 Combine line	28		•			•

022

S	ection	C -	Election to Wai	ve Carryback

© X Check the box if the Individual, Estate, or Trust elects to "relinquish" the entire carryback period with respect to a 2016 NOL under IRC Section 172(b)(3). By making the election, the Individual, Estate, or Trust is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it is Irrevocable. See instructions.

Continue with Part II, Determine 2016 Modified Taxable Income (MTI) and Part III, NOL Carryover and Disaster Loss Carryover Limitations, Do not complete Part

	/, NOL Carryback.	flad Tauahi	la lanama (MITI). Da numa	As and the test with	- f Dt II			
Part II			le Income (MTI). Be sure					225 501
1 Taxabi	le income. See instruction unts on line 2 through line	IS					1	-225,581. od
	_	-	*				•	
	I loss deduction included							
	er loss carryover included arryover included in line 1							82,004.00
5 Adjust	ments to itemized deduct	ions. See in	structions			•••••	<del>-</del>	02,004.00
6 MTI. C	Combine line 1 through lin	e 5. If line 6	is zero or less, enter -0-	•••••			6	0.00
Part III	NOL Carryover and Di	saster Loss	Carryover Limitations.	See Instructions.		- d	(a)	Palife Visionson generation appears are
						200	(g) Available balance	A FIX LOW TENS
1 MTI fro	om Part II, line 6				· · · · · · · · · · · · · · · · · · ·	7		andre ngarejear
						)	**	
rior Year								
(a)	(b)	(C) Type of	(d)	(e)	(f)	<b>%</b>	more with the	(h)
Year of	Code	NOL See	Initial loss	Carryover	Amou		$r_{ij}$ , $r_{ij}$ , $r_{ij}$ , $r_{ij}$	Carryover to 2017
loss	See instructions	below *		from 2015	in 30	16		col. (e) - col. (f)
? > 0 0 1 F		60777	00 004			ا	0	0000
<u> 2015</u>		•GEN	82,004.	82,004		0.	0.	● 82,004.
•	•	•	•		<ul><li>•</li></ul>			•
		Ť		<b>A</b>				
•	•	•	•		•			•
			4					
•		•						<b>●</b>
				<i>b</i>				col. (d) - col. (f)
Current Ye	ar NOLs			<b>y</b> Doběn Anglikohorovskych o	a)sa	1000		See Instructions
						6		
3 2016		● DIS			<b>,</b> [●	a de la companya de La companya de la co		<u> </u>
4 0010		•ŒN	<ul><li>■ 135,453.</li></ul>					① 135,453.
4 2016		ACT. IA	(a) 123,433.	Lister Control	en Karalana	8.11 8.11		<u> </u>
2016	•			angle the property of the second seco	ne Arres	.4-1-14		•
2010		<del>-</del>	9	111111111111111111111111111111111111111	Compared to the Compared Compa		ere i i e	
2016	•		•	Medical Control of the Control of th			Significant of the second	•
	IOL: General (GEN), New I	Business (N		ss (ESB), or Disaster (	DIS).	nevigary substitute (#	en i ur veder erentador og problemer fill for	<u></u>
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,	, ,, , , (	- r-			
5 NOL	carryover. Add the carryo	over amoun	its in column (h) that are	not the result of a disa	ster loss		• 5	217,457.00

Part IV NOL Carryback. See instructions.

1 2014 Taxable Income - Enter the amount from 2014 Form 540, line 19; Form 540NR, line 35; or Form 541, line 20a.

2 2015 Taxable Income - Enter the amount from 2015 Form 540, line 19: Form 540NR, line 35: or Form 541, line 20a

(a)	(b)	(c)	(d)	2(	014	20	15	(i)
Year of	Code - See	Type of	Initial loss - See	(e)	(f)	(g)	(h)	Carryover to
loss	instructions	NOL -	instructions	Carryback	After carryback	Carryback	After carryback	2017 col. (d)
ĺ		See		used - See	col. (d) minus	used - See	col. (f) minus	minus (col. (e)
		below*		instructions	col. (e)	instructions	col. (g)	plus col. (g))
3								
2016	<del> </del>			<del></del>	<u> </u>		**	
2016			,					
2010								
2016			<del></del>		<del> </del>			<u> </u>
2016					•			
2016	<del> </del>							

<sup>\*</sup>Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL atributable to a qualified disaster loss (DIS).



2016 Income from Passthroughs	CA
MARBLE MOUNTAIN RANCH INC I.D. NUMBER:	
TAXABLE INCOME (LOSS) SUMMARY:	
NONPASSIVE LOSS ALLOWED	-67,727
NET INCOME (LOSS) FOR ENTITY	-67,727
ACTIVITY INFORMATION:	<del></del>
MARBLE MOUNTAIN RANCH INC	
ORDINARY INCOME (LOSS) -67,72	27
TOTAL NONPASSIVE GAIN (LOSS)	

# 2016 Income from Passthroughs MARBLE MOUNTAIN RANCH INC I.D. NUMBER: TAXABLE INCOME (LOSS) SUMMARY: NONPASSIVE LOSS ALLOWED NET INCOME (LOSS) FOR ENTITY ACTIVITY INFORMATION: MARBLE MOUNTAIN RANCH INC ORDINARY INCOME (LOSS) -67,726 TOTAL NONPASSIVE GAIN (LOSS)

# DOUGLAS T. & HEIDI A. COLE

CA SCHEDULE CA RE	ENTS,	ROYALTIES,	PARTNERSHIPS,	ETC	STATEMENT	1
DESCRIPTION			CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTME	NT
MARBLE MOUNTAIN RANCH MARBLE MOUNTAIN RANCH			-67,727. -67,726.			00.
TOTAL TO SCHEDULE CA(5	540),	LINE 17C			1,8	00.
CA 3805V		NONBUSI	NESS INCOME	***************************************	STATEMENT	2
DESCRIPTION					AMOUNT	
INTEREST INCOME			Á	_	1:	34.
TOTAL TO FORM 3805V, I	INE	9			1	34.

TAXABLE YEAR

639051 11-30-16 CALIFORNIA FORM

3805V

# Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Individuals, Estates, and Trusts

Attach to your California tax return.		SSN or ITIN	
Names as shown on return			
		FEIN	
DOUGLAS T. & HEIDI A. COLE		NOL t- P- t-II	
Part   Computation of Current Year NOL for Individuals, Estates, and Trusts. If you of	to not have a current year	NOL, go to Part II.	
Section A - California Residents Only (Nonresidents go to Section B.)			
1 Adjusted gross income from 2016 Form 540, line 17. If negative, use brackets.			490 010 >
Estates and Trusts, begin on line 3			<89,019.> 00
2 Itemized deductions or standard deduction from 2016 Form 540, line 18			U • 00)
3 a Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instruction if positive, enter -0- here and on line 25. Do not complete the rest of Section A. Young the set of the s	·		
Complete Part II and Part III if you have a carryover from prior years	=		<89,019.>00
c Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero	or more, de net comple	· · · · · · · · · · · · · · · · · · ·	00
Part I. Enter the amount from line 3b, if any, in Part III, line 3, column (d) and com			<89,019.> <sub>00</sub>
Enter amounts on line 4 through line 24 as if they were all <b>positive</b> numbers. See instruct			(03,013.200
4 Nonbusiness capital losses	00		
5 Nonbusiness capital gains 5	00	<b>y</b>	
6 If line 4 is more than line 5, enter the difference; otherwise, enter -0-		<b>.</b> 00.	
7 If line 4 is less than line 5, enter the difference; otherwise, enter -0-		00	
8 Nonbusiness deductions 8			
9 Nonbusiness income other than capital gains STMT 3 9	34.00		
10 Add line 7 and line 9	10	134.00	
11 If line 8 is more than line 10, enter the difference; otherwise, enter -0-		11	0.00
	L34. <sub>00</sub>		
13 Business capital losses 13	00		
14 Business capital pains 14	00		
AF ALLY AC III AA	45	134. <sub>00</sub>	
16 If line 13 is more than line 15, enter the difference; otherwise, enter -0.	16	0.00	
17 Add line 6 and line 16	17	00	
18 Enter the loss, if any, from line 8 of Schedule D (540). State and rusts, enter the lo	ss, if any,		
from line 9, column (c), of Schedule D (541). If you do not have a loss on that line, sk			
through line 21 and enter on line 22 the amount from line 17	18	00	
19 Enter the loss, if any, from line 9 of Schedule D (540), Estates and Trusts, enter the lo	ss, if		
any, from line 10 of Schedule D (541) Enter as apositive number	19	00	
20 If line 18 is more than line 19, enter the difference; otherwise, enter -0-			
21 If line 19 is more than line 18, enter the difference; otherwise, enter -0-		21	00
22 Subtract line 20 from line 17. If zero or less, enter -0-		22	00
23 NOL and disaster loss carryovers from prior years		● 23	00
<b>24</b> Add lines 11, 21, 22, and 23			00
25 Current Year NOL. Combine line 3c and line 24. If more than zero, enter -0 You do n	ot have a current year		
NOL to carryback or carryover			-89,019. <sub>00</sub>
If the Individual, Estate, or Trust is using the current year NOL to carryback to offset taxable	e income for taxable year	s 2014 and/or 2015,	
complete Part IV, NOL Carryback, on Side 4 before completing Part I, Section A, lines 26-			
26 2016 NOL carryback used to offset 2014 taxable income. Enter the amount from Part			00
27 2016 NOL carryback used to offset 2015 taxable income. Enter the amount from Part	IV. line 3. col. (a)	<b>© 27</b>	00

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28 2016 NOL carryover to 2017. Combine line 25, line 26, and line 27. See instructions.

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If more than zero, enter -0-. You do not have a current year NOL to carryover \_\_\_\_\_\_\_\_ @ 28 \_

7531164 13.1 FTB 3805V 2016 Side 1

89,019.00

1 Adjusted gross income. See instructions.	CA resident for entire year.	or received from CA sources if you were a nonresident for the entire year.	or received during the portion of the year you were a <b>CA resident.</b>	or received from CA sources during the portion of the year you were a <b>nonresident</b> .	Total Combine columns C and D
* *					
If negative, use brackets1					
2 Itemized deductions or standard deduc-					
tion. See instructions 2 (	)	( )	( )	( )	()
3 a Combine line 1 and line 2. See instrs 3a					
<b>b</b> 2016 declared disaster loss included					
in line 3a. Enter as a positive number 3b					
c Combine line 3a and line 3b. If negative,					
use brackets and continue to line 4 3c					
nter amounts on line 4 through line 24 as if they v	vere all <b>positive</b> numbers	S.	•		
4 Nonbusiness capital losses 4					
5 Nonbusiness capital gains 5			<del> </del>		<u> </u>
6 If line 4 is more than line 5, enter the				Á	
difference; otherwise, enter -0-			40000		
7 If line 4 is less than line 5, enter the			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
difference; otherwise, enter -0				***	
8 Nonbusiness deductions 8					
9 Nonbusiness income other than capital gains 9				<u>-</u>	<u>_</u>
10 Add line 7 and line 9 10					
11 If line 8 is more than line 10, enter the					
difference; otherwise, enter -0 11 _					
12 If line 8 is less than line 10, enter the					<del></del>
difference; otherwise, enter -0 12 _			A STATE OF THE STA		
13 Business capital losses 13					
13 Business capital pains					
14 Business capital gains 14					
15 Add line 12 and line 14					
16 If line 13 is more than line 15, enter the	<i>M</i> <b>W</b>				
difference; otherwise, enter -0			•		
17 Add line 6 and line 16 17 _					
18 Enter the loss, if any, from line 4 of Schedule D (540NR) worksheet for nonresidents and part-year residents. See instructions 18					
19 Enter the loss, if any, from line 5 of Schedule D (540NR) worksheet for nonresidents and part-year residents. Enter as a positive number 19. enter the					
20 If line 18 is more than line 19, enter the	-				
difference; otherwise, enter -0- 20					
21 If line 19 is more than line 18, enter the					
difference; otherwise, enter -0 21 _					
22 Subtract line 20 from line 17. If zero or	<u></u>				
less, enter -0-					
23 NOL & disaster loss carryovers from prior years 23					
<b>24</b> Add lines 11, 21, 22, 23 <b>24</b>					
25 Current Year NOL. Combine line 3c and					
line 24. If more than zero, enter -0 25		•			•
the Individual, Estate, or Trust is using the curren	nt year NOL to carryback	to offset taxable incom	ne for taxable years 201	4 and/or 2015, comple	te Part IV, NOL Carryback.
n Side 4 before completing Part I, Section B, lines			-		
				<u></u>	
26 2016 NOL carryback used to offset 2014 taxable income Enter the amount from Part IV line 3 col. (a)		•			•
26       2016 NOL carryback used to offset 2014 taxable income. Enter the amount from Part IV, line 3, col. (e)       26         27       2016 NOL carryback used to offset 2015 taxable income. Enter the amount from Part IV, line 3, col. (g)       27         28       2016 NOL carryover to 2017. Combine line 25, line 26, and line 27. If more than zero, enter -0-       28		•			•
2016 NOL carryover to 2017. Combine line		•	1	1	•

Side 2 FTB 3805V 2016

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# Section C - Election to Waive Carryback

© X Check the box if the Individual, Estate, or Trust elects to "relinquish" the entire carryback period with respect to a 2016 NOL under IRC Section 172(b)(3). By making the election, the Individual, Estate, or Trust is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it is irrevocable. See instructions.

Continue with Part II, Determine 2016 Modified Taxable Income (MTI) and Part III, NOL Carryover and Disaster Loss Carryover Limitations. **Do not** complete Part IV, NOL Carryback.

Part II	/, NOL Carryback.  Determine 2016 Mod	ified Taxab	le Income (MTI). Be sure	to read the instructions	for Part II.		
1 Taxab	le income. See instruction	ns				1 <u> </u>	-89,019.00
nter amou	unts on line 2 through line	e 5 as if they	were all <b>positive</b> number	ers.			
							0
4 NOL c	arryover included in line	1				4	0
5 Adjust	ments to itemized deduct	tions. See in	structions			5	0
6 MTI.C	ombine line 1 through lir	ie 5. If line 6	is zero or less, enter -0-			6	0 • 00
art III	NOL Carryover and D	saster Loss	Carryover Limitations.	See Instructions.		4	
						(g) Available balance	1.00
I MTI fro	om Part II, line 6					1	r libr
					<i>A Y</i>	-	
rior Year		<del></del>	7.8				
(a)	(b)	(C) Type of	(d)	(e)			(h)
Year of loss	Code See instructions	NOL See	Initial loss	Carryover from 2015	Amount used in 2016	And the second second	Carryover to 2017 col. (e) - col. (f)
1033	Oct mandenons	below *		110111 20 13	1112010		coi. (e) - coi. (i)
2015		•GEN	<ul><li>52,532.</li></ul>	52,582		. o.	§ 52,532
		1	32,3321				<u> </u>
)	•	•	•		•		•
<u> </u>	•	<u> </u>	<u> </u>	<b>O</b>	<u> </u>		<u> </u>
)	•				•		
	<u>                                     </u>					<u> </u>	col. (d) - col. (f)
ırrent Ye	ar NOLs			<b>P</b>			See Instructions
			A		*		
2016	<b>●</b>	● DIS					<u> </u>
							00 010
2016	<u> </u>	<b>●CEN</b>	<ul><li>89,019.</li></ul>	100	<u> </u>	i de la companya de l	89,019
2016				14 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
2016	<u>●</u>	-   -	<u> </u>				<u> </u>
2016	<ul><li>•</li></ul>		•				•
	IOL: General (GEN). New	Business (A	IB), Eligible Small Busine	ss (ESB), or Disaster (D	/#####################################		<u> </u>
. , , , , , , , , , , , , , , , , , , ,		(1	/,g Jilian - John	1-2-77 21000101 (2	,-		
5 NOL	carryover. Add the carry	over amour	nts in column (h) that are	not the result of a disas	ter loss	● 5	<b>141,551.</b> 0
Disa	ster loss carryover. Enter						

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	NOL Carryback. See in axable Income - Enter the axable Income - Enter the	e amount fr	om 2014 Form 540,	•	,	· —		
(a)	(b)	(c)	(d)	2	014	20	)15	(i)
Year of loss	Code - See instructions	Type of  NOL -  See  below*	Initial loss - See instructions	(e) Carryback used - See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used - See instructions	(h) After carryback col. (f) minus col. (g)	Carryover to 2017 col. (d) minus (col. (e) plus col. (g))
3								
2016	····							<u> </u>
2016						•		
2016				٠				

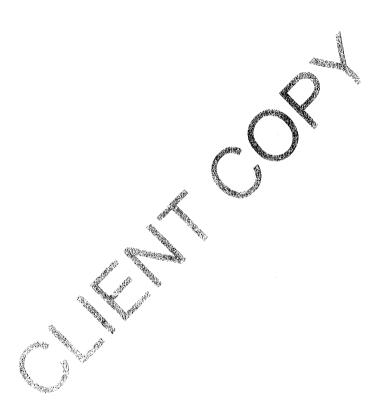
<sup>\*</sup>Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL arributable to a qualified disaster loss (DIS).



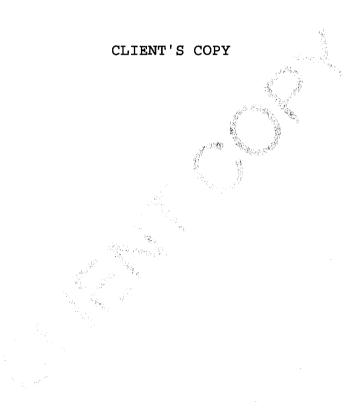
2016

2016

CA 3805V AMT	ALTERNATIVE	MINIMUM	TAX	NONBUSINESS	INCOME	STATEMENT	3
DESCRIPTION						AMOUNT	
INTEREST INCOME						1	34.
TOTAL TO 3805V A	MT, LINE 9					1	34.



**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.



Allan K. Dorff, CPA Inc. 1181 Puerta Del Sol #140 San Clemente, CA 92673 949 498-5585 X121

August 30, 2017

Marble Mountain Ranch, Inc. 92520 Highway 96 Somes Bar, CA 95568

Dear Doug & Heidi,

We have prepared and enclosed your 2016 S Corporation income tax returns for the year ended December 31, 2016.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-S to our office. We will then submit your electronic return to the IRS. Do not mail the paper copy of the return to the IRS.

No payment is required.

The California Form 100S return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-C to our office. We will then submit the electronic return to the FTB. Do not mail a paper copy of the return to the FTB.

No payment is required.

Attached are Schedules K-1 for each shareholder indicating their share of income, deductions and credits to be reported on their respective tax returns. These schedules should be immediately forwarded to each of the shareholders.

Copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Allan K. Dorff, CPA Inc.

Name Employer Identification Number

MARBLE MOUNTAIN RANCH, INC.

Description	Prior Year	Current-Year	Angresse (Decresse)
ORDINARY BUSINESS INCOME (LOSS):			
INCOME:		:	
GROSS RECEIPTS OR SALES LESS RETURNS AND ALLOWANCES COST OF GOODS SOLD GROSS PROFITS TOTAL INCOME	627,392. 4,179. 623,213. 623,213.	1,387. 7 <b>4</b> 9,250.	-2,792. 126,037.
DEDUCTIONS:			
SALARIES AND WAGES LESS EMPLOYMENT CREDITS REPAIRS AND MAINTENANCE TAXES AND LICENSES INTEREST DEPRECIATION ADVERTISING OTHER DEDUCTIONS TOTAL DEDUCTIONS	35,895 58,40 11,766 16,853 186,804 6,661 87,774 708,217		5,205. 5,373. -5,745. 127,537. -18. -8,091.
ORDINARY BUSINESS INCOME (LOSS)	-85,004.	-137,253.	-52,249.
S CORPORATION TAXES: PAYMENTS AND CREDITS:	•		

BALANCE DUE OR REFUND:

CHARITABLE CONTRIBUTIONS

INVESTMENT INTEREST:

ORDINARY BUSINESS INCOME (LOSS)

SCHEDULE K:

DEDUCTIONS:

CREDITS:

FOREIGN TAXES:

INCOME:

-137,253.

6,427.

-52,249.

-165.

-85,004.

6,592.

Name

Employer Identification Number

MARBLE	MOUNTAIN	RANCH.	INC.
mundin	TIOOM TUTI	TATACIT.	T11/C *

MARBLE MOUNTAIN RANCH, INC.			
Description	Prior Year:	Current Year	inbrasse. (Decrease)
AMT ITEMS:			
POST-1986 DEPRECIATION ADJUSTMENT	29,472.	46,300.	16,828.
OTHER SCHEDULE K ITEMS:			·
NONDEDUCTIBLE EXPENSES INCOME (LOSS)	179. -91,596.		-179. -52,084.
SCHEDULE M-1:			
NET INCOME (LOSS) PER BOOKS TRAVEL & ENTERTAINMENT RECORDED ON	-111,715.	79,798.	-68,083.
BOOKS NOT INCLUDED ON SCHEDULE KOTHER EXPENSES RECORDED ON BOOKS	179	0.	-179.
NOT INCLUDED ON SCHEDULE K TOTAL EXPENSES RECORDED ON BOOKS	19,940	36,118.	16,178.
NOT INCLUDED ON SCHEDULE K TOTAL OF LINES 1 THROUGH 3 INCOME (LOSS)	20,119. -91,596.	36,118. -143,680. -143,680.	-52,084.
SCHEDULE M-2: ACCUMULATED ADJUSTMENTS ACCOUNTS			
BALANCE AT BEGINNING OF TAX YEAR LOSS FROM PAGE 1, LINE 21 OTHER REDUCTIONS COMBINE LINES 1 THROUGH 5 BALANCE AT END OF TAX YEAR	0. -85,004. 6,771. -91,775. -91,775.	-137,253. 6,427. -235,455.	-52,249. -344. -143,680.
OTHER ADJUSTMENTS ACCOUNT:			
SHAREHOLDERS' UNDISTRIBUTED TAXABLE INCOME PREVIOUSLY TAXED:			

Form **8879-S** 

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization for Form 1120S

► Don't send to the IRS. Keep for your records.

▶ Information about Form 8879-S and its instructions is at www.irs.gov/form8879s .

For calendar year 2016, or tax year beginning

16, ending

2016

OMB No. 1545-0123

Name of corporation Employer identification number MARBLE MOUNTAIN RANCH, INC. Part I Tax Return Information (Whole dollars only) 750,637. 1 Gross receipts or sales less returns and allowances (Form 1120S, line 1c) 749,250. 2 Gross profit (Form 1120S, line 3) 2 3 Ordinary business income (loss) (Form 1120S, line 21) -137,253. 3 4 Net rental real estate income (loss) (Form 1120S, Schedule K, line 2) 4 5 Income (loss) reconciliation (Form 1120S, Schedule K, line 18) -143,680.5 Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return) Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2016 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the electronic return originator (EHO), transmitter, or intermediate service provider to send the corporation's return to the imparitual to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must constitute the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to diswerinquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporations electronic income tax return and, if applications are received to the corporations of the electronic income tax return and, if applications are received to the corporations of the electronic income tax return and, if applications are received to the electronic payment of taxes are received to the electronic payment of taxes are received to the electronic payment of taxes to receive confidential information necessary to diswering the electronic payment of taxes are received to taxes electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize ALLAN K. DORFF, CPA INC. to enter my PIN as my signature on the corporation's 2016 electronically file acome tax return. As an officer of the corporation, I will enter my PIN as masignature on the corporation's 2016 electronically filed income tax return. Title ► PRESIDENT Officer's signature Certification and Authenticat ERO's EFIN/PIN. Enter your six-digit EFIN followed by ve-digit self-selected PIN. don't enter all zeros I certify that the above numeric entry i my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Intermation for Authorized IRS e-file Providers for Business Returns. ERO's signature > ALLAN K. DORFF, CPA INC. **ERO Must Retain This Form - See Instructions** Don't Submit This Form to the IRS Unless Requested To Do So Form **8879-S** (2016) For Paperwork Reduction Act Notice, see instructions.

610201 12-06-16

LHA

Form 7004 (Rev. December 2016) Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns File a separate application for each return.

► Information about Form 7004 and its separate instructions is at www.irs.gov/form7004

OMB No. 1545-0233

Identifying number MARBLE MOUNTAIN RANCH, INC. **Print** Number, street, and room or suite no. (If P.O. box, see instructions.) or 92520 HIGHWAY 96 **Type** City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). 95568 SOMES BAR, CA Note: File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form, Part I Automatic Extension for C Corporations With Tax Years Ending December 31. See instructions. 1a Enter the form code for the return listed below that this application is for Application **Application** Form Is For: Code Is For: Code Form 1120 12 Form 1120 ND (section 4951 taxes) 20 Form 1120-C 34 Form 1120-PC 21 15 Form 1120-POL 22 Form 1120-F 16 Form 1120-FSC Form 1120-REIT 23 Form 1120 RIC Form 1120-H 17 24 Form 1:120-L 18 Form 1120-SF 26 19 Form 1120-ND Part II Automatic Extension for Certain Estates and Trusts. See in b Enter the form code for the return listed below that this application is for **Application** Form Application Is For: Code For: Code Form 1041 (estate other than a bankruptcy estate) 04 05 Part III Automatic Extension for Entities Not Using Part I, II, See instructions 25 Enter the form code for the return listed below that this application Application Application Eorm **Form** s For: Is For: Code Form 1120 ND (section 4951 taxes) 20 Form 706-GS(D) Form 7,06-GS(T) Form 1120-PC Form 1:120POL 22 03 Form 1041 (bankruptcy estate only) Form 1041-N 06 Form 1120-REIT 23 Form 1041-QFT 07 Form 1120 RIC 24 Form 1042 08 Form 1120S 25 Form 1120-SF Form 1065 09 26 10 Form 3520-A Form 1065-B 27 Form 8612 28 11 Form 1066 Form 1120 12 Form 8613 29 Form 1120-C 34 Form 8725 30 Form 8804 Form 1120-F 15 31 Form 8831 32 Form 1120-FSC 16 47 Form 8876 Form 1120-H 33 Form 8924 Form 1120-L 18 35 Form 1120-ND Form 8928 36 Part V Automatic Extension for C Corporations With Tax Years Ending June 30. See instructions. d Enter the form code for the return listed below that this application is for **Application Application** Form Form Code Is For: Code Is For: Form 1120 ND (section 4951 taxes) Form 1120 12 20 34 Form 1120-PC Form 1120-C 21 Form 1120 POL Form 1120-F 15 22 Form 1120-FSC Form 1120-REIT 16 23 Form 1120-H 17 Form 1120-RIC 24 Form 1120-L 18 Form 1120-SF 26 Form 1120-ND 19

619741 01-18-17 LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 7004 (Rev. 12-2016)

		age <b>2</b>				
2						
3						
	check here  If checked, attach a statement listing the name, address, and Employer Identification Number (EIN) for each member					
4	covered by this application.  If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here					
	The application is for calendar year 2016, or tax year beginning, and ending					
6	Tentative total tax	0.				
7	Total payments and credits (see instructions)	0.				
8	Balance due. Subtract line 7 from line 6 (see instructions)	0.				

# Form 1120S

Department of the Treasury

# U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

OMB No. 1545-0123

2016

Internal Revenue Service For calendar year 2016 or tax year beginning and ending A S election effective date D Employer identification number 02/02/2015 MARBLE MOUNTAIN RANCH, INC. **B** Business activity code number Number, street, and room or suite no. If a P.O. box, see instructions. E Date incorporated (see instructions) 713900 02/02/2015 92520 HIGHWAY 96 C Check if Sch. M-3 City or town, state or province, country, and ZIP or foreign postal code F Total assets (see instructions) attached SOMES BAR, CA 95568 2,445,250. Is the corporation electing to be an S corporation beginning with this tax year? Yes X No If "Yes," attach Form 2553 if not already filed Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) Selection termination or revocation Enter the number of shareholders who were shareholders during any part of the tax year 2 Caution; In clude only trade or business income and expenses on lines 1a through 21. See the instructions for more information. 750,637. b Return and allowances 750,637. 1,387. Cost of goods sold (attach Form 1125-A) Income 749,250. 3 Gross profit. Subtract line 2 from line 1c 3 Net gain (loss) from Form 4797, line 17 (attach Form 4797) 4 5 Other income (loss) (attach statement) 5 749,250. Total income (loss). Add lines 3 through 5 6 6 7 7 Compensation of officers (see instrs. - attach Form 1125-E) Deductions (See instructions for limitations) Salaries and wages (less employment credits) 89,920. 8 8 9 63,669. 9 Repairs and maintenance 10 10 11 11 TATEMENT 21,139. 12 12 11,108. 13 13 314,341. Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562) 14 14 Depletion (Do not deduct oil and gas depletion.) 15 15 6,643. 16 Constant Constant 16 17 Pension, profit-sharing, etc., plans 17 18 Employee benefit programs 18 19 379,683. 19 Other deductions (attach statement) .... Total deductions. Add lines 7 through 19
Ordinary business income (loss). Subtract line 20 from line 6 20 886,503. 20 137,253. 21 21 Excess net passive income or LIFO recepture tax (see instructions) 22a Tax from Schedule D (Form 1020S) 22b 22c Add lines 22a and 22b 23 a 2016 estimated tax payments and 2015 overpayment credited to 2016. 23a Tax and Payments Tax deposited with Form 7004 23b Credit for federal tax paid on fuels (attach Form 4136) 23c Add lines 23a through 23c 23d Estimated tax penalty (see instructions). Check if Form 2220 is attached 24 24 25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed 26 26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid Enter amount from line 26 Credited to 2017 estimated tax Refunded 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. May the IRS discus this return with the preparer shown below (see instr.)? Sign PRESIDENT Here X Yes No Signature of officer Date Print/Type preparer's name Preparer's signature PTIN Date Check if Paid Pre-pare Use self-employed P01061094 ALLAN K. DORFF, CPA INC. Firm's EIN 1181 PUERTA DEL SOL, #140 Phone no 949 498-5585 SAN CLEMENTE, CA 92673 Form 1120S (2016) For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2016) MARBLE MOUNTA		NC.		Page 2
	nstructions)	Other (annif )		Yes No
1 Check accounting method: (a) X Cash (b)	Accrual (c)	Other (specify)		
<ul><li>2 See the instructions and enter the:</li><li>(a) Business activity ► RECREATION</li></ul>	(h) [	Product or service  GUEST	рамси апиями	פווי
3 At any time during the tax year, was any shareholder in			ICHICII IDVIIII	OK .
nominee or similar person? If "Yes," attach Schedule B-				X
4 At the end of the tax year, did the corporation:	i, mornadon on ooraan	Charottoladio of all o corporation	***************************************	
a Own directly 20% or more, or own, directly or indirectly	. 50% or more of the tota	al stock issued and outstanding of an	1V	
foreign or domestic corporation? For rules of construct		<del>-</del>		X
(i) Name of Corporation	(ii) Employer Identification Number	(iii) Country of	(iv) Percentage of Stock	(v) If Percentage in (iv) is 100% . Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made
(i) Name of corporation	(if any)	incorporation	Owned	Qualified Subchapter S Subsidiary Election Was Made
				<u> </u>
				<del></del>
	H			
			á ————	<del> </del>
<b>b</b> Own directly an interest of 20% or more, or own, direct	ly or indirectly, an interes	t of 50% or more in the profit loss		
capital in any foreign or domestic partnership (including				
trust? For rules of constructive ownership, see instruct		<b>TEAL</b> AND		X
	(ii) Employer	(iii) Type of Entity	(iv) Country of	(v) Maximum
(i) Name of Entity	Identification Number (if any)	(III) Type Operation	`Organization	Percèntage Owned in Profit, Loss, or Capital
5a At the end of the tax year, did the corporation have any	outstanding stores of re-	stricted stock?		X
If "yes" complete lines (i) and (ii) below				
(i) Total shares of restricted stock (ii) Total shares of non-restricted stock				
b At the end of the tax year, did the corporation have any	outer ading stock ontion	e warrante or cimilar instrumente?		X
If "yes" complete lines (i) and (ii) below	outstanding stock option	o, warranto, or ommar moti umorito:		
(i) Total shares of stock outstanding a the end a the t	ax vear	•	•	\$ 4 P
(ii) Total shares of stock outstanding if all instruments			·	
6 Has this corporation filed, or is it required to file, Form				tion? X
7 Check this box if the corporation issued publicly offered				
If checked, the corporation may have to file Form 8281				
8 If the corporation: (a) was a C corporation before it ele with a basis determined by reference to the basis of the	cted to be an S corporati	on or the corporation acquired an as	set	
with a basis determined by reference to the basis of the corporation <b>and (b)</b> has net unrealized built-in gain in e	e asset (or the basis of an excess of the net recogniz	y other property) in the hands of a c led built-in gain from prior years, ent	, ter	
corporation and (b) has net unrealized built-in gain in e the net unrealized built-in gain reduced by net recogniz				
9 Enter the accumulated earnings and profits of the corp		ax year	· \$	
10 Does the corporation satisfy <b>both</b> of the following cond		<b>#</b>		
a The corporation's total receipts (see instructions) for the				
b The corporation's total assets at the end of the tax year		)		
If "Yes," the corporation is not required to complete Sci 11 During the tax year, did the corporation have any non-s		cancelled was forgiven or had the		<b>意光等。如 通</b> 等的。2
terms modified so as to reduce the principal amount of				x
If "Yes," enter the amount of principal reduction	i nie denti		\$	
12 During the tax year, was a qualified subchapter S subsi				
13a Did the corporation make any payments in 2016 that w				
b If "Yes," did the corporation file or will it file all required				
				Form <b>1120S</b> (2016)

611721 12-22-16 JWA

Form 1120S (2016)

Schedule K	Shareholders' Pro Rata Shar	re Items (continued)				Total amount
5 17a Invest	tment income				17a	Total uniount
hinvest					17b	
	end distributions paid from accum				17c	<del></del>
d Other	items and amounts (attach state)					er ver eine Englist ihre in hager in de
- 40000	nems and amounts (attach state)	ment)			SHEW STATES	<u>。1996年10月2日</u> 1997年 - 1997年 -
등을   18 Incom	ne/loss reconciliation. Combine	the amounts on lines 1 through	IO in the far right column		1 1	
o:=	the result, subtract the sum of th	•	•	•	18	-143,680
Schedule L		Beginning of			End of ta	
	Assets	(a)	(b)	(c)		(d)
Cash		1 2 3 4 4 4 4 4	500		475 (A.S.)	499
a Trade notes a	nd accounts receivable	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and a company of the second section is	o dana day O	
	e for bad debts	<u> </u>				
			2,500			2,500
	ent obligations		2,300	<b>-</b>	::::: <b>:</b>	
	ecurities			T	<del>.</del>	<del></del>
	assets (att. stmt.)			<b>⊣</b>		
	eholders			- 4	-	·
				$\dashv$ $\mathbf{L}$		
mon igago ama	real estate loans					
01.101	ents (att. stmt.)	2,778,105.		2 0/3	306	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	other depreciable assets		2,591,301	501 E01	145.	2 442 251
	ated depreciation	186,804.	Z,391,30E	201		2,442,251
a Depletable ass				<u> </u>		
	ated depletion				ASSESSED ATTENDED	
•	ny amortization)		CONTRACT OF THE PARTY OF THE PA	7		CONTRACTOR DE L'ESTATE DE L'ANTINO DE
	ets (amortizable only)					
<b>b</b> Less accumula	ated amortization					
Other assets (a	att. stmt.)	2				
Total assets			2,594,301	• 17	ů.	2,445,250
Liabilities ar	nd Shareholders' Equity					
Accounts paya	able		<b>**</b>			
	s, bonds payable in less than 1 year					
Other current l	liabilities (att. stmt.)					
Loans from sh	nareholders		23,219	•		89,295
Mortgages, notes	s. bonds payable in 1 year or more					
Other liabilities	s (att. stmt.)	STANKANT 4	82,703	<b>.</b>		47,374
Capital stock			1,000		130 t	1,000
Additional paid	d-in capital		2,599,094	•		2,599,094
	ings	STATEMENT 5	-111,715	7		-291,513
	shareholders' equity (att. stmt)	<b>/</b>	•	<b>7</b> ,000 (100)		
Less cost of tr	reasury stock	7	<del></del>	7		(
	and shareholders' equity		2,594,301			2,445,250
TOTAL HADINGO	and once or order of order of	moved on a supporting of the order of the substitution of the subs		<ul> <li>■ 20</li></ul>	التناسب	Form <b>1120S</b> (20

# Form 1125-A

(Rev. October 2016)

Department of the Treasury Internal Revenue Service

# **Cost of Goods Sold**

► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

OMB No. 1545-0123

Name		Employer Identification number
MARBLE MOUNTAIN RANCH, INC.		
1 Inventory at beginning of year	1	2,500.
2 Purchases	2	1,387.
3 Cost of labor	3	
4 Additional section 263A costs (attach schedule)	4	
5 Other costs (attach schedule)	5	
6 Total. Add lines 1 through 5	6	3,887.
7 Inventory at end of year	7	2,500.
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the		
appropriate line of your tax return. See instructions	8	1,387.
(i)	9d	<b>&gt;</b>
e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions  f Was there any change in determining quantities, cost, or valuations between opening and the singular results in the section of		
For Paperwork Reduction Act Notice, see separate instructions.		Form <b>1125-A</b> (Rev. 10-2016)

# 4562

Department of the Treasury Internal Revenue Service

(99)

# **Depreciation and Amortization**

OTHER (Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Sequence No. 179 Identifying number

Business or activity to which this form relates Name(s) shown on return MARBLE MOUNTAIN RANCH, INC. OTHER DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions And the second (a) Description of property (b) Cost (business use only) 6 alka banka a ji 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line CONTROL PROPERTY 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't nclude listed property.) 14 Special depreciation allowance for qualified property (other than listed property tv) plac 15 15 Property subject to section 168(f)(1) election 51,167. 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property.) (See instructions.) 220,665. 17 MACRS deductions for assets placed in service in a years Beginning before 2016 18 If you are electing to group any assets placed in service during the into one or more general asset accounts, check here Section B - Assets Placed in Sel ice Furing 2016 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Monti (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property 19a 3-year property 200DE68,324. 5 YRS. HY 13,665. b 5-year property 47,332. 200DE 7 YRS. HY 6,764. 7-year property C 2,100. 21,000. 10 YRS HY  $200 \mathrm{DB}$ 10-year property d 15-year property е 20-year property f S/L 25-year property 25 yrs. g S/L 27.5 yrs. MM Residential rental property h 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. S/L 12-year ММ S/L 40-year 40 yrs. Part IV Summary (See instructions.) 19,980. 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 314,341. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

MARBLE MOUNTAIN RANCH. Form 4562 (2016) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? X Yes No 24b If "Yes." is the evidence written? X Yes (b) Date (e) (f) (g) **Business** Basis for depreciation Elected Type of property (list vehicles first) Cost or Recovery Method/ Depreciation placed in investment section 179 (business/investment other basis period Convention deduction service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: SEE STATEMENT 8 19,980 27 Property used 50% or less in a qualified business use: % S/L S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehick or related person. If you provided vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% ow to your employees, first answer the questions in Section C to see if you meet an excepti ing this section for those vehicles. (f) (a) (b) (d) (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehi Vehicle Vehicle vear (don't include commuting miles) 31 Total commuting miles driven during the year Total other personal (noncommuting) miles STATEMENT T 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use No No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine in a more than 5% Answer these questions to determine in a more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

616252 12-21-16

Form 4562 (2016)

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
69	STOCK - STARDUST	03/01/16	200DE	7.00	ну	19C	1,200.				1,200.			172.	172.
70	STOCK - SEDONA	03/01/16	200DE	7.00		19c	1,200.				1,200,			172	172,
71	STOCK - DARTANJION	08/01/16	200DB	7.00	нч	190	1,200.			e de la companya de l	1,200.			172.	172.
	* OTHER TOTAL OTHER						3,600.	18 O.A		5	3,600.	0.	San Yali	518	516.
	BUILDINGS		l							X					
43	Cardn •1	02/02/15	S1.	27.50		187	67,2001	4		<b>)</b> `	67,200	2,240.		2,444	4,684.
44	CABIN #2	02/02/15	SL	27.50	ММ	16	106,400.	(		PSP .	106,400.	3,547.		3,869.	7,416.
45	Cabin #3	02/02/15	'SL	27,50	1	16	67 , 200		<b>.</b>		67,200,	2,240.		2,444	4,684.
46	CABIN #4	02/02/15	SL	27.50	ММ	16	67,000.	A STATE OF THE PARTY OF THE PAR			67,200.	2,240.		2,444.	4,684.
47	CABIN #5 & 6 - DUPLEX	02/02/15	SIL.	27.50	4	19	16 500.				108,500.	3,617.	14 (14) (14) (14)	3,945,	7,562.
48	CABIN #7 & 8 - DUPLEX	02/02/15	SL	27.50	MM	6	80,640.				80,640.	2,688.		2,932.	5,620.
49	CABIN ≠9	02/02/15	SL	<b>47</b> .50			98,560.		-		98,560.	3,285,		3,584.	6,869.
50	CABIN #10	02/02/15	SI	27 50	1	16	87,360.	<u> </u>	<u> </u>		87,360.	2,912.		3,177.	6,089.
51	QUAILS NEST HOUSE	02/02/15	SIL	50		16	225,400.				225,400	7,513.		8,196.	15,709.
52	SLEEPY HOLLOW HOUSE	02/02/15	SL	27,50	мм	16	109,200.		<b>.</b>		109,200.	3,640.		3,971.	7,611.
53	RIVER VIEW HOUSE	02/02/15	SL	27.50	*	16	347,200.				347,200.	11,573.		12,625.	24,198.
54	COVERED RIDING ARENA	02/02/15	200DB	10.00	нх	17	157,000.				157,000.	15,700.		28,260.	43,960.
55	ARENA TACK BUILDING	02/02/15	200DE	10.00	ну	17	77,740.				77,740.	7,774.		13,993,	21.767.

628111 04-01-16

(D) - Asset disposed

 $\ensuremath{^\star}$  ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

OTHER DEPRECIATION

OTHER

	DEPRECIATION						MARTO							
Asset No.	Description	Date Acquired	Method	Life	C Line o No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
56	LODGE/MESS HALL	02/02/15	150DB	20.00	ну17	230,580.				230,580.	8,647.		16,645.	25,292.
-57	eay Barn	02/02/15	200DE	40.00	<b>4</b> 7	120,000.				120,000.	12,000.		21, 600	33,600.
58	TACK HOUSE	02/02/15	200DB	10.00	ну17	22,100.	Secondonia	RADIOS NAMES PR		22,100.	2,210.	665 TO 25 TO 24 A TO 25 BRIS	3,978.	6,188.
50	Cipt Shop	02/02/15	15005	20,00		62,8602				62,860.	2,3582		4,598	6-896
60	LAUNDRY/SHOWER HOUSE	02/02/15	150DB	20.00	ну1.7	78,842.	Service Service		X	78,842.	2,957.	i de la compaña	5,691.	8,648.
64	CREENHOUSE.	02/02/15	200DE	.10.go	He Ly	25,000				125,000	2 7500.		24.50g	7/(000)
62	POWER HOUSE	02/02/15	SL	39.00	<b>мм</b> 16	10,000.	2000		See	10,000.	235.		256.	491.
63	CAME: ROOM:	02/02/15	ğî.	20,00	156	10,000				10,000.	458.		500	958.
64	SHOP BUILDING	02/02/15	200DB	10.00	ну17	156,000.	A 400	<u> </u>		156,000.	15,600.		28,080.	43,680.
- 12	ARENA STUDIO HOUSING	05/01/16	<b>91</b>	27.50	9	(Guov				28,635,			# - a694;	694,
_	HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)	05/01/16	200DB	10.00	НАПОТ	21,000.				21,000.			2,100.	2,100.
	f.other wotal buildings					2,364,617.				2,364,617.	115,934;	1	180,466	296,400.
isak dua masal	FURNITURE & FIXTURES	ko abas kokal				4471955577566	<b>la</b> tki suasa	Nessan saturána	<b>I</b> G. 1888 statistic	13.25×135×136×136×1	Barana (New York)	Spess hill deste	<b>J</b> ela kan kati dala	MS: Weighten
1	FURNISHINGS - CABINS/HOUSES  * OTHER TOTAL FURNITURE &	02/02/15	200	100	<b>114</b> 17	522,				522,	75,		128,	203.
	FIXTURES					522.			]	522.	75.		128.	203.
	eachinery a equipment													
2	RANGE FIREARMS	02/02/15	SL	7.00	16	600.				600.	79.		86.	165.
ā	tet böat	02/02/15	.200DB	7.00	BY17	10,392.			<b>1</b>	10;392	1,485.	-	2,545	4,030;

628111 04-01-16

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
4	SANTA FE BBQ	04/01/15	200DB	7.00	нұ17	2,775.				2,775.	397.		679.	1,076.
- 5	ZERO : TERN MOWER	03/15/15	/200DE	7,00	<b>#</b> 47	9,800.				9,800;	1,400,		2,400.	3,800.
13	2015 KUBOTA L3560 TRACTOR	02/15/15	200DB	7.00	HY1.7	42,000.			1	42,000.	6,000.		10,286.	16,286.
14	2015, HUSOVARRA MOWER	02/15/15	200DE	7:00	8117	9,000				9,000;	1,286.		2,204	3,490.
15	2009 JOHN DEERE MOWER	02/02/15	200DB	7.00	ну17	4,000.	III II TOO K INT	April 1011 Decima	V	4,000.	572.		979.	1,551.
16	1941 JOHN DEERE MOWER	02/02/15	200DE	7,00		- 175002				1,5001	215		367	582
	6 SOTAR RAFTS	03/15/15	200DB	DE VENTORIA	HY1.7	24,000.	200 Et 45			24,000.	3,429.		5,877.	9,306.
18		02/02/15		7.00-				U			2,286.			4 5 3 4
	AL COMPANY OF THE PROPERTY OF	Prichal Caroleia	90°0'0'0'0'0	PL CHASONS	HV I	16,000		Paul III		16,000.	Bake Libraritakisi unk		3,918.	6,204.
	MISC RAFTING EQUIPMENT	02/02/15		F-940)	HY17	24,000.	•			24,000.	3,429.		5,877.	9,306.
20	RAPT TRAILER #1	02/02/15	200DE	7,00		C TOVUL	1			2;000.	286.	1 3/4	490.	776.
21	RAFT TRAILER #2	02/02/15	200DB	7.00	нуйл	2000.	E/Saasiy		nia 22 au	2,000.	286.	Party 1750	490.	776.
22	2 AXLE TRAILER	02/02/15	200DB	<b>1</b> 00		3,500				3,500.	500.		857	1,357.
23	STOCK TRAILER	02/02/15	200DB	7.00	7	4,000.	2006 lest 1425	MB(2227) S.A. or a. 200	BEO TOGETY DAI	4,000.	572.	<b>K</b> W ER KWYVES	979.	1,551.
24	HYDE ORIFT BOAT #1	02/02/15	2002	-300	HY17	8,000.				8,000	1,143.		1,959.	3,102.
25	HYDE DRIFT BOAT #2	02/02/15	200DB	7.00	ну17	7,000.				7,000.	1,000.		1,714.	2,714.
26	WILLIE DRUFT BOAT	02/02/15	20009	7.00	H¥17	3,500.		ě.		3,500.	500.		857	1,357,
27	MISCELLANEOUS FISHING GEAR	02/02/15	200DB	7.00	HY1.7	12,000.				12,000.	1,715.		2,939.	4,654.
28	1997 WATER PURIFICATION SYSTEM	02/02/15	200DB	7.00	HV17	500.				500	72,		:122	194.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

OTHER DEPRECIATION

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OTHER :	DEPRECIATION							OTHER							
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
29 ; <b>10</b>	2015 WATER PURIFICATION SYSTEM (UPGRADED) HOOK: LANCE AG LINES & GPRINKLERS	03/02/15 <b>03/01/1</b> 5		7.00	нх		32,000. <b>8,000</b>				32,000. <b>8,000</b> 2	4,572. 1,143.		7,837. 1, <b>95</b> 0.	12,409. 3,102,
31 32	20' CARGO CONTAINERS	02/02/15 <b>02/02/1</b> 5		10	НХ		8,000. 11,000				8,000.	1,143. 1,572.		1,959. 2,694	3,102.
	TACK FOR 25 HORSES	02/02/15 02/02/15	200DB	7.00 7.00	HY	17	12,000. # 9,500.				12,000.	1,715. 1,357,		2,939. <b>2,327</b> ,	4,654. 1,6842
35 36	IVECO 60KW GENSET  EVOROPLANT 40 KW GENERATOR	02/02/15 03/15/15	200DB	7.00 <b>7.00</b>	HY		8,000. 50,000		U		8,000. 5 <b>0,</b> 000,	1,143. 7,1 <b>43</b> .		1,959. 12,245.	3,102. 219,388.
38	HONDA PORTABLE GENSET	03/01/15 02/02/15	20000	7,00	HY	7	3, 16.				3,936. 3,500.	563. 500.		964. <b>857.</b>	1,527.
40	WELDING EQUIPMENT  MIST CONSTRUCTION TOOLS: EQUIPMENT  500 GAL CONTAINMENT FUEL	02/02/15 02/02/15 02/02/15	200DB		H		20,000. 5,000.				3,500. 20,000. 5,000.	500. 2,857. 715.		857. 4,898.	1,357. <b>7,755.</b> 1,939.
42	TANK 650 GAL CONTAINMENT PUBLICANE TANE MINI EKCAVATOR	02/02/15 05/06/16	2003	١.,	HY	17 190	7,000.				7,000; 3,478.	1,000.		1,224. 1,714: 497.	2,714.
677	WATER FILTRATION SYSTEM * OTHER TOTAL MACHINERY & EQUIPMENT	02/24/16	200 ДЕ	7.00	ну	190					33,503, 404,984.	52,575.		<b>4,786.</b> 95,341.	4,786. 147,916.
¥	TRANSPORTATION EQUIPMENT									u faja					

628111 04-01-16

<sup>(</sup>D) - Asset disposed

 $<sup>^{\</sup>star}$  ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

OTHER DEPRECIATION

OTHER

Insk i	DEPRECIATION							OTHER							
Asset No.	Description	Date Acquired	Method	Life	Cocv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
6	2014 JEEP GRAND CHEROKEE	02/02/15	200DB	5.00	НА	21	32,598.				32,598.	3,160.		5,100.	8,260.
7	2011 TOYOTA RAV4	02/02/15	20001	5,00	нх	21	5,000.				5,0001	1,000.		1,600.	2,600.
8	2011 FORD VAN	02/02/15	200DB	5.00	нх	21	19,000.			1	19,000.	. 3,460.		5,600.	9,060.
9	2008 FORD VAN	02/02/15	200DE	5,00		21	16,000.				16,000.	3,200.		5,120.	6,320
10	2006 FORD VAN	02/02/15	200DB	5.00	НУ	21	8,000.	22 1 4 1 1 1 1 1		V	8,000.	1,600.		2,560.	4,160
11	2015, HONDA - ATV	02/02/15	20000	5:00	i N	3	7,500\$			3 750	3,750.	750.		1,200.	1,950
12	2013 HONDA ATV	02/02/15	200DB	5.00	ну	17	6,500.	BESTANIAN			6,500.	1,300.	lases a service of	2,080.	3,380
	KAWABAKI ATV	07/09/16				190	6,751		J.		6,751.			965	965
(1-1277 <b>- 28</b> €	2017 GMC 3500	02/12/16	is nave und	emarend	12°E	ei ing	68, 124.	100.39			edik eta ortania (d			(2.1.) (1.1.) (1.1.)	for a colffee fastig
1.4	* OTHER TOTAL TRANSPORTATION	02/12/16	20008	5.00	HY	19в	***		r re		68,324.	i i i i i i i i i i i i i i i i i i i	hair e in	13,665.	13,665
	EOUTP * GRAND TOTAL OTHER		Y	A 47	<b>*</b>					3,750.	165,923,	14,470.		37,890.	52,360
istala Beleta	DEPRECIATION	A to sowia	(Franks)	47.7		M	2,943,396.			3,750.	2,939,646.	183,054.		314,341.	497,395
	10					•					8 7 76				
- Jan 18	CURRENT YEAR ACTIVITY	No. Sanas			THE STATE OF	1888	avenir sa	le cand	Briston M	NG POSSESSES			i Sa	<b>la</b> ite le l'acest	action in the
	BEGINNING BALANCE			<b>y</b>			2,778,105.		0.	3,750.	2,774,355.	183,054.			474,172.
. 751 . 115	ACQUISITIONS	les d'esticul	Barris Prave	Marana La	lar de	1000	165,291.	ial da loca	0.	0.	165,291.	0.	Maria de	B:	23,223.
	DISPOSITIONS						٥.		Ö.	0.	6.	0.			0,
	ENDING BALANCE						2,943,396.		0.	3,750.	2,939,646.	183,054.			497,395.
													la de la companya de		

628111 04-01-16

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Marble Mountain Ranch, Inc. 92520 Highway 96 Somes Bar, CA 95568

Employer Identification Number:

For the Year Ending December 31, 2016

Marble Mountain Ranch, Inc. is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

FORM 1120S	TAXES AND LICENSES	STATEMENT 1
DESCRIPTION		AMOUNT
BOE		682.
BUSINESS LICENSES & SPE	CTAL DERMITS	742.
COUNTY BED TAX	CIAL LEMILD	912.
PAYROLL TAXES		10,512.
REAL PROPERTY TAXES - F	RANCH	5,174.
STATE FIRE TAX	umon	117.
CALIFORNIA TAXES - BASE	ED ON INCOME	3,000.
TOTAL TO FORM 1120S, PA	AGE 1, LINE 12	21,139.
FORM 1120S	OTHER DEDUCTIONS	STATEMENT 2
4977		
DESCRIPTION		AMOUNT
AMMUNITION & RANGE EXPE	70	17,238.
AUTO FEES & REGISTRATIO	ON	792.
BANK FEES		322.
CASUAL LABOR		3,466.
COMMISSIONS & REFERRAL	FEES	27,771.
DUES & SUBSCRIPTIONS		3,423.
FISH FOR STOCKING POND		800.
FISHING EXPENSES		946.
FOOD/LODGING/SUPPLIES-I	DAY TRIPS	65,127.
FUEL		5,536.
HORSE TACK/GEAR		234.
INSURANCE - OTHER		16,685.
LEGAL AND PROFESSIONAL	FEES	75,342.
LINENS & SUPPLIES		9,083.
MISCELLANEOUS EXPENSE		2,966.
OFFICE EXPENSE		2,206.
OFFICE SUPPLIES		1,204.
OUTSIDE SERVICES		15,350.
PARKING		3.
POSTAGE		515.
RAFTING EXPENSES	en na tameram	12,017.
RANCH INTEGRAC	SKTAINMENT	1,315.
RANCH UNIFORMS		1,058. 26,843.
RANCH UTILITIES SMALL SPORTING EQUIPMEN	JIII EYDENGEG	26,843. 561.
SOCIAL MEDIA COSTS	AI EVEUNDED	465.
SPECIAL USE PERMITS - U	ICEC/DIM	5,199.
STOCK FEED	म्यात / ६ उठ (	26,348.
		26,346. 3,077.
SUPPLIES & SMALL TOOLS		5,077. 5,372.
TELEPHONE EXPENSES TOOLS - OTHER		1,246.
TOODS - OTHER		1,240.

MARBLE MOUNTAIN RANCH, INC.					
TRAILER RIGGING TRAVEL VEHICLE INSURANCE VEHICLE MAINTENANCE & UPKEEP VEHICLE REPAIR VETERINARY EXPENSES WEBSITE DEVELOPMENT/MAINTENANCE WORKERS COMP INSURANCE TOTAL TO FORM 1120S, PAGE 1, LINI	E 19		-	1,49 2,83 6,33 6,20 9,33 3,22 5,33 12,43	15. 13. 01. 74. 22. 35.
SCHEDULE K CHAR	ITABLE C	ONTRIBUTIONS	<u> </u>	STATEMENT	3
DESCRIPTION	NO LIMIT	50% / 100% LIMIT	30% LIMIT	20% LIM	TT
CHARITABLE CONTRIBUTIONS		6,427			<u>_</u>
TOTALS TO SCHEDULE K, LINE 12A		6,427	2		<del></del>
SCHEDULE L OTI	HER LIAB	SILIPIE		STATEMENT	4
DESCRIPTION		Bl	EGINNING OF TAX YEAR	END OF TAX YEAR	K
OTHER LIABILITIES		<del></del>	82,703.	47,3	74.
TOTAL TO SCHEDULE L, LINE 21		<del></del>	82,703.	47,3	74.
SCHEDULE L ANALYSIS OF TOTAL	L RETAIN	ED EARNINGS	PER BOOKS	STATEMENT	<del></del> 5
DESCRIPTION				AMOUNT	
BALANCE AT BEGINNING OF YEAR NET INCOME PER BOOKS DISTRIBUTIONS OTHER INCREASES (DECREASES)				-111,71 -179,79	
BALANCE AT END OF YEAR - SCHEDUL	E L, LIN	IE 24, COLUM	N (D)	-291,5	13.

<del></del>	<u></u>
SCHEDULE M-1 EXPENSES RECORDED ON BOOKS THIS YEAR NOT INCLUDED ON SCHEDULE K	STATEMENT 6
DESCRIPTION	AMOUNT
INTEREST EXPENSE - RESIDENCE APPORTIONMENT	326.
OTHER NON-DEDUCTIBLE EXPENSE	4,000.
REAL PROPERTY TAXES - RESIDENCE APPORTIONMENT	160.
SHAREHOLDERS HEALTH INSURANCE	20,128.
JTILITIES EXPENSE - RESIDENCE APPORTIONMENT	11,504.
TOTAL TO SCHEDULE M-1, LINE 3	36,118.
SCHEDULE M-2 ACCUMULATED ADJUSTMENTS ACCOUNT- OTHER REDUCTIONS	STATEMENT 7
DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	6,427.
TOTAL TO SCHEDULE M-2, LINE 5 - COLUMN (A)	6,427.
FORM 4562, PART V LISTED PROPERTY LATORMATION-MORE THAN 50%	STATEMENT 8
AD 136	(H) (I) 179 UCTION ELECTED
	(Q) OTHER VEH. VAILABLE? Y N
2014 JEEP 02/02/15 GRAND CHEROKEE 100.00 32,598. 32,598. 5.00 200DB-HY	5,100.
X X 2011 TOYOTA 02/02/15	X
RAV4 100.00 5,000. 5,000. 5.00 200DB-HY X X	1,600. X
2011 FORD 02/02/15 VAN 100.00 19,000. 19,000. 5.00 200DB-HY X X	5,600. X
2008 FORD 02/02/15	5,120. X

# MARBLE MOUNTAIN RANCH, INC.

2006 FORD 02/02/15

VAN

100.00

8,000. 8,000. 5.00 200DB-HY X X

2,560. X

TOTAL TO FORM 4562, PART V, LINE 26

19,980.



## ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	STOCK - STARDUST STOCK - SEDONA	030116 030116	200DB	7.00 7.00	1,200. 1,200.	0. 0.		172. <b>172</b> .	0.
	STOCK - DARTANJION	080116			1,200.	0.	172.	172.	0.
	CABIN #1 CABIN #2	020215 020215		<b>27.50</b> 27.50				2,444. 3,869.	0. 0.
	CABIN #2	020215		27.50	67,2001	2 240.	2.444.	2,444,	. 0.
	CABIN #4	020215	e.n.come. s	27.50	67,200.	240.	2,444.	2,444.	Ö.
	CABIN #5 & 6 - DUPLEX CABIN #7 & 8 - DUPLEX	020215		27.50	108,500				9.
	CABIN #/ & 8 - DUPLEX	020215		27.50	80,640 <b>4</b>	2,688. 3,285			U.
50	CABIN #10	020215	artis sautines di	27.50	87 360.	2,912.	3,177.	3,177.	Ō.
	QUATLS NEST HOUSE	020215		27.50	225 4002	7,513.	8,196.		, <u>0</u> ,
	SLEEPY HOLLOW HOUSE	020215 <b>02021</b> 5	Patrick Co.	27.50 27.50	209, 2004 347, 1004	3,640. 11,573.			0. 0.
1,170,000	COVERED RIDING ARENA	020215		10.00	57.000.	11,775.	28,260.	21,784.	
	ARENA TVACK BUILDING	020215	150DE	110, 4010	77,740.		13,993.	10,786.	3,207.
	LODGE/MESS HALL	020215	150DE	20.00	230,580. 120,000.	8,647. 9,000.		16,645. <b>16,650.</b>	
	TACK HOUSE	020215	15 <b>0</b> DE	10.00	22,100.	1,658.	3,978.	3,066.	912.
59	CIFT SHOP	020215	د وا(م	2407 010	.62,860.	2,358.	4,538.	4,538.	
	LAUNDRY/SHOWER HOUSE	$020216 \\ 020216$	150 DE	80.00	78,842.		5,691.	5,691. <b>3,469.</b>	0.
	POWER HOUSE	020235		39.00	10,000.	1,875. 235.	4,500. 256.		1, <b>031</b> . 0.
63	SAME ROOM	02021		20.00	10.000.	458.	500.	500.	
	SHOP BUILDING	0 0 2 1 5	150DE	10.00	156,000.		28,080.	21,645.	6,435.
	ERENA STUDIO HOUSING HAY BARN (REBUILD-SNOW DAMAGE	050.016		27.50	28,635.	0.	694.	694.	0.
	COLLARSE)		150DE	10.00	21,000.	. 0.	2,100.	1,575.	525.
	FURNISHINGS - CABINS/HOUSES	020215			522.	56.	128.		28.
100	RANGE FIREARMS UET BOAT	020215		7.00	600. 10,392.				
	SANTA FE BBO	040115			2,775.				
5	ZERO TURN MOWER	031515	150DE	7.00	9,800.	1,050.	2,400.	1,875.	525.
13	2015 KUBOTA L3560 TRACTOR	021515	150DE	7.00	42,000.	4,500.	10,286.	8,036.	2,250.

628104 04-01-16

#### ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	- AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	2015 HUSQVARNA MOWER	021515			9,000.	965.		1,722.	482.
	2009 JOHN DEERE MOWER 1941 JOHN DEERE MOWER	020215 020215	1706-2-500-500	100 To 10	4.000	429. 161.	979. 367.	765: 287.	214.
10	6 SOTAR RAFTS	031515			1,500. <b>24,000</b>	2 572.			80. 1.285
18	8 SOTAR INFLATABLE KAYAKS	020215	150DB	3 X 7 S 7 S 7 S 7 S 7 S 7 S 7 S 7 S 7 S 7	16,000.	14715.	3,918.		857.
112	MISS RAFFLING BOUTPMENT		150DE	7+00	24,000	2 51/2	5.877.	4.592	1,285.
20	RAFT TRAILER #1	020215			2,000. 2,000.	215.	490. <b>490</b>	383.	107.
22		020215			3,500	375.	857.	670.	187.
E CONTRACTOR OF THE PARTY OF TH	SHOOK SURALLER,	02020	(1) (0) E) :	74.00	Serie Killington	4201	9779	****** <b>7.65</b> %	1214.
	HYDE DRIFT BOAT #1		150DB	7.00	8 000.	857.	1,959. 1,714	1,531. 1,339	428. 375.
3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		020215	EU gereige Gereich is	7.00	3,300	375.	857.	670.	187.
	MISCHELLANGOUS FISHING GEAR		15006		2027 003	1,286.	2,939.	2,296:	643.
	1997 WATER PURIFICATION	0202145	e saba	HEART ACES		Barra of Carlos de Carlos de Sa	less services	erana da la entre de la com <b>inació</b>	trader a lora (daleka Fransk de la Arriga de
	2015 WATER PURIFICATION				, 500.		122	96.	26.
	SYSTEM (UPGRADED)	030215	150DE	7-(0.0)	32,000.	3,429.	7,837.	6,122.	1,715.
	HOOK LATCH AG LINES &		. 9-			revalues voices established			Third to the service of the service
100	SPRINKLERS 20' CARGO CONTAINERS	02021	150 DE		<b>8,000.</b> 8,000.	<b>857:</b> 857 <b>:</b>			428. 428.
	HORSE PANELS FENCING	02 02 1	3019	7.00	11,000.				
	TACK FOR 25 HORSES	020215	1 C DB		12,000.	1,286.	2,939.	2,296.	643.
1296	JOHN DEERE 60KW GENSET	0.0015	150DB 150DB		9,500. 8,000.	1, <b>018</b> . 857.			509. 428.
	ENDROPHANT 40 KW GENERAVIOH		150DB		50.000.				
	HONDA PORTABLE GENSET		150DB		3,936.	422.	964.	753.	211.
2,500	SOIL TAMPER	020215 020215			3,500.	<b>375.</b> 375.		<b>670.</b> 670.	187.
	WELDING EQUIPMENT MISC CONSTRUCTION TOOLS &	0.20.21.2	TOUR	//•UU	3,500.	j 3/3.	83/.	0/U.	187.
40	EQUIPMENT	020215	150DB	7.00	20,000.	2,143.		3,827.	1,071.
1772		020215			5,000.	536.	100 100 100 100 100 100 100 100 100 100		267.
		020215 <b>050616</b>			7,000. 3,478.	750.	1,714. 497.	1,339. <b>497</b> 1	375. <b>0</b> .

628104 04-01-16

#### ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
- 6	WATER FILTRATION SYSTEM 2014 JEEP GRAND CHEROKEB 2011 TOYOTA RAV4	022416 <b>02021</b> 5 020215	150DB	5.00	33,503. <b>32,598</b> 5,000.	0. 3,160. 750.	4,786. <b>5,100</b> . 1,600.	4,786. <b>5,100</b> . 1,275.	0. 0. 325.
	2011 FORD VAN 2008 FORD VAN	02 <b>02</b> 15 020215 020215	150DB 150DB	5.00 5.00	19,000 16,000. 8,000	2,850. 2,400. 1,200.	5,600. 5,120. 2,560.	4,845. 4,080. 2,040.	
11 12	2015 HONDA ATV 2013 HONDA ATV KAWASAKI ATV	020215 02 <b>021</b> 5 070916	200DB	5.00 5.00	7,500. <b>6,500</b>	750.	1,200. <b>2,080</b> . 965.	1,200. <b>1,658.</b> 965.	0. <b>422</b> .
	2017 GMC 3500	021216	200DB	5.00	6,751 68		13,7665		0. 10.
	TOTALS MACRS AMT ADJUSTMENT					.453,582	314,341.	268,041. 46,300.	46,300.
				X		¥ Xes W: -s		1	
				•		September 18			
			Y	<b>3</b>					
				hwe sal					
					Wasanga Masaganga sa sa sa sa sa				

628104 04-01-16

Schedule K-1	2016	匚	Final K-1	Amended K-1		OMB No. 1545-0123
(Form 1120S)	<b>2</b> 0 10	P	art III			urrent Year Income,
Department of the Treasury Internal Revenue Service	For coloniar was 0040 and a	1	I Ouding a hou	Deductions, Credits		
	For calendar year 2016, or tax	1	Urdinary bu	siness income (loss) -68,627.	13	Credits
	year beginning ending	2	Net rental re	eal estate inc (loss)		
	re of Income, Deductions, ee separate instructions.	3	Other net re	ntal income (loss)		
Rart I Informa	ation About the Corporation	4	Interest inco	ome		
A Corporation's employe	r identification number	5a	Ordinary div	vidends		
<b>B</b> Corporation's name, ac	ddress, city, state, and ZIP code	5b	Qualified div	vidends	14	Foreign transactions
MARBLE MOUNT 92520 HIGHWA	TAIN RANCH, INC.	6	Royalties	4		
SOMES BAR, C		7	Net short-te	erm capital gain (loss)		
C IRS Center where corpo	oration filed return	8a		r capital gain (loss)		
Part II Informa	ation About the Shareholder	8b	Collectibles	(18%) qain (loss)		
D Shareholder's identifying	ng number	80	hinred otur	ed sec 1250 gain		
E Shareholder's name, ad	ddress, city, state and ZIP code	9	Net section	1231 gain (loss)		
DOUGLAS T. C 92520 HIGHWA SOMES BAR, C	AY 96	10	Other incon	ne (loss)	15 A	Alternative min tax (AMT) items 23,150.
F Shareholder's percenta ownership for tax year						
		11	Section 179	9 deduction	16	Items affecting shareholder basis
		12 A	Other dedu	3,214.		
Only		-				
For IRS Use Only						
For		-	_		17	Other information
		-			-	
		-			_	
		E	<u> </u>			
611271 11-16-16 JWA For Paper	work Reduction Act Notice, see Instructions for Form 112	 20S.		See attached statemen S.gov/form1120s	t for a	dditional information. Schedule K-1 (Form 1120S) 2016

Schedule K-1		Final K-1	Amended K-	1	OMB No. 1545-0123
Schedule K-1 (Form 1120S) 2016	Pa	art III			urrent Year Income,
Department of the Treasury Internal Revenue Service For calendar year 2016, or tay	1	Ordinanihii	Deductions, Credits siness income (loss)		Other Items Credits
For calendar year 2016, or tax year beginning	'	Of ulliary bus	-68,626.	'3	Credits
ending	2	Net rental re	al estate inc (loss)		
Shareholder's Share of Income, Deductions, Credits, etc. ► See separate instructions.	3	Other net re	ntal income (loss)		
Part I Information About the Corporation	4	Interest inco	ome		
A Corporation's employer identification number	5a	Ordinary div	ridends		
B Corporation's name, address, city, state, and ZIP code	5b	Qualified div	vidends	14	Foreign transactions
MARBLE MOUNTAIN RANCH, INC. 92520 HIGHWAY 96	6	Royalties			
SOMES BAR, CA 95568	7		rm capital gain (loss)		
C IRS Center where corporation filed return E-FILE	8a	_ `	r capital gain (loss)		
Part II Information About the Shareholder	8b		(28%) qain (loss)		
D Shareholder's identifying number	80	abinre in oture	ed sec 1250 gain		
E Shareholder's name, address, city, state and ZIP code	,	Net section	1231 gain (loss)		
HEIDI A. COLE 92520 HIGHWAY 96 SOMES BAR, CA 95568	10	Other incom	ne (loss)	15 A	Alternative min tax (AMT) items 23,150.
BOMES BAK, CA 93300	·				
F Shareholder's percentage of stock ownership for tax year 50.00000%					
	11	Section 179	deduction	16	Items affecting shareholder basis
	12 A	Other deduc	otions 3,213.		
<b>.</b>					
For IRS Use Only				<u> </u>	
For L				17	Other information
		:			
				<u></u>	
611271 11-16-16 JWA For Paperwork Reduction Act Notice, see Instructions for Form	11205		See attached statemen S.gov/form1120s	it for a	dditional information. Schedule K-1 (Form 1120S) 2016
11-16-16 JVVA FULL FAPELWOIK REDUCTION MET NOTICE, SEE HISTINGTIONS TOF FORM	1!		.gov/10/111111205		2

## FORM

#### TAXABLE YEAR California S Corporation Franchise or Income Tax Return 2016

**100S** 

MARB 47-3825422 00000000000 16 3752657 TYB 01-01-2016 TYE 12-31-2016 MARBLE MOUNTAIN RANCH INC

92520 HIGHWAY 96 CA 95568 SOMES BAR

Sch	redule Q Questions: (continued on Side 3)	
	FINAL RETURN? • Dissolved Surrendered (withdrawn) Medied/Reorganized IRC Section 338 sale	QSub election
	Enter date (mm/dd/yyyy)	
2.	Is the S corporation deferring any income from the disposition of assets?	• Yes X No
	If "Yes" enter the year of disposition (yyyy)	•
3.	Is the S corporation reporting previously deferred income from Installment sale	IRC §1033 • Other
	During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California heal opporty (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term?	• Yes X No
	During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term?	● Yes X No
	During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2) and it was not reported on a previous year's tax return?  (Yes requires filing of statement, penalties may apply - see instructions)	● Yes X No
State Adjustments	1 Ordinary income (loss) from trade or business activities from Schedule F (Form 100S, Side 4) line 22 or federal Form 1120S, line 21. If Schedule F (Form 100S, Side 4) was not completed, attach federal Form 1120S, page 1, and supporting schedules  2 Foreign or domestic tax based on income or profits and California franchise or income tax deducted  3 Interest on government obligations  3	-137,253.00 3,000.00
ate Adju	4 Net capital gain from Schedule D (100S), Section A & Section B. Attach Schedule D (100S). See instructions  5 Depreciation and amortization adjustments. Attach Schedule B (100S)  5	-1,200. <sub>00</sub>
Sţ	6 Portfolio income 6	00
	7 Other additions. Attach schedule(s)	-135,453. <sub>00</sub>

स्र	9	Dividends received deduction. Attach Schedule H (100S) 9 9		
men	10	Water's-edge dividend deduction. Attach Schedule H (100S) 10 00		
State Adjustments (con't)	11	Contributions. See instructions SEE STATEMENT 1 • 11 00	91,550	
A Co	12	Other deductions. Attach schedule(s)		
tate		Total. Add line 9 through line 12	13	00
S	14	Net income (loss) after state adjustments. Subtract line 13 from Side 1, line 8	14	-135,453.00
	15	Net income (loss) for state purposes. Use Schedule R if apportioning or allocating income	15	-135,453. <sub>00</sub>
Je	16	R&TC Section 23802(e) deduction. See instructions • 16 00		
CA Net Income	17	Net operating loss deduction. See instructions • 17 00		
O투	18	Pierce's disease, EZ, LARZ, TTA, or LAMBRA NOL carryover deduction 18 00		
Š	19	Disaster loss deduction. See instructions • 19 00	. 1982	
	20	Net income for tax purposes. Combine line 16 through line 19. Subtract the result from line 15	20	-135,453. <sub>00</sub>
	21	Tax. 1 • 5 0 0 0 % x line 20 (at least minimum franchise tax, if applicable). See instructions	21	800.00
	22	Credit name code no. • and amount ▶ 22 00	为""。 第1	
	23	Credit name code no. ● and amount ► 23 00		
ø,	24	To claim more than two credits, see instructions • 24 00		
Taxes	25	Add line 22 through line 24	25	00
ř i	26	Balance. Subtract line 25 from line 21 (not less than minimum franchise tax plus QSub annua (x)(s) f applicable)	26	800.00
	27	Tax from Schedule D (100S). Attach Schedule D (100S). See instructions	27	00
	28	Excess net passive income tax. See instructions	28	00
	29	Total tax. Add line 26 through line 28	29	800.00
	30	Overpayment from prior year allowed as a credit 800 • 00		
nts	31	2016 Estimated tax/QSub payments. See instructions 00		
Payments	32	2016 Withholding (Form 592-B and/or 593) • 🙎 00		
Pa	33	Amount paid with extension of time to file tax return	* 100	
	34	Total payments. Add line 30 through line 33	34	800.00
	35	Use tax. This is not a total line. See instructions  Payments balance. If line 34 is more than line 35, subtract line 36 from line 34		
	36	Payments balance. If line 34 is more than line 35, subtract line 35 (rom line 34	36	800.00
	37	Use tax balance. If line 35 is more than line 34, subtracting 54 in the state of th	37	00
ă	38	Franchise or income tax due. If line 29 is more than line 36 subtract line 36 from line 29.	38	0.00
핕	39	Overpayment. If line 36 is more than line 29, suntract line 29 from line 36	39	00
2	40	Amount of line 39 to be credited to 2017 estimated by	40	00
Ā	41	Refund. Subtract line 40 from line 39	41	00
Refund or Amount Due	42	See instructions to have the refund directly deposited.  Checking Savings  41a. • Routing number  41b. • Type  41c. • Account number  a Penalties and interest  b • Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.	42a	00
	43	Total amount due. Add line 37, line 38, line 40, and line 42a. Then, subtract line 39 from the result	43	00

Schedu	lle Q Questions (continued from Side 1)			
	al business activity code. <b>Do not</b> leave blank.			• <u>713900</u>
Busines	ss activity RECREATION	Product or service GUES	ST RANCH ADVE	NTUR
D Is this (	S corporation filing on a water's-edge basis pursuant to R&TC section	ns 25110 and 25113 for the curre	ent taxable year?	• Yes X No
E Does th	is tax return include Qualified Subchapter S Subsidiaries?			• Yes <b>X</b> No
F Date in	corporated (mm/dd/yyyy) <u>02/02/2015</u>	Where: ● State	CA Country	
G Maximı	um number of shareholders in the S corporation at any time during th	e year. Do not leave blank	• <u>2</u>	
H Date bu	siness began in California or date income was first derived from Calif	ornia sources (mm/dd/yyyy)	• 02/02/2015	
I is the S	corporation under audit by the IRS or has it been audited in a prior y	ear?		• Yes X No
J Effectiv	e date of federal S election (mm/dd/yyyy)		02/02/	2015
L Accoun	ting method		(1) X Cash (2)	Accrual (3) Other
M Locatio	n of principal accounting records		SEE STATEM	ENT 2
N "Doing!	ousiness as" (DBA) name: •			
	required information returns (e.g. federal Forms 1099, 8300 and sta ad with the Franchise Tax Board?	<b>30</b> 32	X	N/A Yes No
P Is this S	corporation apportioning or allocating income to California using	nedule R?		• Yes <b>X</b> No
	S corporation included a reportable transaction or listed transaction complete and attach federal Form 8886, for each transaction		ns for definitions	• Yes X No
R Did this	S corporation file the federal Schedule M-3 (Form 1206)?			• Yes <b>X</b> No
S Is form	FTB 3544A, List of Assigned Credit Received and/or Claimed by an A  le J Add-On Taxes or Recapture of Tax Credits. See instruction			• Yes <b>X</b> No
	apture due to S corporation election (IRC Sec. 1263(d) deferral \$	1	• 1	00
	computed under the look-back method for completed long-term cont			00
	on tax attributable to installment. a) Sales of certain timeshares ar	nd residential lots	● 3a	00
	b) Method for nondealer installn	nent obligations	● 3b	00
4 IRC Sect	ion 197(f)(9)(B)(ii) election			00
			• 5	00
	line 1 through line 5. Revise the amount on Side 2, line 38 or line 39 mount. Write "Schedule J" to the left of line 38 or line 39	, whichever applies,	• 6	00
	Under penalties of perjury, I declare that I have examined this tax return, includ it is true, correct, and complete. Declaration of preparer (other than taxpayer) is	ing accompanying schedules and state	ements, and to the best of my kno	wledge and beliet,
Please	It is true, correct, and complete. Declaration of preparer (other than taxpayer) is Signature    Title	based on all information of which prep		Telephone
Sign Here	of officer PRESID	ENT		30 <b>4</b> 69-3322
11616	Officer's email address (optional)			
	Preparer's	Date	Check if self-	PTIN
Paid	signature >		employed >	
Preparer's	Firm's name (or yours, ALLAN K. DORFF, CPA	INC.	● FEIN	
			a Tolophone	
Use Only	if self-employed) 1181 PUERTA DEL SOI		<ul><li>Telephone</li></ul>	
Use Only	if self-employed) 1181 PUERTA DEL SOI SAN CLEMENTE, CA 92		949	9 498-5585 • X Yes No

80	ho	dule F Computation of Trade or Busine	ee Income See instructions				
30	1			allowances	Balance •	1c	750,637.00
	-	Cost of goods sold from Schedule V, line 8				2	1,387.00
ഉ						3	749,250.00
Income					at a	4	00
Ĕ		Other income (loss). Attach schedule				5	
		Total income (loss). Combine line 3 through				6	749,250.00
_		Compensation of officers. Attach schedule.				7	00
		Salaries and wages				8	89,920.00
		Repairs and maintenance				9	63,669.00
	10	Bad debts				10	00
	. •					11	00
s	12	Rents Taxes	SEE STATEME	:NТ 3		12	21,139.00
ion	13	Interest				13	11,108.00
uct		a) Depreciation   314,341			c) <sub>Balance</sub>	14c	314,341.00
Deductions		Depletion				15	00
_		A 1			<b>@</b> [	16	6,643.00
	17	Pension, profit-sharing, plans, etc.			- Si	17	00
		Employee benefit programs				18	
	19	a) Total travel and entertainment	2.815. h) De	ductible amount		19b	2,815.00
	20	a) Total travel and entertainment  Other deductions. Attach schedule	SEE STATEME	NT 4	•	20	376,868.00
	21	Total deductions. Add line 7 through line 2	<i></i>		•	21	886,503.00
	_	Ordinary income (loss) from trade or busine				22	-137,253.00
The		poration may not be required to complete S					
		dule L Balance Sheet		ig of taxable wear	nati dottolia for repor		of taxable year
		<u> </u>	(a)	(b)	(c)		(d)
Ass 1	eis Cas	sh	(-/	500.	77 77	(1) AW	499.
		rade notes and accounts receivable			•	CNEEDS	
-		ess allowance for bad debts	7		1		/ <b>(</b>
3		entories		2,500.			• 2,500.
_		eral and state government obligations			A WATER COLD CARRY	siki til	
		er current assets. Attach schedule(s)		<b></b>	rice of the syntal	in it	•
		ins to shareholders. Attach schedule(s)		•		4 142	•
		rtgage and real estate loans				and o	
		er investments. Attach schedule(s)	XX				•
	а В	uildings and other fixed depreciable assets	2,778,105.		2.943.	396	•
Ū	h L	ess accumulated depreciation	186,804				
10	a D						
		ess accumulated depletion		)	(		1
11				•			•
		d (net of any amortization) ntangible assets (amortizable only)	Barran Color		•	. 417 14 . 12	
		ess accumulated amortization	1	)	(		1
13		er assets. Attach schedule(s)		•		3/8 Sz.	•
		al assets		<ul><li>2,594,301.</li></ul>		Notes in	• 2,445,250.
		es and shareholders' equity			Maring and Artist Association of the Control of the	tig::	a been a second
		ounts payable	r total residence in the Section 1997	200 C C C C C C C C C C C C C C C C C C			•
		rtg, notes, bonds payable in less than 1 yr.					
		er current liabilities. Attach schedule(s)					
		ans from shareholders. Attach schedule(s)		<ul> <li>23,219.</li> </ul>		(Anima) Resident	• 89,295.
		rtg, notes, bonds payable in 1 year or more	Commission of the Society of the Soc	•		Maria.	•
		er liabilities. Attach schedule(s)	STMT 5	82,703.	1		47,374.
		oital stock		• 1,000.			• 1,000.
		d-in or capital surplus		<ul> <li>2,599,094.</li> </ul>			• 2,599,094.
		ained earnings		<ul><li>-111,715.</li></ul>	terment		• -291,513 <b>.</b>
		ustments. Attach schedule(s)			Terranda in indication in	Me.	
		s cost of treasury stock		• (	o seminar restra		¥•( )
		al liabilities and shareholders' equity		2,594,301.			2,445,250.
			<ul> <li>A service of the servic</li></ul>		A Company of the Comp		, , <del></del>

	If the S corporation completed fe	ederal <b>Schedule M-3 (Form 1</b> 1	120S). See instructions.	
1	Net income per books		5 Income recorded on books this year not included	
2	Inc included on Sch K, lines 1 - 10b, not recorded		on Schedule K, line 1 through line 10b (itemize)	
	on books this yr (itemize)		a Tax-exempt interest \$	_
	•		<b>b</b> Other \$	
3	Expenses recorded on books this year not incl on			Content Content of Content
	Schedule K, line 1 through line 12e (itemize)		c Total, Add line 5a and line 5b	
а	Depreciation \$		6 Deductions included on Sch K, line 1 through line 12e, not charged against book income this year (itemize)	
b	State taxes \$ 3,000.		line 12e, not charged against book income this year (itemize)	
C	Travel and entertainment \$	and the same of th	a Depreciation \$ 1,200	•
d	Other \$ 36,118.		b State tax refunds\$	_
	SEE STATEMENT 8		c Other\$	The state of the s
е	Total. Add line 3a through line 3d	39,118.		
			d Total. Add line 6a through line 6c	1,200.
			7 Total. Add line 5c and line 6d	1,200.
4	Total. Add line 1 through line 3e	-140,680.	8 Income (loss) (Sch K, In 19, col Ln 4 less in 7	<ul><li>−141,880.</li></ul>
_			Account, and Other Retained Enlings. See instruction	
lm	portant; Use California figures and federal procedu			(c) Other retained earnings
1	Balance at beginning of year		-88,77	•
2	Ordinary income from Form 100S, Side 1, line 1			And the second
3	Other additions STMT 7	<u> </u>	3-00	
4	Loss from Form 100S, Side 1, line 1		137,253	
5	Other reductions STMT 6	(	10,621.)	) ()
6	Combine line 1 through line 5		-233,655.	
7	Distributions other than dividend distributions	·····	<u> </u>	
8	Balance at end of year. Subtract line 7 from line 6	• • •	233,655.	
9	Retained earnings at end of year. Add line 8, colum		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-233,655.
	• If the corp. has C corp. E&P at the end of	the taxable year check this bo	ox and enter the amount. See instructions	•
Sc	hedule V Cost of Goods Sold			
11	nventory at beginning of year		● 1	
<b>2</b> F	urchases		• 3	1,387.00
3 (	ost of labor		• <u></u>	00
4 (	other IRC Sec. 263A costs. Attach schedule 🔝 🧌		• 4	00
5 (	other costs. Attach schedule		<u> </u>	
6 T	otal. Add line 1 through line 5			
71	nventory at end of year		• 7	
8 (	ost of goods sold. Subtract line 7 from line 6			1,387.00
Wa If "		, or valuations between openir	ng and closing inventory?	Yes X No
Che	eck if the LIFO inventory method was adopted this ta		checked, attach federal Form 970 sing inventory computed under LIFO	

Schedule K S Corporation Shareholders' Shares of Income, Deductions, Credits, etc.

		(a) Pro-rata share items		(b) Amount from federal Schedule K (1120S)	(c) California adjustment	(d) Total amounts using California law
	1	Ordinary business income (loss) STMT 10	1	-137,253.		· • -135,453.
	2	Net rental real estate income (loss). Att fed Form 8825	2			•
	3	a Other gross rental income (loss)	3a			<b>(a)</b>
		<b>b</b> Expenses from other rental activities. Attach schedule	3b			<u> </u>
		c Other net rental income (loss). Subtract line 3b from line 3a	3с			•
e 🚗	4	Interest income	4	· · · · · · · · · · · · · · · · · · ·		•
Income (Loss)	5	Dividends	5		-	•
<u> </u>	6	Royalties	6			•
	7	Net short-term capital gain (loss). Attach Schedule D (100S)	7		•	•
	8	Net long-term capital gain (loss). Attach Schedule D (100S)	8	<b>⊚</b>	<u> </u>	•
	9	Net IRC Section 1231 gain (loss)	9	0	•	•
= ° ° °	10	a Other portfolio income (loss). Attach schedule	10a		•	•
Other Income (Loss)		<b>b</b> Other income (loss). Attach schedule	10b	<u> </u>	•	•
	11					<u> </u>
	' '	Attach Schedule B (100S)	11			•
2	12	a Charitable contributions	12a	6,427	Total Section 1	• 6,427.
Ęį		b Investment interest expense	12b	7	<b>***</b>	• 07227
Deductions		c 1 IRC Section 59(e)(2) expenditures	12c 1			<del></del>
ĕ	· '	2 Type of expenditures	12¢2		3	
_	١.	d Deductions - portfolio. Attach schedule	12d	ROMESTIC TRANSPORTED STREET, S		•
			12e	<del></del>	•	•
-		e Other deductions. Attach schedule  a Low-income housing credit. See instructions.	13a	BARRAN AND SERVICE CONTRACTOR OF THE SERVICE		•
ł		b Credits related to rental real estate activities.	154		E STATE OF THE STA	<u> </u>
	'		<b>a</b> r3b			
Credits	١.		13c			
Ō	l	C Credits related to other rental activities. See instructions. Attach scheduled	1			
	ı	d Other credits. Attach schedule	13 <b>0</b>	Control of the second	State of the state	
	14	Total withholding allocated to all shareholders				51,893.
a X s	10	Depreciation adjustment on property placed in service after 12/31/86			9-14-17-17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	31,093.
Alternative Minimum Tax (AMT) Items		b Adjusted gain or loss. See instructions	15b			
		c Depletion (other than oil and gas) d 1 Gross income from oil, gas, and geothering properties	15c			
	'				al out to the first of the firs	
4 <u>5</u> 5		2 Deductions allocable to oil, gas, and geothernal properties	15d2	A32 10 10 10 10 10 10 10 10 10 10 10 10 10		**************************************
<u> </u>		e Other AMT items.	15e	Made and element to use a design green appropriate the color		
recting tolder is		a Tax-exempt interest income	16a	<del>                                     </del>		<del> </del>
Tectin Polder Sis		b Other tax-exempt income	16b		3 000	3 000
Items aff Shareh Basi		Nondeductible expenses SEE STATEMENT 9	16c		3,000	3,000.
ËË	,	d Total property distributions (including cash) other than	۱.,			
<u> </u>		dividends distribution reported on line 17c	16d			•
E		a Investment income. See instructions	17a			
a <u>ti</u>		h Investment expenses. See instructions	17b			
Other Information		C Total dividend distributions paid from accumulated earnings and profits	17c			<u>•</u>
ᆵ	'	Other items and amnts not included in lines 1 through 17b and lines 18a-e	١			
		that are required to be reported separately to shareholders. Attach schedule	17d	STREET AND ASSOCIATION AND ADMINISTRATION AND ADMIN		. <u> </u>
S		a Type of income	18a	and the same of the property of the same o		XX
Other State Taxes		Name of state	18b		la granda en	
Other ate Tax		Total gross income from sources outside California. Att sch	18c		ALEXALLERY, Total	646 
Sta	1	d Total applicable deductions and losses. Attach schedule	18d	The state of the s		
		e Total other state taxes. Check one: Paid Accrued	18e			•
iii u	19	Income (loss) (required only if Schedule M-1 must be completed).				
Reconcili- ation		Combine line 1, line 2, and line 3c through line 10b. From the				
2	l	result, subtract the sum of lines 11, 12a, 12b, 12c1, 12d and 12e	19	-143,680.	1,800	<u>-141,880</u>

Side 6 Form 100S c1 2016

TAXABLE YEAR 2016

# S Corporation Depreciation and Amortization

CALIFORNIA SCHEDULE

B (100S)

For us	e by S corporations only. A	Attach to Form 100S.	<del></del>				
Corpo	ration name						nia corporation number
				RANCH, INC.		375	2657
	I Depreciation.		<del></del>				
	nter federal depreciation fro		•				
	RC Section 179 expense de	duction is not included	d on this line. Get federa	Form 4562 instructions		<u>1</u>	314,341.00
C	alifornia depreciation:				<del> </del>		
	(a)	(b) Date	(c)	(d) Depreciation	(e)	(f)	<b>(g)</b>
	Description of property	acquired (mm/dd/yyyy)	Cost or other basis	allowed or allowable in earlier years	Depreciation Method	Life or rate	Depreciation for this year
SEE	STATEMENT :	11					
3 A	dd the amounts on line 2, o	column (g)				3	315,541.00
4 S	ubtract line 3 from line 1. If			applicable line of Form 100S, Sid	e 6, Schedule K	4	-1,200.00
				line 12. Do not enter more than \$		5	00
	II Amortization.	Use additional sheets				•	
1 E	nter federal amortization fro	om federal Form 4562,	, line 44			1	00
	alifornia amortization:				Mar.		
	(a)  Description of property	(b) Date acquired (mm/dd/yyyy)	(C) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) f&TC section	(f) Period or percentage	(g) Amortization for this year
2							
					_		
	·						
3 A	dd the amounts on line 2, c	olumn (g)		4		3	00
<b>4</b> Ca	difornia amortization adjustmen	t. Subtract line 3 from line	1. If negative, use brackets	Enter here and the applicable line of	Form 100S , Side (	6, Sch K 4	00
Part	III Depreciation a	and Amortization	on Adjustment				
	ombine the amounts on Pa	rt I line 4 and Part II I	line 4 Enter here (If ne	ative, use brackets) and on			
	rm 100S, Side 1, line 5. Fo					1 1	

2016

## **S Corporation Tax Credits**

•	•	11-11	٠.	•••	***	٠	OO	ILDU
-					_			
		4	•		_	4	~~	121
		•	-		_			

For use by S corporations only. Attach to Forn	n 100S.	· <del>-</del>				
Corporation name						corporation number
	ARBLE MOUNT				7526	<u> </u>
<ul> <li>Complete and attach all supporting credit forms to Form 100S.</li> <li>To claim more than seven credits, attach schedule.</li> </ul>	(a) Credit amount limited to 1/3 of total	( <b>b</b> ) Carryover from prior year	(c) Credit used this year, not more than col. (a) + col. (b)	(d) Tax balance that may offset by credits	y be	(e) Credit carryover to 2017
1 Regular tax from Form 100S, Side 2, line 21			n (14 m) na Praka (18 m) M	80	00.	The New York Control of the Control
2 Minimum franchise tax plus QSub annual tax(es), if applicable	1600	i i		80	00.	
3 Subtract line 2 from line 1. If zero				-	0.	
4 Code:	A	22	The second secon			erick (1995 ± 1997), AzabaşAv yez il eki alabanının a
Credit name:				<u> </u>		
Credit name:  6 Code:						
Credit name:						
Credit name: 8 Code:						
Credit name:						
9 Code:						
name; 10 Code;	A Paris				-	
Credit name:						

For the first two credits enter the credit name, code and amount of credit used on Form 100S, Side 2, line 22 and line 23. If more than two credits, enter the total amount of any remaining credits used on Form 100S, Side 2, line 24.

#### **Important Information**

The total amount of specific credit claimed/used on Schedule C (100S), S Corporation Tax Credits, should include both (1) the total assigned credit claimed from FTB 3544A, List of Assigned Credit Received and/or Claimed by Assignee, column (j), and (2) the amount of credit claimed that was generated by the assignee.

#### **Purpose**

Use Schedule C (100S) to determine the allowable amount of tax credits to claim on the 2016 Form 100S, California S Corporation Franchise or Income Tax Return, and the credit carryover to future years. For more information, see General Information Z, Passive Activity Loss Limitation; AA, Passive Activity Credits; and BB, Tax Credits; included in this booklet.

The amount entered in column (a) must be limited to 1/3 the amount of the total credit generated per credit.

Schedules C (100S) 2016

3805Q

FTB 3805Q 2016 Side 1

Attach	to Form 100, Fo	rm 100W, Form 100S,	or Form 109.	<del></del>			
	tion name			<del>1</del>		Califor	nia corporation number
MAR	BLE MOU	NTAIN RANC	H. INC.			37	52657
				on was a(n): O C	Corporation  X S		
$\odot$	Exempt Organ	nization 🏻 🔲 Limi	ted liability company (elec	cting to be taxed as a corp	oration)		
	orporation previ	ously filed California ta	x returns under another o	corporate name, enter the	corporation name and Ca	alifornia corporation num	ber:
<u> </u>					<del></del>	<del> </del>	
				, see instructions, Gener	ral Information C, Comb	ined Reporting.	
Part I			does not have a current y	line 15: or Form 109, line	2		· <del></del>
	ter as a positive		,			1	135,453.00
	•						00
				etions			135,453.00
4 a	Enter the amou	nt of the loss incurred	by a new business includ	led in line 3 4	a	00	
			-	iess included in line 3 4		0.00	
	Add line 4a and					4c	135,453.00
-		ract line 4c from line 3	Uina 5 Saa instructions			● 6	$\frac{135,453.00}{135,453.00}$
				et income for taxable year		····655	100,400.00
			pleting Part I, lines 7-9 be				
7 20	16 NOL carrybad	ck used to offset 2014	net income. Enter the am	ount from Part III, line 3,	column (e)	<b>⊚</b> 7	00
<b>8</b> 20	16 NOL carrybac	ck used to offset 2015	net income. Enter the am	ount from Part III, line 3,	column (g)	<b>◎</b> 8 <u> </u>	00
<b>9</b> 20	16 NOL carryove	er to 2017. Add line 7 a	and line 8, then subtract t	he result from line 6. S	instructions	<ul><li>9</li></ul>	135,453.00
Electio	n to waive carry	/back			-		
$\odot \overline{\mathbf{x}}$	Chack the hov	r if the cornoration also	te to relinguish the entire	carryback period with re-	Mart to 2016 NOL under	Internal Revenue Code /	RC) Section 179/h\/3\
				NOL forward instead of c			
				yover and disaster loss ca			
Part II	NOL carryover	r and disaster loss car	ryover limitations. See I	nstructions.			
1 Ne	t income - Enter	the amount from Forn	n 100, line 18; Form 100	line 18:10 rm 100S, lin	_	(g) Available balance	
		2; (but not less than -0-	·).		<u> </u>	0.	
<del></del>	ear NOLs	(2)		(2)	/6\		T (b)
	a) (b) Code -	See Tunn of NO	Initial local	(e) Carryover	(f) Amount used		(h) Carryover to 2017
	ss instruct	See below *	Initial loss See instructions	from 2015	in 2016		col. (e) minus col. (f)
2 @2	0.1.5	GEN	82,004.	<ul><li>82,004.</li></ul>	0.	0.	<ul><li>82,004.</li></ul>
202	010		197	9 02,004.			02,004.
•		4		•			•
		-			****		
<u> </u>				•			<u> </u>
0	Year NOLs	L		<u> </u>			<u> </u>
Gurren	Tear NOLS						coi. (a) minus coi. (f) See instructions.
3 201	6	DIS		and and a second	Balliannos Caros Caroles Proceedings	All Production States of	See instructions.
		CENT	125 452				125 452
4 201	b	GEN	135,453.			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	135,453.
201	6						
	<del>`</del>						
201	6				t tolking the state		
	1			A STATE OF A STATE OF A			
	1			· · · · · · · · · · · · · · · · · · ·	[4] [[1] [[2] [[2] [[2] [[2] [[2] [[2] [[2	[[ <b>周朝]</b> [[《 <b>][[</b> ]]][[[]]][[]][[]][[]][[]][[]][[]][[	
201				ness (ESB), or Disaster (I			

199

639271 / 12-07-16

Part III	NOL carr	yback						
1 2014	1 Net inco	me - Ent	er the amount from 20	14 Form 100, line 22; For	m 100W, line 22; Form 1	00S		
				9; (but not less than -0-)				
				15 Form 100, line 22; For				
(a)	(b)	(C) Type of	(d)		14	201		(i)
Year of	Code - See	NOL- See	Initial loss -	(e)	(f)	(g)	(h)	Carryover to 2017
Loss	Instruct-	below*	See Instructions	Carryback used -	After carryback col. (d) minus	Carryback used -	After carryback col. (f) minus	col. (d) minus (col.
	ions			See instructions	col. (e)	See instructions	còl. (g)	(e) plus col. (g))
0.0010								
3 2016								<del></del>
2016				•				
2010								<del>                                     </del>
2016								
			· · · · · · · · · · · · · · · · · · ·				-	
2016								
						-		
2016								
* Type of	NOL: Ge	neral (GE	N). New Business (NB)	. Eligible Small Business	(ESB), or NOL attributab	le to a <b>qual</b> ified disaster los	ss (DIS).	
Part IV	2016 NOI	. deducti	on					<u> </u>
1 Total	the eme	unto in De	art II, line 2, column (f)				<b>©</b> 1	00
2 Ento	the total	amount:	from line 1 that represe	ents disaster loss carryov	or daduction has and or	Form 100 line 21	• I	
Form	100 (0(a)	ine 21° or	Form 100S line 19 Fo	orm 109 filers enter -0-	er deduction here and or	MOTH 100, Bile 21,	9	00
				re and on Form 100, line	19 Form 100W line 10	Form 100S		
	17; or For		_			, , , , , , , , , , , , , , , , , , , ,	<b>⊙</b> 3	0.00
	,	, <b>-,</b>	***************************************	4				
					was a second			
					₩.			

639272 / 12-07-16 199 7522164 FTB 3805Q 2016 Side 2

#### STATE ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description		AMT lethod	AMT Life	AMT Cost Or Basis	AMT Accumulated	ACE Cost Or Basis	Regular Depreciation	AMT Depreciation	ACE Depreciation
250/19	FURNISHINGS - CABINS/HOUSES RANGE FIREARMS	0202151 020215SI		<b>7:00</b> 7:00	<b>522.</b> 600.	<b>56.</b> 43.	<b>522.</b> 600.	<b>128</b> . 86.	, <b>100</b> .	0.
100 mg	THT BOAT SANTA FE BBQ MERO WURN MOWER	020216 04011515 0315151	THE PERSON NAMED IN		10,392. 2,775. 99800	1,114; 298. 1,050;	10,392. 2,775. 2,800	2,545; 679. 2,400;	1,988. 531. 1,875.	0. 0. 0.
15 to 2	ZOIL VITOVOITA RAV4	02021515 0202151 0202151	ODE	.00	32,598. 5,000. 19,000.	3,160 2 <b>(</b> 859.	32,598. 0000. 19,000.	5,100. 4,600. 5,600.	5,100. 4,275. 4,845.	0. <b>0.</b> 0.
- 11	210E5WHONDA AUV	02021515	(0)DE	24.00°	8,000 8,000 7,500	1,700.	464000 8,000. 74500	5,120. 2,560. 2,400.	2,040. 1,543.	0. 0.
13 14	2015 KUROTA L3560 TRACTOR 2015 HUSQVARNA MOWER	02021515 02151515 02151515	ODB	7 <b>.00</b> 7.00	6,500. 42. 9,000.	975. 4 500 965.	6,500. <b>42,00</b> 0. 9,000.	2,080. 10,286. 2,204.	1,658. 8,036. 1,722.	0. 0. 0.
16 17	6 SOUAR RAFTS	02021515	ODE	7.00 <b>4</b>	4 000 1,500 24 000	429 161. 2,572	4,000: 1,500. 24,000:	367. 5, <b>877</b> .	765. 287. 4,592.	0. 7 <b>0.</b>
20	8 SOTAR INFLATABLE KAYAKS MISG RAFTING HOULPMENT RAFT TRAILER #1 RAFT TRAILER #2	0 2 0 2 1 5 1 5 0 2 0 2 1 5 1 5 0 2 0 2 1 5 1 5	SOLDT A		16,000. 24,000. 2,000. 2,000.	1,715. 2,572. 215.	16,000. 24,000. 2,000.	3,918. 5,877. 490.	3,061. 4,592. 383.	0.
22 <b>23</b>		COLUMN TOWNS THE PARKS OF THE P	DE .	00 00 7.00	3,500. <b>4,000.</b> 8,000.	375. <b>429.</b> 857.	3,500. <b>4,000</b> . 8,000.	857. 979. 1,959.	670. <b>765:</b> 1.531.	0. 0.
<b>25</b> 26	HMDB DRIFT BOAT #2 WILLIE DRIFT BOAT MISCENTANEOUS FISHING	1212151	ODE	7.00	7,000 3,500		7,000. 3,500.	1,714. 857.	1,339. 670.	0. 0.
27	GEAR 1997 WATER PURIFICATION - SYSTEM	0202151! 0202151!		Pa, 74	12,000. 500.	1,286. 54.	12,000. 500.	2,939. 122.	2,296. 96.	0. 0.
	2015 WATER PURIFICATION	0302151	1.00		32,000.	3,429.	32,000.	7,837.	6,122.	0.

628108 04-01-16

#### STATE ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	ACE Cost Or Basis	Regular Depreciation	AMT Depreciation	ACE Depreciation
30	HOOK LATCH AG LINES & SPRINKLERS 20' CARGO CONTAINERS	030115 020215			<b>8,000.</b> 8,000.	857.	8,000.	1,959.	1, <b>531</b> . 1,531.	0.
33	FORSE PANELS FENCING TACK FOR 25 HORSES TOHN DERRE 60KW GENSET	020215 020215 020215		7.00	11,000. 12,000. 9.500	1,286.	<b>412,000.</b>	2,694. 2,939. 2,327.	2,105. 2,296. 1,818.	0. 0. 0.
35	IVECO 60KW GENSET  WORDPLANT 40 KW GENERATOR	020215 031515			8,000. 50,000.	85 <b>7</b> -	8,000. 50,000.	1,959. 12,245.	1,531. 9,566.	0. 0.
3 <b>8</b>	ONDA PORTABLE CENSET SOIL TAMPER	SET THE SHARP IN COLUMN	150DB 150DB	7 <b>.00</b>	3,936 3,500	73.	3,936 3,500	964. 857. 857.	753. 670.	0. 0.
40	MISC CONSTRUCTION TOOLS & COULDMENT   500 GAL CONTAINMENT FUEL	020215			2208 (00)	2 143.		Physical man contrast and	3,827,	0.
41	PANK 650 GAL CONTAINMENT FUEL	020215	era in anu	8-92-3-8-94		Principal contracts as	7.000	1,224.	DEC. 11. COLON POR LOCAL PROPERTY OF	0.
43 44	TANK CABIN #1 TABIN #2	020215 020215 020215	SL		67,200.	2,240. 3,5474	67,200. 106,400.	2,444. 3,869.	2,444. 3,869.	0. 0.
<b>45</b> 47	CABIN #3 CABIN #4 CABIN #5 & 6 - DUPLEX	020215 020215 020215	SL	7 . 50 27 . 50		3,617.	108,500.	<b>2,444</b> .3,945.	3,945.	0. 0. 0.
49	CABIN #7 & 8 - DUPLEX CABIN #9 CABIN #10	02031		27.50 27.50 27.50		3,285.	98,560.	3,584.	3,584.	0. 0. 0.
- 52	QUAILS NEST HOUSE SLEEPY HOLLOW HOUSE RIVER VIEW HOUSE	(2021) 0 020215	SL	27.50 27.50 27.50	109,200.	3,640.	225,400. 109,200. 347,200.	-3,971		0. <b>0.</b> 0.
55	COVERED RIDING ARENA ARENA TACK BUILDING LODGE/MESS HALL	020215	150DE	10.00	157,000.	11.775. 5,831.	157,000. 77,740. 230.580.	13,993.	10,786.	0.
57	HAY BARN DACK HOUSE	020215	150DE	10.00		9,000.	120,000.			0. 0.

628108 04-01-16

#### STATE ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	ACE Cost Or Basis	Regular Depreciation	AMT Depreciation	ACE Depreciation
60	LAUNDRY/SHOWER HOUSE	020215 020215 020215	150DB	20.00	62,860. <b>78,842</b> . 25,000.	2,358. <b>2,957</b> . 1,875.	62,860. <b>78,842.</b> 25,000.	4,538. <b>5,691</b> . 4,500.	4,538. 5,691. 3,469.	0. 0.
63	POWER HOUSE GAME ROOM SHOP BUILDING	020215 020215	SL SL	39.00 20.00 10.00	10,000. 10,000. 156.000.	235. 458. 11.700.	10,000. 10,000. 56,000	256. 500. 28.0804	<b>256.</b> 500.	0. 0. 0.
65 66 67	MINICIPACE AVATOR	070916 050616 022416	150DE	7.00	6,751. <b>3,478.</b> 33,503.		6,751. 478. 33,503.	965. <b>497</b> . 4,786.	724.	0. <b>0.</b> 0.
69	Spock - Sedona -		1945 O DE	7.400	68,324. 1,200. 1,200.	(A) (0)	68,324. 1,200. 1,200.	13,665: 172. 172.	10,249 129.	0. 0. 0.
72	STOCK - DARTANJION TRENA STUDIO HOUSING HAY BARN (REBUILD-SNOW	080116 <b>050116</b>	150DB SL	7.00 27.50	1,200. 28, 35		1,200. <b>28,635.</b>	172. <b>694.</b>	129. <b>694.</b>	0. <b>0.</b>
1 2	Damage Collapse) Fotals	05011/6	150DE	10.00	21 ,00007 2 (3,396)		21,000. 2,943,396.	2,100; 315,541;		) 0,
	MACRS ANT ADJUSTMENT		1	N					51,893.	
			V							
	<b>is se de la compania de la compania de la compania</b> Compania de la compania de la compa									
li - 33 ND/454	entini na ereta finati vian eta Maninen ereta ilene etakea						esiku medi Dibub Krat	Kerijoera Nederakie		

628108 04-01-16

## Computation of Trade or Business Income for California Purposes

	1	a Gross receipts or sales 750,637 • b Less returns and allowances Batance ▶	10	750,637.
	2	Cost of goods sold	2	1,387.
	3	Gross profit, Subtract line 2 from line 1c	3	749,250.
Income		Net ordinary gain (loss)	4	
	5	Other income. Attach schedule	5	
	6	TOTAL income (loss). Combine lines 3 through 5	6	749,250.
	7	Compensation of officers. Attach schedule	7	
	8	Salaries and wages	8	89,920.
	9	Repairs	9	63,669.
	10	Bad debts	10	
	11	Rents	11	
	12	Taxes SEE STATEMENT 12	12	18,139.
Deduc-		Interest	13	11,108.
tions	14	a Depreciation 14a 315,541.		
แบแจ		b Depreciation reported elsewhere on return14b		
		c Subtract line 14b from line 14a	14c	315,541.
	15	Depletion	15	
	16	Advertising	16	6,643.
	17	Pension, profit-sharing, etc. plans	17	
	18	Employee benefit programs	18	
	19	a) Total travel and entertainment 2,815. b) Deductible amount	19	2,815.
	20	Other deductions. Attach schedule SEE STATEMENT 13	20	376,868.
	21	TOTAL deductions. Add lines 7 through 20	21	884,703.
	22	Ordinary income (loss) from trade or business activities. Subtract line 21 from im6.	22	-135,453.

## **Cost of Goods Sold**

1 Inventory at beginning of year		1	2,500.
2 Purchases		2	1,387.
3 Cost of labor		3	
4 Other IRC Section 263A costs. Attach schedule		4	
5 Other costs. Attach schedule		5	
6 Total. Add lines 1 through 5		6	3,887.
7 Inventory at end of year	<b>V</b>	7	2,500.
7 Inventory at end of year  8 Cost of goods sold. Subtract line 7 from the 6.		8	1,387.

### MARBLE MOUNTAIN RANCH, INC.

CA FORM 100S	CONTRIBUTI	ONS	STATEMENT	1
CARRYOVER OF PRIOR YEARS	UNUSED CONTRIBUTION	S:		
FOR TAX YEAR 2011		0		
FOR TAX YEAR 2012 FOR TAX YEAR 2013		0		
FOR TAX YEAR 2013		0		
FOR TAX YEAR 2015		6,592		
TOTAL CARRYOVER	<del>-v-</del>	6,592		
CURRENT YEAR CONTRIBUTI	ons ——	6,427		
TOTAL AVAILABLE CONTRIB	UTIONS		13,	019
NET INCOME AFTER STATE	ADJUSTMENTS	-135,453		
DEDUCTION FOR DIVIDENDS	RECEIVED	0		
NET INCOME FOR CONTRIBU	TION PURPOSES		-135,	453
CONTRIBUTIONS LIMITATIO INCOME AS ADJUSTED	N : TEN PERCENT OF			0
ALLOWABLE CONTRIBUTIONS				0

CA FORM 100S

92520 HIGHWAY 96 SOMES BAR, CA 95568		
CA SCHEDULE F	TAXES DEDUCTED ON FEDERAL RETURN	STATEMENT 3
DESCRIPTION	·	AMOUNT
BOE BUSINESS LICENSES & S COUNTY BED TAX PAYROLL TAXES REAL PROPERTY TAXES - STATE FIRE TAX CALIFORNIA TAXES - BA TOTAL TAXES DEDUCTED	RANCH SED ON INCOME	682. 742. 912. 10,512. 5,174. 117. 3,000.
CA SCHEDULE F	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION  AMMUNITION & RANGE EX AUTO FEES & REGISTRAT BANK FEES CASUAL LABOR COMMISSIONS & REFERRA DUES & SUBSCRIPTIONS FISH FOR STOCKING PON FISHING EXPENSES FOOD/LODGING/SUPPLIES FUEL HORSE TACK/GEAR INSURANCE - OTHER LEGAL AND PROFESSIONA LINENS & SUPPLIES MISCELLANEOUS EXPENSE OFFICE EXPENSE OFFICE SUPPLIES OUTSIDE SERVICES	L FEES  D  DAY TRIPS  L FEES	AMOUNT  17,238.
PARKING POSTAGE RAFTING EXPENSES RANCH ACTIVITIES & EN	TERTAINMENT	3. 515. 12,017. 1,315.

LOCATION OF PRINCIPAL ACCOUNTING RECORDS

STATEMENT

MARBLE MOUNTAIN RANCH, INC.			
RANCH UNIFORMS		1,05	8.
RANCH UTILITIES		26,84	
SMALL SPORTING EQUIPMENT EXPENSES		563	
SOCIAL MEDIA COSTS		46	
SPECIAL USE PERMITS - USFS/BLM		5,19	9.
STOCK FEED		26,34	
SUPPLIES & SMALL TOOLS		3,07	
TELEPHONE EXPENSES		5,37	
TOOLS - OTHER		1,24	
TRAILER RIGGING		1,49	
VEHICLE INSURANCE		6,31	
VEHICLE MAINTENANCE & UPKEEP		6,20	
VEHICLE REPAIR		9,37	
VETERINARY EXPENSES		3,22	
WEBSITE DEVELOPMENT/MAINTENANCE		5,33	
WORKERS COMP INSURANCE		12,41	4.
TOTAL TO FORM 100S, SCHEDULE F		376,86	8.
CA SCHEDULE L OTHER LIABILITIES		STATEMENT	<u> </u>
	THE CENTRE OF		
DESCRIPTION	TEGINNING OF TAX YEAR	END OF TAX YEAR	
OTHER LIABILITIES	82,703.	47,37	4.
TOTAL TO SCHEDULE L, LINE 20	82,703.	47,37	4.
			_
CA SCHEDULE M-2 ANA OTHER REDUCTION	ns	STATEMENT	6
DESCRIPTION		AMOUNT	
ORDINARY INCOME ADJ - SEE CA SCH K ORD INCOME RE	CON STMT	1,20	
CHARITABLE CONTRIBUTIONS		6,42	
FOREIGN/DOMESTIC TAXES BASED ON INCOME AND PROFI	TS	3,00	0.
TOTAL TO SCHEDULE M-2, LINE 5, COLUMN A		10,62	7.

### MARBLE MOUNTAIN RANCH, INC.

CA SCHEDULE M-2 AAA - OTHER ADDITIONS	STATEMENT	
DESCRIPTION	AMOUNT	
FOREIGN/DOMESTIC TAXES BASED ON INCOME AND PROFITS	3,00	00.
TOTAL TO SCHEDULE M-2, LINE 3, COLUMN A	3,00	00.
CA SCHEDULE M-1 EXPENSES ON BOOKS, NOT INCLUDED ON SCHED. K	STATEMENT	8
DESCRIPTION	AMOUNT	
INTEREST EXPENSE - RESIDENCE APPORTIONMENT OTHER NON-DEDUCTIBLE EXPENSE REAL PROPERTY TAXES - RESIDENCE APPORTIONMENT SHAREHOLDERS HEALTH INSURANCE UTILITIES EXPENSE - RESIDENCE APPORTIONMENT	4,00	60. 28.
TOTAL TO SCHEDULE M-1, LINE 3	36,1	18.
CA SCHEDULE K NONDEDUCTIBLE EXPENSES	STATEMENT	9
DESCRIPTION	ATTRIBUTAB TO CALIFOR	
FOREIGN/STATE INCOME TAX DEDUCTED	3,0	00.
TOTAL TO SCHEDULE K, LINE 16C	3,0	00.

CA	CALIFORNIA ORDI	NARY INCOME	RECONCILIATION	STATEMENT 10
		(B) FEDERAL AMOUNTS	(C) CALIFORNIA ADJUSTMENTS	(D) CALIFORNIA AMOUNTS
2 3 4	GROSS SALES	750,63 1,38 749,25	37	750,637 1,387 749,250
6	TOTAL INCOME (LOSS). ADD LINES 3 - 5	749,25	50	749,250
8 9 10	COMPENSATION OF OFFICERS SALARIES AND WAGES	89,92 63,66		89,920 63,669
12 13 14	RENTS	21,13 11,10 314,3		18,139 11,108 315,541
16 17	ADVERTISING	64	13	6,643
	DEDUCTIBLE TRAVEL/ENTERTAINMENT	2,81 376,86	L5 58	2,815 376,868
21	TOTAL DEDUCTIONS (ADD LNS 7/20)	886,50	-1,800	884,703
22	ORDINARY INCOME (LOSS) FROM TRA OR BUSINESS. LN 6 LESS LN 21	DE −137,25	1,800	-135,453
23	ADJUSTMENT FOR S CORPORATION TA	XES		. 0
24	AMOUNT TO SCHEDULE K, LINE 1, C	OLUMN D .		-135,453

CA		DEPRECIA'	rion			STATEME	NT 11
	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1. FURNISHINGS				20077	<del></del>	100	
2. RANGE FIREAR	02/02/15 MS	522.	/5.	200DB	7.00	128.	0.
(	02/02/15	600.	79.	SL	7.00	86.	0.
3. JET BOAT	02/02/15	10 202	1 405	200DB	7 00	2 545	^
4. SANTA FE BBQ	02/02/15	10,392.	1,485.	200DB	7.00	2,545.	0.
	04/01/15	2,775.	397.	200DB	7.00	679.	0.
5. ZERO TURN MOV		_,					•
(	03/15/15	9,800.	1,400.	200DB	7.00	2,400.	0.
6. 2014 JEEP GR							
	02/02/15	32,598.	3,160.	200DB	5.00	5,100.	0.
7. 2011 TOYOTA	RAV4 02/02/15	5,000.	1,000.	2000	5.00	1,600.	0.
8. 2011 FORD VAI		3,000.	1,000.	TOD B	3.00	1,000.	0.
	02/02/15	19,000.	3,460	2000B	5.00	5,600.	0.
9. 2008 FORD VAI		•				•	
	02/02/15	16,000.	3 200	200DB	5.00	5,120.	0.
10. 2006 FORD VAI		0.000		0000	<b>-</b> 00	0.50	_
	02/02/15	8,000.	1,600.	200DB	5.00	2,560.	0.
11. 2015 HONDA A	02/02/15	7,500	1,500.	200DB	5.00	2,400.	0.
12. 2013 HONDA A		1,500	1,500.	20000	3.00	2,400.	0.
	02/02/15	6,500	1,300.	200DB	5.00	2,080.	0.
13. 2015 KUBOTA I		OR	•			•	
	02/15/15	42,000.	6,000.	200DB	7.00	10,286.	0.
14. 2015 HUSQVARI	.5.		4 005	000		0.004	_
	02/15/15 🦠	9,000.	1,286.	200DB	7.00	2,204.	0.
15. 2009 JOHN DEI	02/02/ <b>15</b>	4,000.	572	200DB	7.00	979.	0.
16. 1941 JOHN DEI		4,000.	372.	20000	7.00	<i>J</i> , <i>J</i> .	0.
	02/02/15	1,500.	215.	200DB	7.00	367.	0.
17. 6 SOTAR RAFTS	02/02/15 S						
(	03/15/15	24,000.	3,429.	200DB	7.00	5,877.	0.
18. 8 SOTAR INFLA			2 206	20055	7 00	2 010	•
19. MISC RAFTING	02/02/15	16,000.	2,286.	200DB	7.00	3,918.	0.
	02/02/15	24,000.	3,429.	200DB	7.00	5,877.	0.
20. RAFT TRAILER		21,000	3,4234	20022	, • • •	3,011.	•
	02/02/15	2,000.	286.	200DB	7.00	490.	0.
21. RAFT TRAILER							
	02/02/15	2,000.	286.	200DB	7.00	490.	0.
22. 2 AXLE TRAIL		2 500	EVV	20000	7 00	057	^
23. STOCK TRAILER	,,	3,500.	500.	200DB	7.00	857.	0.
	02/02/15	4,000.	572	200DB	7.00	979.	0.
•	,,	1,000.	5,2.	20000	, , , , ,	٠, ٠, ٠	•

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MA	RBLE	MOUNTAIN	KANCH.	INC.

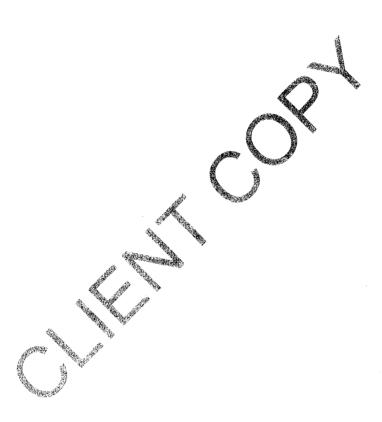
		· · · · · · · · · · · · · · · · · ·						
24.	HYDE DRIFT							
25.	HYDE DRIFT	02/02/15 BOAT #2	8,000.	1,143.	200DB	7.00	1,959.	0.
		02/02/15	7,000.	1,000.	200DB	7.00	1,714.	0.
26.	WILLIE DRI	02/02/15	3,500.	500.	200DB	7.00	857.	0.
27.	MISCELLANE	OUS FISHING (	SEAR			7 00		
28.	1997 WATER	02/02/15 PURIFICATION	12,000. N SYSTEM	1,715.	700DB	7.00	2,939.	0.
20	2015 533 555	02/02/15	500.		200DB	7.00	122.	0.
29.	ZUIS WATER	PURIFICATION 03/02/15	32,000.	3RADED) 4,572.	200DB	7.00	7,837.	0.
30.	HOOK LATCH	AG LINES & S		1,5,20			.,00,0	•
		03/01/15	8,000.	1,143.	200DB	7.00	1,959.	0.
31.	20' CARGO		•	•			•	
		02/02/15	8,000.	1,143.	200DB	7.00	1,959.	0.
32.	HORSE PANE					4		
		02/02/15	11,000.	1,572.	200DB	7.00	2,694.	0.
33.	TACK FOR 2		10 000	1,715.	2005		0.000	•
2.4	TOUN DEEDE	02/02/15	12,000.	1,715.	200DB	700	2,939.	0.
34.	JOHN DEEKE	60KW GENSET 02/02/15	9,500.	1,357.		7.00	2,327.	0.
35.	IVECO 60KW		9,500.	1,337.	Z	7.00	2,321.	0.
<i>55</i> •	TVICO OURN	02/02/15	8,000.	1,148.	200DB	7.00	1,959.	0.
36.	HYDROPLANT	40 KW GENERA	· -			,,,,,	2,555	•
		03/15/15	50,000.	,143.	200DB	7.00	12,245.	0.
37.	HONDA PORT	ABLE GENSET	-					
		03/01/15	3,936 🎻	563.	200DB	7.00	964.	0.
38.	SOIL TAMPE							_
2.0		02/02/15	3,500.	500.	200DB	7.00	857.	0.
39.	WELDING EQ			~ F00	20000	7 00	0.57	^
40	MTCC CONCE	02/02/15	EOUIPMEN'		200DB	7.00	857.	0.
40.	MISC CONST	RUCTION TOOLS 02/02/15	20.000	2,857.	200DB	7.00	4,898.	0.
41.	500 GAT, CO	NTAINMENT FÜ		2,037.	20000	7.00	4,050.	0.
	500 0111 00.	02/02/15	7,000.	715.	200DB	7.00	1,224.	0.
42.	650 GAL CO	NTAINMENT FUI		, 13 (	20022	,	_,	•
		02/02/15	<i>3</i> 7 000	1,000.	200DB	7.00	1,714.	0.
43.	CABIN #1		,					
		02/02/15	67,200.	2,240.	SL	27.50	2,444.	0.
44.	CABIN #2							
4-	"-	02/02/15	106,400.	3,547.	SL	27.50	3,869.	0.
45.	CABIN #3	00/00/15	CT 000	0 040	a.	27 50	2 444	^
16	CABIN #4	02/02/15	67,200.	2,240.	STI	27.50	2,444.	0.
40.	CADIN #4	02/02/15	67,200.	2,240.	QT.	27.50	2,444.	0.
47.	CARTN #5 &	6 - DUPLEX	07,200.	2,240.	SП	27.50	2,411.	0.
<b>4</b> /•	CHETA IIS a	02/02/15	108,500.	3,617.	SL	27.50	3,945.	0.
48.	CABIN #7 &	8 - DUPLEX		.,			.,.	-
		02/02/15	80,640.	2,688.	SL	27.50	2,932.	0.
49.	CABIN #9							
	_	02/02/15	98,560.	3,285.	$\mathtt{SL}$	27.50	3,584.	0.
50.	CABIN #10	0040044	0.00		~-		0.455	_
		02/02/15	87,360.	2,912.	$\operatorname{SL}$	27.50	3,177.	0.

MARBLE MOU	NTAIN	RANCH.	INC.
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51. QUAILS NEST HOUSE							_	
52. SLEEPY HOLLOW HOUSE	51.		225.400.	7.513.	ST	27.50	8.196.	0.
02/02/15 109,200. 3,640. SL 27.50 3,971.  53. RIVER VIEW HOUSE 02/02/15 347,200. 11,573. SL 27.50 12,625.  54. COVERED RIDING ARENA 02/02/15 157,000. 15,700. 200DB 10.00 28,260.  55. ARENA TACK BUILDING 02/02/15 77,740. 7,774. 200DB 10.00 13,993.  56. LODGE/MESS HALL 02/02/15 230,580. 8,647. 150DB 20.00 16,645.  77. HAY BARN 02/02/15 120,000. 12,000. 200DB 10.00 21,600.  58. TACK HOUSE 02/02/15 22,100. 2,210. 200DB 10.00 3,978.  59. GIFT SHOP 02/02/15 62,860. 2,358. 150DB 20.00 4,538.  60. LAUNDRY/SHOWER HOUSE 02/02/15 78,842. 2,957. 150DB 20.00 5,691.  61. GREENHOUSE 02/02/15 25,000. 2,500. 200B 10.00 4,500.  62. POWER HOUSE 02/02/15 10,000. 23. SI 39.00 256.  63. GAME ROOM 02/02/15 10,000. 458. SL 20.00 500.  64. SHOP BUILDING 02/02/15 156,000. 15,600. 200DB 7.00 965.  65. KAWASAKI ATU 07/09/16 6,761. 0. 200DB 7.00 497.  66. MINI EXCAVATOR 05/06/16 3. 0. 200DB 7.00 497.  67. WATER FILTRATION SYSTEM 02/21/16 8,324. 0. 200DB 7.00 47.86.  69. STOCK - STARDUST 03/04/16 1,200. 0. 200DB 7.00 172.  70. STOCK - SEDONA 03/04/16 1,200. 0. 200DB 7.00 172.  71. STOCK - DARTANION 08/01/16 1,200. 0. 200DB 7.00 172.  72. ARENA STUDIO HOUSING 05/01/16 28,635. 0. SL 27.50 694.	52.		225,400.	7,313.	DЦ	27.50	0,10.	•
53. RIVER VIEW HOUSE  02/02/15			109,200.	3,640.	SL	27.50	3,971.	0.
54. COVERED RIDING ARENA	53.		•	·			•	
02/02/15 157,000. 15,700. 200DB 10.00 28,260.  55. ARENA TACK BUILDING 02/02/15 77,740. 7,774. 200DB 10.00 13,993.  56. LODGE/MESS HALL 02/02/15 230,580. 8,647. 150DB 20.00 16,645.  57. HAY BARN 02/02/15 120,000. 12,000. 200DB 10.00 21,600.  58. TACK HOUSE 02/02/15 22,100. 2,210. 200DB 10.00 3,978.  59. GIFT SHOP 02/02/15 62,860. 2,358. 150DB 20.00 4,538.  60. LAUNDRY/SHOWER HOUSE 02/02/15 78,842. 2,957. 150DB 20.00 5,691.  61. GREENHOUSE 02/02/15 25,000. 2,500. 200B 10.00 4,500.  62. POWER HOUSE 02/02/15 10,000. 23 SD 39.00 256.  63. GAME ROOM 02/02/15 10,000. 23 SD 39.00 256.  64. SHOP BUILDING 02/02/15 156,000. 15,600. 200DB 7.00 497.  65. KAWASAKI ATV 07/09/16 6,751. 0.200DB 7.00 497.  66. MINI EXCAVATOR 05/06/16 0.200DB 7.00 497.  66. MINI EXCAVATOR 05/06/16 0.200DB 7.00 4786.  68. 2017 GMC 3500 02/12/16 68,324. 0.200DB 7.00 4786.  69. STOCK - STARDUST 03/04/16 1,200. 0.200DB 7.00 172.  70. STOCK - DARTANJION 08/01/16 1,200. 0.200DB 7.00 172.  71. STOCK - DARTANJION 08/01/16 1,200. 0.200DB 7.00 172.  72. ARENA STUDIO HOUSING 05/01/16 28,635. 0. SL 27.50 694.		02/02/15	347,200.	11,573.	SL	27.50	12,625.	0.
55. ARENA TACK BUILDING 02/02/15 77,740. 7,774. 200DB 10.00 13,993.  56. LODGE/MESS HALL 02/02/15 230,580. 8,647. 150DB 20.00 16,645.  57. HAY BARN 02/02/15 120,000. 12,000. 200DB 10.00 21,600.  58. TACK HOUSE 02/02/15 22,100. 2,210. 200DB 10.00 3,978.  59. GIFT SHOP 02/02/15 62,860. 2,358. 150DB 20.00 4,538.  50. LAUNDRY/SHOWER HOUSE 02/02/15 78,842. 2,957. 150DB 20.00 5,691.  51. GREENHOUSE 02/02/15 25,000. 2,500. 200B 10.00 4,500.  52. POWER HOUSE 02/02/15 10,000. 23. SD 39.00 256.  53. GAME ROOM 02/02/15 10,000. 458. SL 20.00 500.  54. SHOP BUILDING 02/02/15 156,000. 15,600. 200DB 7.00 965.  55. KAWASAKI ATV 07/09/16 6,751. 0. 200DB 7.00 965.  66. MINI EXCAVATOR 05/06/16 02/24/16 36,503. 0. 200DB 7.00 4,786.  58. 2017 GMC 3500 02/12/16 66,324. 0. 200DB 7.00 4,786.  59. STOCK - STARDUST 03/01/16 1,200. 0. 200DB 7.00 172.  70. STOCK - STARDUST 08/01/16 1,200. 0. 200DB 7.00 172.  71. STOCK - DARTANJION 08/01/16 1,200. 0. 200DB 7.00 172.  72. ARENA STUDIO HOUSING 05/01/16 28,635. 0. SL 27.50 694.	54.							
02/02/15 77,740. 7,774. 200DB 10.00 13,993.  56. LODGE/MESS HALL 02/02/15 230,580. 8,647. 150DB 20.00 16,645.  57. HAY BARN 02/02/15 120,000. 12,000. 200DB 10.00 21,600.  58. TACK HOUSE 02/02/15 22,100. 2,210. 200DB 10.00 3,978.  59. GIFT SHOP 02/02/15 62,860. 2,358. 150DB 20.00 4,538.  60. LAUNDRY/SHOWER HOUSE 02/02/15 78,842. 2,957. 150DB 20.00 5,691.  61. GREENHOUSE 02/02/15 25,000. 2,500. 200DB 10.00 4,500.  62. POWER HOUSE 02/02/15 10,000. 236. SI 39.00 256.  63. GAME ROOM 02/02/15 10,000. 458. SL 20.00 500.  64. SHOP BUILDING 02/02/15 156,000. 15,600. 200DB 10.00 28,080.  65. KAWASAKI ATV 07/09/16 6,751. 0. 200DB 7.00 965.  66. MINI EXCAVATOR 05/06/16 0. 200DB 7.00 4,786.  67. WATER FILTRATION SYSTEM 02/24/16 38,503. 0. 200DB 7.00 4,786.  68. 2017 GMC 3500 02/12/16 68,324. 0. 200DB 7.00 4,786.  69. STOCK - STARDUST 03/04/16 1,200. 0. 200DB 7.00 172.  70. STOCK - SEDONA 03/04/16 1,200. 0. 200DB 7.00 172.  71. STOCK - DARTANJION 08/01/16 1,200. 0. 200DB 7.00 172.  72. ARENA STUDIO HOUSING 05/01/16 28,635. 0. SL 27.50 694.			157,000.	15,700.	200DB	10.00	28,260.	0.
56. LODGE/MESS HALL  02/02/15 230,580. 8,647. 150DB 20.00 16,645.  57. HAY BARN  02/02/15 120,000. 12,000. 200DB 10.00 21,600.  58. TACK HOUSE  02/02/15 22,100. 2,210. 200DB 10.00 3,978.  59. GIFT SHOP  02/02/15 62,860. 2,358. 150DB 20.00 4,538.  60. LAUNDRY/SHOWER HOUSE  02/02/15 78,842. 2,957. 150DB 20.00 5,691.  61. GREENHOUSE  02/02/15 25,000. 2,500. 200B 10.00 4,500.  62. POWER HOUSE  02/02/15 10,000. 236. SI 39.00 256.  63. GAME ROOM  02/02/15 10,000. 458. SL 20.00 500.  64. SHOP BUILDING  02/02/15 156,000. 15,600. 200DB 10.00 28,080.  65. KAWASAKI ATV  07/09/16 6,751. 0. 200DB 7.00 965.  66. MINI EXCAVATOR  05/06/16 0. 200DB 7.00 497.  67. WATER FILTRATION SYSTEM  02/24/16 36,503. 0. 200DB 7.00 497.  68. 2017 GMC 3500  02/12/16 66,324. 0. 200DB 7.00 4,786.  69. STOCK - STARDUST  03/04/16 1,200. 0. 200DB 7.00 172.  70. STOCK - DARTANJION  03/04/16 1,200. 0. 200DB 7.00 172.  71. STOCK - DARTANJION  08/01/16 1,200. 0. 200DB 7.00 172.  72. ARENA STUDIO HOUSING  05/01/16 28,635. 0. SL 27.50 694.	55.		DD D40		00055	10 00	12 002	^
02/02/15 230,580. 8,647. 150DB 20.00 16,645.  77. HAY BARN  02/02/15 120,000. 12,000. 200DB 10.00 21,600.  78. TACK HOUSE  02/02/15 22,100. 2,210. 200DB 10.00 3,978.  79. GIFT SHOP  02/02/15 62,860. 2,358. 150DB 20.00 4,538.  14UNDRY/SHOWER HOUSE 02/02/15 78,842. 2,957. 150DB 20.00 5,691.  78. GREENHOUSE 02/02/15 25,000. 2,500. 200B 10.00 4,500.  78. GAME ROOM 02/02/15 10,000. 231. SI 39.00 256.  79. GAME ROOM 02/02/15 10,000. 458. SL 20.00 500.  79. KAWASAKI ATV 07/09/16 6,751. 0.200DB 7.00 28,080.  79. WATER FILTRATION SYSTEM 02/24/16 26,503. 0.200DB 7.00 497.  79. STOCK - STARDUST 03/01/16 1,200. 0.200DB 7.00 172.  70. STOCK - SEDONA 03/01/16 1,200. 0.200DB 7.00 172.  71. STOCK - DARTANJION 08/01/16 1,200. 0.200DB 7.00 172.  72. ARENA STUDIO HOUSING 05/01/16 1,200. 0.200DB 7.00 172.  73. HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)			77,740.	7,774.	200DB	10.00	13,993.	0.
57. HAY BARN  02/02/15 120,000. 12,000. 200DB 10.00 21,600.  58. TACK HOUSE  02/02/15 22,100. 2,210. 200DB 10.00 3,978.  59. GIFT SHOP  02/02/15 62,860. 2,358. 150DB 20.00 4,538.  60. LAUNDRY/SHOWER HOUSE  02/02/15 78,842. 2,957. 150DB 20.00 5,691.  61. GREENHOUSE  02/02/15 25,000. 2,500. 200B 10.00 4,500.  62. POWER HOUSE  02/02/15 10,000. 236. SI 39.00 256.  63. GAME ROOM  02/02/15 10,000. 458. SL 20.00 500.  64. SHOP BUILDING  02/02/15 156,000. 15,600. 200DB 10.00 28,080.  65. KAWASAKI ATV  07/09/16 6,751. 0. 200DB 7.00 965.  66. MINI EXCAVATOR  05/06/16 0. 200DB 7.00 497.  66. MINI EXCAVATOR  05/06/16 0. 200DB 7.00 497.  68. 2017 GMC 3500  02/12/16 68,324. 0. 200DB 7.00 4,786.  69. STOCK - STARDUST  03/04/16 1,200. 0. 200DB 7.00 172.  70. STOCK - SEDONA  03/04/16 1,200. 0. 200DB 7.00 172.  71. STOCK - DARTANJION  08/01/16 1,200. 0. 200DB 7.00 172.  72. ARENA STUDIO HOUSING  05/01/16 28,635. 0. SL 27.50 694.	50.		220 500	0 617	1 E 0 D D	20 00	16 615	0.
02/02/15 120,000. 12,000. 200DB 10.00 21,600.  58. TACK HOUSE  02/02/15 22,100. 2,210. 200DB 10.00 3,978.  59. GIFT SHOP  02/02/15 62,860. 2,358. 150DB 20.00 4,538.  50. LAUNDRY/SHOWER HOUSE  02/02/15 78,842. 2,957. 150DB 20.00 5,691.  51. GREENHOUSE  02/02/15 25,000. 2,500. 200B 10.00 4,500.  52. POWER HOUSE  02/02/15 10,000. 236. SI 39.00 256.  53. GAME ROOM  02/02/15 10,000. 458. SL 20.00 500.  54. SHOP BUILDING  02/02/15 156,000. 15.00. 200DB 10.00 28,080.  55. KAWASAKI ATV  07/09/16 6,751. 0. 200DB 7.00 965.  66. MINI EXCAVATOR  05/06/16 370 0. 200DB 7.00 497.  57. WATER FILTRATION SYSTEM  02/24/16 3,503. 0. 200DB 7.00 4,786.  58. 2017 GMC 3500  02/12/16 3,503. 0. 200DB 7.00 4786.  59. STOCK - STARDUST  03/01/16 1,200. 0. 200DB 7.00 172.  70. STOCK - SEDONA  03/01/16 1,200. 0. 200DB 7.00 172.  71. STOCK - DARTANJION  08/01/16 1,200. 0. 200DB 7.00 172.  72. ARENA STUDIO HOUSING  05/01/16 1,200. 0. 200DB 7.00 172.  73. HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)	5 <b>7</b>		230,360.	0,047.	TOUR	20.00	10,045.	0.
58. TACK HOUSE  02/02/15	<i>)</i> / •		120 000	12 000	200DB	10.00	21 600	0.
02/02/15 22,100. 2,210. 200DB 10.00 3,978.  09. GIFT SHOP  02/02/15 62,860. 2,358. 150DB 20.00 4,538.  60. LAUNDRY/SHOWER HOUSE 02/02/15 78,842. 2,957. 150DB 20.00 5,691.  61. GREENHOUSE 02/02/15 25,000. 2,500. 200B 10.00 4,500.  62. POWER HOUSE 02/02/15 10,000. 236. SI 39.00 256.  63. GAME ROOM 02/02/15 10,000. 458. SL 20.00 500.  64. SHOP BUILDING 02/02/15 156,000. 15,600. 200DB 10.00 28,080.  65. KAWASAKI ATV 07/09/16 6,751. 0. 200DB 7.00 965.  66. MINI EXCAVATOR 05/06/16 3 6.324. 0. 200DB 7.00 4,786.  67. WATER FILTRATION SYSTEM 02/24/16 3,503. 0. 200DB 7.00 4,786.  68. 2017 GMC 3500 02/12/16 68,324. 0. 200DB 7.00 4786.  69. STOCK - STARDUST 03/04/16 1,200. 0. 200DB 7.00 172.  70. STOCK - DARTANJION 08/01/16 1,200. 0. 200DB 7.00 172.  71. STOCK - DARTANJION 08/01/16 1,200. 0. 200DB 7.00 172.  72. ARENA STUDIO HOUSING 05/01/16 28,635. 0. SL 27.50 694.	58.		120,000.	12,000	20000	10.00	21,000.	0.
59. GIFT SHOP  02/02/15 62,860. 2,358. 150DB 20.00 4,538.  60. LAUNDRY/SHOWER HOUSE 02/02/15 78,842. 2,957. 150DB 20.00 5,691.  61. GREENHOUSE 02/02/15 25,000. 2,500. 200DB 10.00 4,500.  62. POWER HOUSE 02/02/15 10,000. 236. Sh 39.00 256.  63. GAME ROOM 02/02/15 10,000. 458. SL 20.00 500.  64. SHOP BUILDING 02/02/15 156,000. 15,600. 200DB 10.00 28,080.  65. KAWASAKI ATV 07/09/16 6,751. 0. 200DB 7.00 965.  66. MINI EXCAVATOR 05/06/16 3.760 0. 200DB 7.00 497.  67. WATER FILTRATION SYSTEM 02/24/16 33,503. 0. 200DB 7.00 4,786.  68. 2017 GMC 3500 02/12/16 66,324. 0. 200DB 7.00 172.  69. STOCK - STARDUST 03/04/16 1,200. 0. 200DB 7.00 172.  70. STOCK - SEDONA 03/04/16 1,200. 0. 200DB 7.00 172.  71. STOCK - DARTANJION 08/01/16 1,200. 0. 200DB 7.00 172.  72. ARENA STUDIO HOUSING 05/01/16 28,635. 0. SL 27.50 694.			22.100.	2.210.	200DB	10.00	3.978.	0.
10. LAUNDRY/SHOWER HOUSE	59.		,	_,			-,	
02/02/15 78,842. 2,957. 150DB 20.00 5,691.  61. GREENHOUSE  02/02/15 25,000. 2,500. 200DB 10.00 4,500.  62. POWER HOUSE  02/02/15 10,000. 236. SD 39.00 256.  63. GAME ROOM  02/02/15 10,000. 458. SL 20.00 500.  64. SHOP BUILDING  02/02/15 156,000. 15,600. 200DB 10.00 28,080.  65. KAWASAKI ATV  07/09/16 6,751. 0. 200DB 7.00 965.  66. MINI EXCAVATOR  05/06/16 3 0. 200DB 7.00 497.  67. WATER FILTRATION SYSTEM  02/24/16 38,503. 0. 200DB 7.00 4,786.  68. 2017 GMC 3500  02/12/16 68,324. 0. 200DB 7.00 13,665.  69. STOCK - STARDUST  03/01/16 1,200. 0. 200DB 7.00 172.  70. STOCK - SEDONA  03/01/16 1,200. 0. 200DB 7.00 172.  71. STOCK - DARTANJION  08/01/16 1,200. 0. 200DB 7.00 172.  72. ARENA STUDIO HOUSING  05/01/16 28,635. 0. SL 27.50 694.		02/02/15	62,860.	2,358.	150DB	20.00	4,538.	0.
02/02/15 25,000. 2,500. 200B 10.00 4,500.  02/02/15 10,000. 236. SD 39.00 256.  33. GAME ROOM  02/02/15 10,000. 458. SL 20.00 500.  34. SHOP BUILDING  02/02/15 156,000. 15,600. 200DB 10.00 28,080.  35. KAWASAKI ATV  07/09/16 6,751. 0. 200DB 7.00 965.  36. MINI EXCAVATOR  05/06/16 3.750. 0. 200DB 7.00 497.  37. WATER FILTRATION SYSTEM  02/24/16 38,503. 0. 200DB 7.00 4,786.  39. STOCK - STARDUST  03/01/16 1,200. 0. 200DB 7.00 172.  370. STOCK - SEDONA  03/01/16 1,200. 0. 200DB 7.00 172.  371. STOCK - DARTANJION  08/01/16 1,200. 0. 200DB 7.00 172.  372. ARENA STUDIO HOUSING  05/01/16 28,635. 0. SL 27.50 694.	50.	LAUNDRY/SHOWER HOUSE						
02/02/15 25,000. 2,500. 200B 10.00 4,500.  62. POWER HOUSE  02/02/15 10,000. 236. SN 39.00 256.  63. GAME ROOM  02/02/15 10,000. 458. SL 20.00 500.  64. SHOP BUILDING  02/02/15 156,000. 15,600. 200DB 10.00 28,080.  65. KAWASAKI ATV  07/09/16 6,751. 0. 200DB 7.00 965.  66. MINI EXCAVATOR  05/06/16 0. 200DB 7.00 497.  67. WATER FILTRATION SYSTEM  02/24/16 38,503. 0. 200DB 7.00 4,786.  68. 2017 GMC 3500  02/12/16 68,324. 0. 200DB 7.00 4,786.  69. STOCK - STARDUST  03/01/16 1,200. 0. 200DB 7.00 172.  70. STOCK - SEDONA  03/01/16 1,200. 0. 200DB 7.00 172.  71. STOCK - DARTANJION  08/01/16 1,200. 0. 200DB 7.00 172.  72. ARENA STUDIO HOUSING  05/01/16 28,635. 0. SL 27.50 694.  73. HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)			78,842.	2,957.	150DB	20.00	5,691.	0.
02/02/15 10,000. 236. SI 39.00 256.  33. GAME ROOM  02/02/15 10,000. 458. SL 20.00 500.  34. SHOP BUILDING  02/02/15 156,000. 15,000. 200DB 10.00 28,080.  35. KAWASAKI ATV  07/09/16 6,751. 0. 200DB 7.00 965.  36. MINI EXCAVATOR  05/06/16 3.76 0. 200DB 7.00 497.  37. WATER FILTRATION SYSTEM  02/24/16 28,503. 0. 200DB 7.00 4,786.  38. 2017 GMC 3500  02/12/16 68,324. 0. 200DB 7.00 4,786.  39. STOCK - STARDUST  03/04/16 1,200. 0. 200DB 7.00 172.  37. STOCK - DARTANJION  08/01/16 1,200. 0. 200DB 7.00 172.  37. ARENA STUDIO HOUSING  05/01/16 28,635. 0. SL 27.50 694.	<b>i1.</b>					4		
02/02/15 10,000. 236. Sh 39.00 256.  63. GAME ROOM  02/02/15 10,000. 458. SL 20.00 500.  64. SHOP BUILDING  02/02/15 156,000. 15,600. 200DB 10.00 28,080.  65. KAWASAKI ATV  07/09/16 6,751. 0. 200DB 7.00 965.  66. MINI EXCAVATOR  05/06/16 3 76 0. 200DB 7.00 497.  67. WATER FILTRATION SYSTEM  02/24/16 3,503. 0. 200DB 7.00 4,786.  68. 2017 GMC 3500  02/12/16 68,324. 0. 200DB 5.00 13,665.  69. STOCK - STARDUST  03/01/16 1,200. 0. 200DB 7.00 172.  70. STOCK - SEDONA  03/01/16 1,200. 0. 200DB 7.00 172.  71. STOCK - DARTANJION  08/01/16 1,200. 0. 200DB 7.00 172.  72. ARENA STUDIO HOUSING  05/01/16 28,635. 0. SL 27.50 694.			25,000.	2,500.	2001B	10.00	4,500.	0.
02/02/15 10,000. 458. SL 20.00 500.  34. SHOP BUILDING	52.							_
02/02/15 10,000. 458. SL 20.00 500.  34. SHOP BUILDING 02/02/15 156,000. 15,600. 200DB 10.00 28,080.  35. KAWASAKI ATV 07/09/16 6,751. 0. 200DB 7.00 965.  36. MINI EXCAVATOR 05/06/16 3 70 0. 200DB 7.00 497.  37. WATER FILTRATION SYSTEM 02/24/16 23,503. 0. 200DB 7.00 4,786.  38. 2017 GMC 3500 02/12/16 68,324. 0. 200DB 5.00 13,665.  39. STOCK - STARDUST 03/01/16 1,200. 0. 200DB 7.00 172.  30. STOCK - SEDONA 03/01/16 1,200. 0. 200DB 7.00 172.  31. STOCK - DARTANJION 08/01/16 1,200. 0. 200DB 7.00 172.  32. ARENA STUDIO HOUSING 05/01/16 28,635. 0. SL 27.50 694.			10,000.	235.	SI	39.00	256.	0.
14. SHOP BUILDING	3.					00 00	<b>500</b>	•
02/02/15 156,000. 15,600. 200DB 10.00 28,080.  5. KAWASAKI ATV			10,000.	458.	SL	20.00	500.	0.
07/09/16 6,751. 0.200DB 7.00 965.  66. MINI EXCAVATOR	,4.		156 000 å	15	20055	10 00	20 000	0
07/09/16 6,751. 0.200DB 7.00 965.  66. MINI EXCAVATOR	· E		156,000.	TO , double .	700DB	10.00	28,080.	0.
66. MINI EXCAVATOR			6 751	n	20000	7 00	965	0.
05/06/16 3 4 0 0 200DB 7.00 497.  57. WATER FILTRATION SYSTEM 02/24/16 33,503. 0 200DB 7.00 4,786.  58. 2017 GMC 3500 02/12/16 68,324. 0 200DB 5.00 13,665.  59. STOCK - STARDUST 03/04/16 1,200. 0 200DB 7.00 172.  70. STOCK - SEDONA 03/01/16 1,200. 0 200DB 7.00 172.  71. STOCK - DARTANJION 08/01/16 1,200. 0 200DB 7.00 172.  72. ARENA STUDIO HOUSING 05/01/16 28,635. 0 SL 27.50 694.	: 6		ο, / τ.	0.	2000	7.00	905.	. 0.
77. WATER FILTRATION SYSTEM  02/24/16 38,503. 0. 200DB 7.00 4,786.  88. 2017 GMC 3500  02/12/16 68,324. 0. 200DB 5.00 13,665.  89. STOCK - STARDUST  03/01/16 1,200. 0. 200DB 7.00 172.  70. STOCK - SEDONA  03/61/16 1,200. 0. 200DB 7.00 172.  71. STOCK - DARTANJION  08/01/16 1,200. 0. 200DB 7.00 172.  72. ARENA STUDIO HOUSING  05/01/16 28,635. 0. SL 27.50 694.	• 00		1 NEW	n	200DB	7 00	197	0.
02/24/16 33,503. 0.200DB 7.00 4,786.  68. 2017 GMC 3500	7.		EW 2 4 7 4 4	• •	20000	7.00	<del>4</del> 57.•	0.
88. 2017 GMC 3500  02/12/16 68,324. 0. 200DB 5.00 13,665.  69. STOCK - STARDUST  03/01/16 1,200. 0. 200DB 7.00 172.  70. STOCK - SEDONA  03/01/16 1,200. 0. 200DB 7.00 172.  71. STOCK - DARTANJION  08/01/16 1,200. 0. 200DB 7.00 172.  72. ARENA STUDIO HOUSING  05/01/16 28,635. 0. SL 27.50 694.  73. HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)	, , •		38 503	0 .	200DB	7.00	4.786.	0.
02/12/16 68,324. 0.200DB 5.00 13,665.  59. STOCK - STARDUST	8.		30,303.	•	20022	,,,,	2,,,,,,	•
09. STOCK - STARDUST 03/04/16 1,200. 0.200DB 7.00 172.  70. STOCK - SEDONA 03/01/16 1,200. 0.200DB 7.00 172.  71. STOCK - DARTANJION 08/01/16 1,200. 0.200DB 7.00 172.  72. ARENA STUDIO HOUSING 05/01/16 28,635. 0. SL 27.50 694.  73. HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)	,		68.324.	0.	200DB	5.00	13,665.	0.
03/01/16 1,200. 0.200DB 7.00 172.  70. STOCK - SEDONA 03/01/16 1,200. 0.200DB 7.00 172.  71. STOCK - DARTANJION 08/01/16 1,200. 0.200DB 7.00 172.  72. ARENA STUDIO HOUSING 05/01/16 28,635. 0. SL 27.50 694.  73. HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)	59.	STOCK - STARDUST	***					
70. STOCK - SEDONA 03/01/16 1,200. 0.200DB 7.00 172. 71. STOCK - DARTANJION 08/01/16 1,200. 0.200DB 7.00 172. 72. ARENA STUDIO HOUSING 05/01/16 28,635. 0. SL 27.50 694. 73. HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)		03/01/16	1,200.	0.	200DB	7.00	172.	0.
71. STOCK - DARTANJION 08/01/16 1,200. 0.200DB 7.00 172. 72. ARENA STUDIO HOUSING 05/01/16 28,635. 0. SL 27.50 694. 73. HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)	70.	STOCK - SEDONA	_,					
08/01/16 1,200. 0.200DB 7.00 172. 72. ARENA STUDIO HOUSING 05/01/16 28,635. 0. SL 27.50 694. 73. HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)			1,200.	0.	200DB	7.00	172.	0.
72. ARENA STUDIO HOUSING 05/01/16 28,635. 0. SL 27.50 694. 73. HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)	71.	STOCK - DARTANJION	-					
05/01/16 28,635. 0. SL 27.50 694. 73. HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)		08/01/16	1,200.	0.	200DB	7.00	172.	0.
73. HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)	72.	ARENA STUDIO HOUSING						
		•			$\mathtt{SL}$	27.50	694.	0.
05/01/16 21,000. 0.200DB 10.00 2,100.	73.						_	
		05/01/16	21,000.	0.	200DB	10.00	2,100.	0.
			0.040.005	402 22:		-	245 544	
TAL DEPRECIATION 2,943,396. 183,804. 315,541.	ľAL	DEPRECIATION	2,943,396.	183,804.			315,541.	0.
		:				=		:

CA	CALIFORNIA TRADE OR BUSINESS INCOME -	TAXES	STATEMENT	12
DESCRIPTION			AMOUNT	
BOE				82.
	ENSES & SPECIAL PERMITS		7	42.
COUNTY BED TA				12.
PAYROLL TAXES			10,5	
STATE FIRE TA	TAXES - RANCH		•	.7 <b>4.</b> .17.
	XES - BASED ON INCOME			00.
LESS:			5,0	
CALIFORNIA	INCOME/FRANCHISE TAX		-3,0	00.
TOTAL TO CALI	FORNIA TRADE OR BUSINESS INCOME SCHEDULE,	LINE 12	18,1	.39.
<del></del>		- A80	*	
CA	OTHER TRADE OR BUSINESS DEDUCTION	ɪs 🖣	STATEMENT	13
DESCRIPTION			AMOUNT	
AMMUNITION &	RANGE EXPENSES		17,2	238.
AUTO FEES & R	EGISTRATION			792.
BANK FEES				322.
CASUAL LABOR				166.
	REFERRAL FEES		27,	
DUES & SUBSCR FISH FOR STOC				123. 300.
FISHING EXPEN	20 100			946.
FOOD/LODGING/	AV A A		65,3	
FUEL				36.
HORSE TACK/GE	A. CA.			234.
INSURANCE - C	THER		16,6	
LEGAL AND PRO	FESSIONAL FEES		75,	
LINENS & SUPP MISCELLANEOUS				)83.
OFFICE EXPENS	C EAPENSE			966. 206.
OFFICE SUPPLI			•	204.
OUTSIDE SERVI			15,	
PARKING			,	3.
POSTAGE				515.
RAFTING EXPEN			12,0	
	'IES & ENTERTAINMENT			315.
RANCH UNIFORM			•	)58.
RANCH UTILITI	.ES IG EQUIPMENT EXPENSES		26,8	543. 561.
SOCIAL MEDIA				165.
	PERMITS - USFS/BLM			199.
STOCK FEED			26,	
SUPPLIES & SM	IALL TOOLS			77.

MARBLE MOUNTAIN RANCH, INC.	
TELEPHONE EXPENSES	5,372.
TOOLS - OTHER	1,246.
TRAILER RIGGING	1,499.
VEHICLE INSURANCE	6,313.
VEHICLE MAINTENANCE & UPKEEP	6,201.
VEHICLE REPAIR	9,374.
VETERINARY EXPENSES	3,222.
WEBSITE DEVELOPMENT/MAINTENANCE	5,335.
WORKERS COMP INSURANCE	12,414.
TOTAL OTHER TRADE OR BUSINESS DEDUCTIONS	376,868.



TAXABLE YEAR 2016

# **Shareholder's Share of Income, Deductions, Credits, etc.**

CALIFORNIA SCHEDULE

K-1 (100S)

		01-01-2016		12-31-2016			·
	DOUGL	AS T	COLE				
	92520 SOMES	HIGHWAY 9 BAR	6 CA	95568			
	37526 <b>MA</b> RBL	57 E MOUNTAIN	RANCH	INC			
	92520 SOMES	HIGHWAY 9 BAR	6 CA	95568			
	·						
		percentage of stock o	·		O	•	50.000000%
C Ch	eck here if t	this is:			• (1) A final	Schedule K-1 (2)	An amended Schedule K-1
) Wi	nat type of e	entity is this sharehold	er? • (1)		ate/trust (3) Qualifie	d exempt organization (4	Single member LLC
		older a resident of Cali	*				• X Yes ► No
Caut	ion: Refer t	o the shareholder's in	structions for S	chedule K-1 (100S) before ente			x return.
		(a) Pro-rata share iter	ms	Amount from federal Schedule K-1 (Form 1120S)	(c) California adjustment	(d) Total amounts using CA law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
	1 Ordin	ary business income	(loss)	-68,627	900.	<ul><li>−67,727.</li></ul>	<b>→</b> -67,727.
	2 Net n	ental real estate incom	e (loss)			•	<b>&gt;</b>
୍ଥ	3 Other	r net rental income (lo:	ss)			<u> </u>	•
Income (Loss)	4 Inter	est income				•	
(F	5 Divid	ends. See instructions	S			•	<b>&gt;</b>
Ĕ	6 Roya					•	<b>&gt;</b>
<u>ĕ</u>	7 Nets	hort-term capital gain	(loss)			•	<b>&gt;</b>
_		na-tarm canital asin /			1 -	•	

9 Net IRC Section 1231 gain (loss)

10 a Other portfolio income (loss).
b Other income (loss)

·	
Shareholder's name	Shareholder's identifying number
DOUGLAS T. COLE	

Cau	tion: Refer to the shareholder's instructions for Schedu	ıle K-1 (100S) before enteri	ng information from this so	chedule on your California ta	x return.
	(a) Pro-rata share items	(b) Amount from federal Schedule K-1 (Form 1120S)	(c) California adjustment	(d) Total amounts using CA law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
Deductions	11 Expense deduction for recovery property (IRC Section 179). Attach schedules  12 a Charitable contributions b Investment interest expense c 1 IRC Section 59(e)(2) expenditures 2 Type of expenditures d Deductions - portfolio e Other deductions	3,214.		3,214.	
Credits	13 a Low-income housing credit. See instructions.  Attach schedule  b Credits related to rental real estate activities other than on line 13(a). Attach schedule  c Credits related to other rental activities. See instructions. Attach schedule  d Other credits. Attach schedule  14 Total withholding (equals amount on Form 592-B if calendar year)				<b>&gt; &gt; &gt; &gt;</b>
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed in service after 12/31/86  b Adjusted gain or loss  c Depletion (other than oil and gas) d Gross income from oil, gas, and geothermal properties Deductions allocable to oil, gas, and geothermal properties c Other AMT items. Attach schedule			25,947.	
Items Affecting Shareholder Basis	b Other tax-exempt interest income b Other tax-exempt income c Nondeductible expenses STMT Total property distributions (include cash) other than dividends distribution reported on line 17c e Repayment of loans from share		1,500.	0. 1,500.	
Other Information	17 a Investment income. See instructions  b Investment expenses. See instructions Total taxable dividend distribution paid from c accumulated earnings and profits. See instructions d Other information. See instructions			•	STMT
Other State Taxes	b Name of state c Total gross income from sources outside California. Attach schedule d Total applicable deductions and losses. Attach schedule e Total other state taxes. Check one: Paid  Paid  Accrued			•	

Shareholder's name DOUGLAS T. COLE				Shar	Shareholder's identifying number			
		ole 1 - Each shareholder's	share of no	nbusiness income from intangibles. So Royalties	ee instructions.	Divid	dends	\$
	IRC	Section 1231 Gains/Losses	\$	Capital Gains/L	osses \$	Othe	r	\$
- 1.	-	Shareholder's share of the	rata share of he S corpora	E INSTRUCTIONS.  f business income and factors. See instation's business income \$ less income from real and tangible pro		ble to California:		
Shareholder Information		Capital Gains/Losses \$ IRC Section 1231 Gains/Losses \$		Rents/Royalties Other	\$			
Other Sh	С. І	Shareholder's share of th	he S corpora	ation's property, payroll, and sales:	Total within			

Factors	Total within and outside California	Total within California	A ST
Property: Beginning	\$	\$	
Ending	\$	\$	
Annual Rent Expense	\$	\$	N. Contraction
Payroll	\$	\$	
Sales	\$	\$	7



CA SCHEDULE K-1 OTHER INFORMATIO	N ATTRIBUTABLE	TO CALIFORNIA
DESCRIPTION	AMOUNT	SHAREHOLDER INSTRUCTIONS
AGGREGATED GROSS RECEIPTS LESS RETURNS	375,319.	SEE FORM 540 INSTRUCTIONS
CA SCHEDULE K-1 NONDE	DUCTIBLE EXPENS	SES
DESCRIPTION	AMOUNT	SHAREHOLDER INSTRUCTIONS
FOREIGN/STATE INCOME TAX DEDUCTED	1,500.	SEE FORM 540 INSTRUCTIONS
TOTAL TO SCHEDULE K-1, LINE 16C	1,500.	

K-1 (100S)

50.000000%

(2) An amended Schedule K-1

SOMES BAR	CA	95568	
92520 HIGH			A
3752657 MARBLE MOU	NTAIN RANCH	INC	
92520 HIGH SOMES BAR		95568	
HEIDI	A COLE		
JAR 01-01	-2016 TYE	TZ-3T-ZU10	

A Shareholder's percentage of stock ownership for the tax year

**B** Reportable transaction or tax shelter registration number(s):

C Check here if this is:

D W	nat ty	/pe of entity is this shareholder? • (1) 🗓 I	Individual (2 Estato	e/trust (3) Qualifie	ed exempt organization (4	Single member LLC
E Is	this s	shareholder a resident of California?				◆ X Yes ► No
Caut	ion:	Refer to the shareholder's instructions for Schedu	ıle K-1 (100S) before enterir	ng information from this sch	nedule on your California ta	x return.
		(a) Pro-rata share items	(b) Amount from federal Schedule K-1 (Form 1120S)	(c) California adjustment	(d) Total amounts using CA law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
	1	Ordinary business income (loss)	-68,626.	900.	<ul><li>−67,726.</li></ul>	<b>→</b> -67,726.
	2	Net rental real estate income (loss)			•	<b>&gt;</b>
G	3	Other net rental income (loss)			•	•
So	4	Interest income			•	•
e (E	5	Dividends. See instructions			•	<b>&gt;</b>
Income (Loss)	6	Royalties			•	<b>&gt;</b>
<u> </u>	7	Net short-term capital gain (loss)			•	<b>&gt;</b>
	8	Net long-term capital gain (loss)			•	<b>&gt;</b>
	9	Net IRC Section 1231 gain (loss)			•	<b>&gt;</b>
Other Income (Loss)	10 :	a Other portfolio income (loss).			•	<b>&gt;</b>
돌돌은		b Other income (loss)			•	<u> </u>

• (1) A final Schedule K-1

Shareholder's name	Shareholder's identifying number
HEIDI A. COLE	

Cau	tion: Refer to the shareholder's instructions for Schedu	ıle K-1 (100S) before enteri	ng information from this so	hedule on your California ta	x return.
	(a) Pro-rata share items	( <b>b)</b> Amount from federal Schedule K-1 (Form 1120S)	(c) California adjustment	(d) Total amounts using CA law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
ions	11 Expense deduction for recovery property (IRC Section 179). Attach schedules 12 a Charitable contributions	3,213.		3,213.	
Deductions	b Investment interest expense c 1 IRC Section 59(e)(2) expenditures 2 Type of expenditures d Deductions - portfolio e Other deductions				
Credits	13 a Low-income housing credit. See instructions. Attach schedule  b Credits related to rental real estate activities other than on line 13(a). Attach schedule c Credits related to other rental activities. See instructions. Attach schedule d Other credits. Attach schedule 14 Total withholding (equals amount on Form 592-B if calendar year)				<b>&gt; &gt; &gt; &gt;</b>
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed			25,946.	© 25,946.
Items Affecting Shareholder Basis	b Other tax-exempt interest income  b Other tax-exempt income  c Nondeductible expenses STMT Total property distributions (include cash) other than dividends distribution reported on line 17c  e Repayment of loans from share bodders		1,500.	0. 1,500.	
Other Information	17 a Investment income. See instructions b Investment expenses. See instructions Total taxable dividend distribution paid from c accumulated earnings and profits. See instructions d Other information. See instructions			•	► Supar
Other State Taxes	18 a Type of income b Name of state c Total gross income from sources outside California. Attach schedule d Total applicable deductions and losses. Attach schedule e Total other state taxes. Check one: Paid Accrued		Character of the Control of the Cont	•	

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Sha	rehol	der's name					Shareholder'	s identifying number
ΗE	ID	I A. COLE						
			<u>.</u>					
	Tal	<b>ble 1 -</b> Each shareholder's st	nare of nonbusiness incon	ne from intangibles. S	See instructions.			
	Inte	erest	\$	Royalties	\$		Dividends	\$
	IRC	Section 1231 Gains/Losses	ß	Capital Gains/l	_osses \$		Other	\$
	FO!	R USE BY SHAREHOLDERS	ONLY. SEE INSTRUCTION	IS.				
ᇤ	Tat	ole 2 - Shareholder's pro-rat	a share of business incom	e and factors. See in	structions.			
natie	A.	Shareholder's share of the	S corporation's business	income \$				
Ę,	В.	Shareholder's share of the	nonbusiness income from	real and tangible pr	operty sourced or allo	cable to California:		
드		Capital Gains/Losses \$		Rents/Royalties	\$			
oide		IRC Section 1231 Gains/Losses \$		_ Other	\$			
Other Shareholder Information	C.	Shareholder's share of the	S corporation's property,	payroll, and sales:				·
Ö		Factors	Total with outside Ca		Total within California			
		Property: Beginning	\$	\$			A.	
		Ending	\$	\$				
		Annual Rent Exp	ense \$	\$				
		Pavroll	\$	\$				

Sales

CA SCHEDULE K-1 OTHER INFORMATION	N ATTRIBUTABLE	TO CALIFORNIA
DESCRIPTION	AMOUNT	SHAREHOLDER INSTRUCTIONS
AGGREGATED GROSS RECEIPTS LESS RETURNS	375,318.	SEE FORM 540 INSTRUCTIONS
CA SCHEDULE K-1 NONDE	DUCTIBLE EXPEN	SES
DESCRIPTION	AMOUNT	SHAREHOLDER INSTRUCTIONS
FOREIGN/STATE INCOME TAX DEDUCTED		SEE FORM 540 INSTRUCTIONS
TOTAL TO SCHEDULE K-1, LINE 16C	1,500.	

2016	C	alifo	rnia e	-file F	Return	<b>Authoriz</b>	zation f	or Co	rpor	atio	ns		8453	
orporation name			<del> </del>						<u> </u>		entifying	number	0100	<u> </u>
MARBLE MOU	JNTA	IN F	RANCH,	INC.			_							
			n (whole do											
1 Total income (	Form :	100, line	9, Form 10	OS, line 8	3, Form 100V	V, line 9 or Forn	n 100X, Line	6)			. 1_	<u>-13</u>	5,453	• (
2 Taxable incom	e (For	m 100, li	ine 22, Forr	n 100S, li	ine 20, Form	100W, line 22	or Form 100>	(, Line 10)			2_	<u></u>	5,45	• 1
						line 30 or Form							800	
						line 36 or Form					_			
					xable Year 2	00W, line 37 or	FORM TOUX,	_ine 27)	<u> </u>		<u> ə_</u>			
	_		rms 100, 100S,			<u> </u>			•				<del></del>	
7 Electronic fu	nds with	ndrawal	7a Amount			<b>7b</b> Withdrav	/al date (mm/dd/	уууу)						
art III Schedule	of Es	timated	Tax Paym	ents for	Taxable Yea	ar 2017 (These	are NOT instal	lment payme	nts for t	he currer	nt amou	nt the co	rporation o	es.
		Fi	rst Paymen	t	Sec	ond Payment		Third Pay	ment			Fourth	Payment	
B Amount				_	<u> </u>				_					
Withdrawal Dat			1	25 4 11	<u> </u>	1 1 11 1 2		. Sieser						
		nation (	Have you ve	erified the	corporation	n's banking info	rmation?)	# 4	- 3	<del>-</del>				
<ul><li>Routing number</li><li>Account number</li></ul>							<b>12</b> Type of a	<b></b> [		ecking		Savings		
art V Declarat	_	Officer			———		IZ Type or a	CCOMMIN. L		ecking		Savings	<u> </u>	_
uthorize the corpora			settled as d	esignated	in Part II. If I o	check Part II, Box	6, I dedare th	at the accoun	nt specif	ied in Pai	rt IV for	the direc	t deposit re	
ment amounts list der penalties of per intermediate servic the best of my kno inchise Tax Board ( erest and penalties, vice provider. If the	ed on li jury, I c e provic wledge FTB) do I autho e proce	ne 8 from declare th der and th and belie bes not re orize the c ssing of	at I am an of at I am an of ne amounts i of, the corpor eceive full and corporation re the corporat	t specified ficer of the n Part I abo ration's reto t timely pa eturn and a ion's return	in Part IV.  a above corpor ove agree with urn is true, co ayment of the o accompanying n or refund is nt.	ration and that the the amounts of order to the amounts of order to the corporation's tax a schedules and she the corporation's tax a schedules and she corporation to the corporation t	e information I the correspond te. I the corpe liability, the co- tatements be	provided to ding lines of oration is filing proproperation with	my elect the corp ng a bala Il remain o the FTI	tronic ret coration's ince due i liable fo B by the l	urn orig s 2016 ( return, l r the tax ERO. tra	inator (El California Lundersta Liability a Insmitter.	RO), transn income tax and that if that and all appli or interme	ed itte ret e ab
wyment amounts listender penalties of per intermediate service the best of my kno anchise Tax Board (terest and penalties, ervice provider. If the ason(s) for the delating	ed on li jury, I c e provic wledge FTB) do I autho e proce	ne 8 from declare th der and the and belie bes not re brize the consisting of e date wi	at I am an of at I am an of ne amounts i of, the corpor eceive full and corporation re the corporat	t specified ficer of the n Part I abo ration's reto t timely pa eturn and a ion's return	in Part IV.  a above corpor ove agree with urn is true, co ayment of the o accompanying n or refund is nt.	I authorize an electration and that the amounts of arrect, and comple corporation's tax g schedules and stellayed, I authorized	e information I the correspon ite. Fifte corp liability, the co tatements be rize the FTB t	provided to ding lines of oration is filir reporation wi transmitted t o disclose to	my elect the corp ng a bala Il remain o the FTI	tronic ret coration's ince due i liable fo B by the l	urn orig s 2016 ( return, l r the tax ERO. tra	inator (El California Lundersta Liability a Insmitter.	RO), transn income tax and that if that and all appli or interme	ed itte rete e ab
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ayment amounts listed inder penalties of per rintermediate service of the best of my knoranchise Tax Board (sterest and penalties, ervice provider. If the eason(s) for the delaying lere	ed on li jury, I de provious wledge FTB) de I autho a proce ay or th	ne 8 from declare th der and th and belie bes not re orize the c ssing of e date wi	at I am an of ne amounts i of, the corpor seeive full an corporation r the corporat hen the refu	t specified ficer of the n Part I ab ration's ret d timely pa eturn and a ion's return nd was ser	in Part IV.  e above corpor ove agree with urn is true, co ayment of the o accompanying or or refund is nt.  Date	ration and that the the amounts of the amounts of the corporation's tax as the corporation of the	e information I the correspond the terms corporate. In the corporate liability, the co- tatements be rize the FTB to PRESIDI	provided to ding lines of oration is filir reporation wi transmitted t o disclose to	my elect the corp ng a bala Il remain o the FTI o the ERI	tronic ret coration's nce due liable fo B by the O or inter	urn orig s 2016 ( return, I r the tax ERO, tra rmediat	inator (El California Lundersta Liability a Insmitter, e service	RO), transn income tax and that if the and all appli or interme provider the	itter retu e cabl liate e
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ayment amounts listender penalties of per intermediate service the best of my knoranchise Tax Board (terest and penalties, ervice provider. If the pason(s) for the delation of the delation o	ed on li jury, I de proviewledge FTB) de I autho a proce ay or th viewed ervice   e returr a copy zed e-fi ver is la orporat	ne 8 from declare th der and th and belie bes not re prize the c ssing of the date wi  f officer  Electro the above provider, h) I have of all forr le Providiter, and it ition's retu	at I am an of the amounts in the amounts in the corporation rether the corporation rether the corporation I understand obtained the many and informers. I will wake aurn and acco	t specified ficer of the n Part I ab ration's ret d timely pa eturn and a ion's return nd was sen  Originat  return I that am corporate nation that copy availa mpanying	above corpor ove agree with urn is true, co ayment of the caccompanying or or refund is nt.  Date  (ERO) an and that the element of the sign; the will file with selection to the FTE schedules and the street of the schedules and the schedules are schedules and the schedules and the schedules are schedules are schedules are schedules are schedules and the schedules are sche	ration and that the the amounts of the amounts of the the amounts of the	e information I the correspondite. In the correspondite. In the corporation is the corporation of the corporation in the corporation is 8453-C are one corporation in the corporation in	provided to ding lines of oration is filir proration witransmitted to disclose to ENT  complete and 's return. I dre transmittil other requilate of the repaid prepare my knowled	my electifue the correct of the ERG	tronic ret coration's nce due liable fo B by the O or inter to the be covever, eturn to t describe our years penalties pelief, the	urn origs 2016 ( return, I r the tax ERO, tra rmediat  est of m that forr he FTB; d from TE; d from TE; s of perjicy are tru	y knowlee m FTB 84 I have pr 3 Pub. 13 ne date th ury, I dec ue, correc	RO), transnincome tax and that if the transfer to the transfer to the transfer to the transfer transfe	ed itter retu e cabl liate e tely
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