

**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.

Douglas T. Cole
Signature

12/12/11
Date

Douglas T. Cole
Name (printed or typed)

CEO
Corporate Position

1. Business Name: Marble Mountain Ranch Inc

2. For Profit Not for Profit

3. Business Address: 92520 State Hwy 96
Street
SOMES BAR CA 95568
City State Zip

NOTE: Attach Schedule of all Business Addresses

4. Foreign N/A Domestic non additional

5. Legal Form of Business Organization during the last 5 years

- Corporation
- Subchapter S Corporation
- Partnership
- Proprietorship
- Trust
- Other: _____

6. State of Incorporation California Date of Incorporation Feb 2, 2015

7. Name of Registered Agent: Douglas T. Cole

8. Address of Registered Agent: 92520 State Hwy 96
Street

SOMES BAR CA 95568
City State Zip

530-469-3322
Phone

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. Douglas T. Cole	92520 St. Hwy 96, SOMES BAR, CA. 95568	50
2. Heidi A. Cole	11	50
3.		
4.		
5.		
6.		
7.		
8.		

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
Douglas T. Cole	92520 St. Hwy 96 SOMES BAR, CA.	50	
Heidi A. Cole	92520 St. Hwy 96 SOMES BAR, CA. 95568	50	

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
Douglas T. Cole	92520 St. Hwy 96 SOMES BAR, CA 95569	50	
Heidi A. Cole	92520 St. Hwy 96 SOMES BAR, CA 95568	50	

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
N/A		

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

1. _____
 2. _____
 3. _____
 4. _____
- ~~N/A~~

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)

Types of Shares	Total Shares	Book Value	Market Value
1.			
2.	N/A		
3.			
4.			

C. Total outstanding shares of each type of stock currently being held as Treasury Stock.

~~N/A~~

D. Total outstanding shares of each type of stock.

~~N/A~~

E. Amount of bonded debt and principle bondholders.

~~N/A~~

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
 Siskiyou County Tax collector : Modular home taxes = \$ 351.44

TAXES ARE CURRENT. NEXT INSTALLMENTS ARE DUE ON Feb. 1, 2017.

13. Has this organization filed United States income tax returns during the last five years?
Yes No

To what I.R.S. Office(s)

What Years?

2015,

Are Federal Taxes current? Yes No

Provide SIGNED Federal income tax returns and ALL associated schedules for the last five years.

14. Name and address of:

A. Organization=s Independent Certified Public Accountants

Al Dorff, CPA. 1181 Puerta del Sol #140,
San Clemente, CA. 92673 Ph. 949.498.5585 x 124

B. Organization=s Attorney(s) presently and during the past five years.

Barbara Brenner, Churchwell White, 1414 K Street,
3rd floor, Sacramento, CA. 95814

15. Has this organization filed Financial Forms with any organization or government entity?
List name of organization or entity, date and type of Financial Form.

N/A

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.)

SEE C.P.A. PREPARED TAX RETURNS

A. Assets

		2015	2014	2013	2012	2011
<u>Cash</u>	\$					
<u>Securities</u>	\$					
<u>Facilities</u>	\$					
<u>Depreciation</u>	\$					
<u>Equipment</u>	\$					
<u>Depreciation</u>	\$					
<u>Inventory</u>	\$					
<u>Accounts Receivable</u>	\$					
<u>Other</u>	\$					
TOTAL ASSETS	\$					

B. Liabilities and Stockholder's Equity

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

C. Stockholder's Equity

		2015	2014	2013	2012	2011
Common Stock	\$					
Paid-in Capital	\$					
Retained Earnings	\$					

		2015	2014	2013	2012	2011
TOTAL LIABILITIES & EQUITY	\$					

17. Loans Payable:

A.

Owed to: Kubota Credit	Purpose: Mini. excavator
Term: 60 months	Interest Rate: 0.9%
Collateral: excavator	Cosigner:
Monthly Payments: \$ 125.94	
Original Amount: \$ 14,000	Date: June 2016
Present Balance \$ 9,000	

B.

Owed to: Chase	Purpose: Truck loan
Term: 60 months	Interest Rate: 2.89%
Collateral: 2016 GMC truck	Cosigner:
Monthly Payments: \$ 716.00	
Original Amount: \$ 39,962	Date: 3/13/16
Present Balance \$ 22,000	

C.

Owed to: <u>First Tennessee</u>	Purpose: <u>Fund water consultants</u>
Term: <u>36 mos</u>	Interest Rate:
Collateral: <u>M.M.R. real estate</u>	Cosigner: <u>N.D. Cole</u>
Monthly Payments: <u>~500-</u>	
Original Amount: <u>\$45,000</u>	Date: <u>11/12/16</u>
Present Balance <u>\$45,000</u>	

D.

Owed to: <u>Kubota credit</u>	Purpose: <u>tractor back-hoe</u>
Term: <u>60 months</u>	Interest Rate: <u>0%</u>
Collateral: <u>tractor</u>	Cosigner:
Monthly Payments: <u>116.56</u>	
Original Amount: <u>\$42,000</u>	Date: <u>Oct 2015</u>
Present Balance <u>\$35,000</u>	

18. Mortgages Payable:

A.

Owed To: <u>Nationstar Mortgage</u>	Address of Property: <u>92520 Hwy 96 Somers Gap, et. 95568</u>
Term: <u>30 years</u>	Interest Rate: <u>3.375%</u>
Collateral: <u>home</u>	Cosigner: <u>N.D. Cole et al</u>
Monthly Payments: <u>\$1,821.51</u>	
Original Amount: <u>\$255,000</u>	Date: <u>June 2016</u>
Present Balance: <u>\$246,802</u>	

B. Additional loans ↓

Owed To: <i>Churdwell right</i>	Address of Property:
Term:	Interest Rate:
Collateral: <i>none</i>	Cosigner:
Monthly Payments:	
Original Amount: <i>\$ 40,000</i>	Date: <i>11/12/16</i>
Present Balance: <i>≈ \$37,000</i>	<i>water rights defense, balance carried forward.</i>

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:	

19. Income/Expenses:

Gross Income		2015	2014	2013	2012	2011
Net Sales	\$					
Interest Income	\$					
Dividends	\$					
Other	\$					
Operating Expenses						
Wages	\$					
Overhead	\$					
Lease Payments	\$					
Interest Expense	\$					
Cost of Sales	\$					
Net Income	\$					

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

Number of Employees	15 seasonal, 3 full time employees				
Size of Warehouse(s)					
Volume Shipped					
Other					

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 Hwy. Medford, Oregon 97504	322271625	~ 2,000

B. Savings/Certificate of Deposit

Name of Bank	Address of Bank	Account #	Balance

C. Other Accounts

Name of Institution	Address of Institution	Account #	Balance

D. Savings & Loan Associations or other such entities

Name of Institution	Address of Institution	Account #	Balance

E. Trust Account(s)

Name of Institution	Address of Institution	Account #	Balance

F. Other Account(s)

Name of Institution	Address of Institution	Account #	Balance

22. List all commercial paper, negotiable or non-negotiable, in which the organization has any 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.

27. Is this organization presently:

A. Active

(Answer No for inactive, but still in existence) Yes No _____

B. Void and/or terminated by State authority. Yes _____ No _____

C. Otherwise dissolved Yes _____ No _____

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	Doug Cole	- net losses - see returns to IRS.				
Vice President						
Chairman						
Secretary	Heidi Cole					
Treasurer						

see tax returns & schedules

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	2015	2014	2013	2012	2011

None

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.

N/A

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

	<u>Commercial Activity</u>	<u>SIC Code</u>
Primary	Dude Ranch	70320102
Other 1.		
Other 2.		
Other 3.		

30. List all other supplementary fields of activity in which this organization is engaged, either directly, through it affiliates, stating the name(s) and states(s) of incorporation of such subsidiaries or affiliates:

Contract services to Cal Fire and United
States Forest Service for fire camps
Fire camp income / expense is included in
Marble Mountain Ranch gross incomes / expenses.

31. Has this organization at any time been the subject of any proceeding under the provisions of any State Insolvency Law, or the federal Bankruptcy Act, as amended? If so, supply the following information as to each such proceeding:

A. Date (Commencement) _____

B. Date (Termination) _____

N/A

C. Discharge or other disposition, if any, and operative effect thereof:

D. State Court _____ Docket No. _____
County

E. Federal Court _____ Docket No. _____
County

32. A. List all real estate, and personal property of an estimated value in excess of \$ 10,000 owned or under contract to be purchased by this organization with names and addresses of seller and contract price and where located:

① Real estate known as "Marble Mountain Ranch" at
92520 Hwy 96, Sonoma BAR, CA. 95568

② See attached Siskiyou County business property
tax schedule.

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:



DATE:

12/12/16

33. List and describe all judgments, recorded and unrecorded, this organization is a party of:

A. Against the organization

N/A

B. In favor of the organization

N/A

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.

N/A

35. List all life insurance, now in force on any or all officers, directors, and/or Akey® employees, 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.

N/A

36. For the following types of policies, list all primary and excess insurance policies, the deductible amount, per occurrence and aggregate coverage limit for each policy.

A. Comprehensive General Liability

see attached general liability accord showing a 1000,000 coverage.

B. Environmental Impairment Liability

N/A

C. Other policies for which coverage might apply including participation in risk retention pools.

N/A

37. List all transfers of assets (real) and/or (personal) (over \$10,000.00) made by this organization, OTHER THAN IN THE ORDINARY COURSE OF BUSINESS, during the last three calendar years and state to whom transfer was made. Describe compensation paid by recipient and to whom.

Date	Value	Property Transferred	To Whom	Compensation Paid



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/23/2014

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER EILERT INSURANCE GROUP 16450 MONTEREY RD, SUITE 4 MORGAN HILL, CA 95037 (408) 776-8090 PHONE (408) 776-9075 FAX	CONTACT NAME PATRICK EILERT	
	PHONE (A/C, No, Ext) 408-776-8090	FAX (A/C, No) 408-776-9075
EMAIL ADDRESS: CSR@EILERTINSURANCE.COM		
PRODUCER CUSTOMER ID #:		
INSURED MARBLE MTN RANCH, LLC 92520 STATE HWY 96 SOMES BAR, CA. 95668	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: PHILADELPHIA INSURANCE CO	18058
	INSURER B: STATE COMPENSATION INSURANCE FUND	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NR	TYPE OF INSURANCE	ADOL	ISUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR ENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC	X		PHPK1183082	06/25/2014	06/25/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION			PHPK1183082	06/25/2014	06/25/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ MED PAY \$ 5,000 EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Indicate by Y/N) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	1953148-14	06/01/2014	06/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
AS USUAL TO INSUREDS OPERATIONS

CERTIFICATE HOLDER HAPPY CAMP RANGER DISTRICT PO BOX 377 HAPPY CAMP, CA 96039 FAX: 530-489-1796	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

38. Is this business organization a party in any law suit now pending?

Yes (Give details below) _____ No

39. List names and addresses of any persons or other business entity, holding funds in escrow or in trust for this organization, or any of its subsidiaries or affiliates.

N/A

40. Other information requested:

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0123

2015

Department of the Treasury
Internal Revenue Service

▶ 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.

For calendar year 2015 or tax year beginning 02/02/2015, and ending _____

A Name MARBLE MOUNTAIN RANCH, INC.

B EIN 713900

C attached

D _____

E 02/02/2015

F 2,594,301.

G filed (1) (2) (3) (4) (5)

I 2

Caution: **only**

Income	1 a	Gross receipts or sales	627,649.	b	Return and allowances	257.	c	Bal. Subtract line 1b from line 1a	▶	1c	627,392.
	2									2	4,179.
	3									3	623,213.
	4									4	
	5									5	
	6	Total Income (loss).							▶	6	623,213.
Deductions (See instructions for limitations)	7								▶	7	
	8								▶	8	35,895.
	9								▶	9	58,464.
	10								▶	10	
	11								▶	11	
	12	STATEMENT 2							▶	12	15,766.
	13								▶	13	16,853.
	14								▶	14	186,804.
	15	Depletion (Do not deduct oil and gas depletion.)							▶	15	
	16								▶	16	6,661.
	17								▶	17	
18								▶	18		
19								▶	19	387,774.	
20	Total deductions.							▶	20	708,217.	
21	Ordinary business income (loss).							▶	21	-85,004.	
Tax and Payments	22 a								▶	22a	
	b								▶	22b	
	c								▶	22c	
	23 a								▶	23a	
	b								▶	23b	
	c								▶	23c	
	d								▶	23d	
24								▶	24		
25	Amount owed.							▶	25		
26	Overpayment.							▶	26		
27	Credited to 2016 estimated tax							▶	27		
	Refunded							▶			

CLIENT COPY

Sign Here _____ Date _____ **PRESIDENT** Title

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 discuss this return with the preparer shown below (see instr.?) Yes No

Print/type preparer's name: _____ Preparer's signature: _____ Date: _____

Paid Preparer Use Only: Firm's name: **ALLAN K. DORFF, CPA INC.** Firm's EIN: _____ Phone no.: _____

MARBLE MOUNTAIN RANCH, INC.

Schedule B Other Information		Yes	No
1	(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/>		
2			
3	(a) RECREATION (b) GUEST RANCH ADVENTURES		X
4			
a			X
	(i) (ii) Employer (iii) incorporation (iv) Percentage of Stock Owned (v) If Percentage in (v) is 100%, Enter the Date (if any) a Qualifying Subchapter S Subsidiary Election Was Made		
b			X
	(i) (ii) Employer (iii) Organization (iv) Maximum Percentage Owned in Profit, Loss, or Capital		
5a			X
(i)			
(ii)			
b			X
(i)			
(ii)			
6	Form 8918,		X
7	discount		
8	Form 8281,		
9	or		
10	both		
a			
b			X
11			X
12	ducti		X
13a			X
b			X

CLIENT COPY

MARBLE MOUNTAIN RANCH, INC.

8

Schedule K Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	1	1 -85,004.
	2	2
	3a	3a
	b	3b
	c	3c
	4	4
	5	5a
	a	5b
	b	6
	7	7
Deductions	8a	8a
	b	8b
	c	8c
	9	9
10	10	
Deductions	11	11
	12a	12a STATEMENT 4 6,592.
	b	12b
	c	12c(2)
Credits	d	12d
	13a	13a
	b	13b
	c	13c
	d	13d
	e	13e
	f	13f
Foreign Transactions	g	13g
	14a	14a
	b	14b
	c	14c
	d	14d
	e	14e
	f	14f
	g	14g
	h	14h
	i	14i
	j	14j
	k	14k
	l	14l
Alternative Minimum Tax (AMT) Items	m	14m
	15a	15a 29,472.
	b	15b
	c	15c
	d	15d
	e	15e
Items Affecting Shareholder Basis	f	15f
	16a	16a
	b	16b
	c Nondeductible	16c STATEMENT 5 179.
	d	16d
e	16e	

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SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2014

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

DOUGLAS T. COLE

Social security number (SSN)

[REDACTED]

A Principal business or profession, including product or service (see instructions)

RECREATION

B Enter code from instructions

713900

C Business name, if no separate business name, leave blank.

MARBLE MOUNTAIN RANCH

D Employer ID number (EIN), (see instra)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you 'materially participate' in the operation of this business during 2014? If 'No,' see instructions for limit on losses. Yes No

H If you started or acquired this business during 2014, check here ▶ Yes No

I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions). Yes No

J If 'Yes,' did you or will you file required Forms 1099? Yes No

Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked. <input type="checkbox"/>	1	474,017.
2 Returns and allowances.	2	1,305.
3 Subtract line 2 from line 1.	3	472,712.
4 Cost of goods sold (from line 42).	4	4,110.
5 Gross profit. Subtract line 4 from line 3.	5	468,602.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions). SEE STATEMENT 1	6	6,347.
7 Gross income. Add lines 5 and 6.	7	474,949.

Expenses. Enter expenses for business use of your home only on line 28.

8 Advertising	8	9,003.	18 Office expense (see instructions)	18	3,044.
9 Car and truck expenses (see instructions)	9	13,195.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	12,997.	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		20a Vehicles, machinery, and equipment	20a	
12 Depletion	12		20b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	57,823.	21 Repairs and maintenance	21	69,473.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	9,368.
15 Insurance (other than health)	15	30,979.	23 Taxes and licenses	23	20,474.
16 Interest:			24 Travel, meals, and entertainment:		
a	16a	16,499.	24a Travel	24a	668.
b Other	16b	1,088.	24b Deductible meals and entertainment (see instructions)	24b	786.
17 Legal & professional services	17	21,935.	25 Utilities	25	37,522.
			26 Wages (less employment credits)	26	17,794.
			27a Other expenses (from line 48)	27a	151,105.
			27b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a. **28** 473,754.

29 Tentative profit or (loss). Subtract line 28 from line 7. **29** 1,195.

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 Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

31 Net profit or (loss). Subtract line 30 from line 29. **31** 1,195.
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 1041, line 3.
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).

If you checked 32a, enter the loss 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 the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

* If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a All investment is at risk.

32b Some investment is not at risk.

DOUGLAS T. AND HEIDI A. COLE

**STATEMENT 1 - RECREATION
SCHEDULE C, LINE 6
OTHER INCOME**

RESALE GIFT MERCHANDISE.....	\$	6,347.
TOTAL	\$	<u>6,347.</u>

**STATEMENT 2 - RECREATION
SCHEDULE C, PART V
OTHER EXPENSES**

ACCOUNTING.....	\$	775.
AMMUNITION/SHOOTING RANGE EXPENSES.....		4,379.
BANK CHARGES.....		137.
CASUAL LABOR.....		6,400.
DUES AND SUBSCRIPTIONS.....		1,426.
FEES - DOT.....		301.
FISHING EXPENSES.....		3,323.
FOOD & LODGING SUPPLIES-DAY TRIPS.....		63,640.
GIFTS/DONATIONS/PROMOTION.....		4,050.
GROUNDS MAINTENANCE.....		3,409.
MISCELLANEOUS.....		105.
RAFTING EXPENSES.....		1,319.
SMALL SPORTING EQUIPMENT EXPENSES.....		2,393.
SPECIAL USE PERMITS-USFS/BLM.....		6,533.
SQUIRES REPAYMENT EXPENSES.....		9,405.
STOCK FEED.....		33,393.
TELECOM.....		6,290.
TOOLS.....		992.
UNIFORMS.....		956.
VET EXPENSES.....		1,879.
TOTAL	\$	<u>151,105.</u>

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

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

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0047

2013

Attachment
Sequence No. 09

Department of the Treasury
Internal Revenue Service (99)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor DOUGLAS T COLE		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) RECREATION : SERVICE	B Enter code from instructions ▶ 713900	
C Business name, if no separate business name, leave blank. MARBLE MOUNTAIN RANCH	D Employer ID number (EIN), (see instr.)	
E Business address (including suite or room no.) ▶ [REDACTED] City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
H If you started or acquired this business during 2013, check here		
I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part I Income			
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ATTACHMENT ▶ <input type="checkbox"/>	1	434,530.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	434,530.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	434,530.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) ATTACHMENT	6	2,750.
7	Gross income. Add lines 5 and 6	7	437,330.

Part II Expenses		Enter expenses for business use of your home only on line 30.					
8	Advertising	8	5,895.	18	Office expense (see instructions)	18	3,950.
9	Car and truck expenses (see instructions)	9	16,179.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	16,039.	20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11	13,423.	a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	22,972.
13	Depreciation and section 179 expense deduction (not included in Part III) (see inst)	13	40,120.	21	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	21,217.
15	Insurance (other than health)	15	34,542.	23	Taxes and licenses ATTACHMENT	24	Travel, meals, and entertainment:
16	Interest:			a	Travel	24a	1,972.
a	Mortgage (paid to banks, etc.)	16a		b	Deductible meals and entertainment (see instructions)	24b	780.
b	Other	16b	254.	25	Utilities	25	31,296.
17	Legal and professional services	17	18,545.	26	Wages (less employment credits)	26	11,717.
				27a	Other expenses (from line 48)	27a	145,334.
				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	384,235.	28		28	53,095.
29	Tentative profit or (loss). Subtract line 28 from line 7	29		29		29	
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 Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		30		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 1041, line 3. • If a loss, you must go to line 32.	31	53,095.	31		31	
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss 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 the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 8198. Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

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	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
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	

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 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 _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

SEE STATEMENT		145,334.
48 Total other expenses. Enter here and on line 27a.	48	145,334.

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Federal Tax Comparison for Married Filing Joint and Separate

	<u>Taxpayer</u>	<u>Spouse</u>	<u>Married Filing Separate</u>	<u>Married Filing Joint</u>
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)				

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Two-Year Comparison Worksheet

2016

Name(s) as shown on return DOUGLAS T. & HEIDI A. COLE		Social security number [REDACTED]
2015 Filing Status MARRIED FILING JOINT	2016 Filing Status MARRIED FILING JOINT	
2015 Tax Bracket 0.0%	2016 Tax Bracket 0.0%	

Description	Tax Year 2015	Tax Year 2016	Increase (Decrease)
SCHEDULE B - TAXABLE INTEREST	2.	134.	132.
SCHEDULE E (RENTAL AND PASSTHROUGH)	-85,004.	-137,253.	-52,249.
OTHER INCOME	0.	-18,588.	-18,588.
TOTAL INCOME	-85,002.	-155,707.	-70,705.
ADJUSTED GROSS INCOME	-85,002.	-155,707.	-70,705.
STANDARD DEDUCTION	12,600.	12,600.	
INCOME BEFORE EXEMPTIONS	-97,602.	-168,307.	-70,705.
PERSONAL EXEMPTIONS	8,000.	8,100.	100.
TAXABLE INCOME	0.	0.	
CALIFORNIA STATE RETURN			
NON-REFUNDABLE CREDITS	218.	222.	4.
PAYMENTS	4,000.	0.	-4,000.
AMOUNT REFUNDED	4,000.	0.	-4,000.

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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. Do 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.

IRS e-file Signature Authorization

2016

▶ 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.

Submission Identification Number (SID) ▶

Taxpayer's name DOUGLAS T. COLE	Social security number [REDACTED]
Spouse's name HEIDI A. COLE	Spouse's social security number [REDACTED]

Part I Tax Return Information - Tax Year Ending December 31, 2016 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) ...	1	-155,707.
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)	3	
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	0.

Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during 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 allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and 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 ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received 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 answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize ALLAN K. DORFF, CPA INC. to enter or generate my PIN [REDACTED] as my signature on my tax year 2016 electronically filed income tax return. **ERO firm name** Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 08/30/2017

Spouse's PIN: check one box only

I authorize ALLAN K. DORFF, CPA INC. to enter or generate my PIN [REDACTED] as my signature on my tax year 2016 electronically filed income tax return. **ERO firm name** Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 08/30/2017

Practitioner PIN Method Returns Only - continue below

Part 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. [REDACTED] **Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ ALLAN K. DORFF, CPA INC. Date ▶ _____

**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 [REDACTED]
(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 schedules 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 taxpayer) 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 refund; and c) the date of any refund.

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

Taxpayer's PIN: [REDACTED] Date [REDACTED]

Spouse's PIN: [REDACTED]

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618711 04-26-16

▼ DETACH HERE ▼

Form 4868 Department of the Treasury Internal Revenue Service (99)	Application for Automatic Extension of Time To File U.S. Individual Income Tax Return	1019 2016
For calendar year 2016, or other tax year beginning		, 2016, ending

Part I Identification		Part II Individual Income Tax	
1 Your name(s) DOUGLAS T. COLE & HEIDI A. COLE 92520 HWY 96 SOMES BAR, CA 95568		4 Estimate of total tax liability for 2016 \$	0.
		5 Total 2016 payments	0.
		6 Balance due. Subtract line 5 from line 4	0.
		7 Amount you are paying	0.
2 Your social security number [REDACTED]	3 Spouse's social security number [REDACTED]	8 Check here if you are "out of the country" and a U.S. citizen or resident	<input type="checkbox"/>
		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	<input type="checkbox"/>

567988273 RW COLE 30 0 201612 670

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning

, 2016, ending

, 20

See separate instructions.

Your first name and initial

DOUGLAS T.

Last name

COLE

Your social security number

If a joint return, spouse's first name and initial

HEIDI A.

Last name

COLE

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

92520 HWY 96

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.

SOMES BAR, CA 95568

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name

Foreign province/state/county

Foreign postal code

You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) If child under age 17 qualifying for child tax credit

Boxes checked on 6a and 6b

2

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

2

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or G-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount

16a Pensions and annuities

16a

b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount

21 Other income. List type and amount NOL CARRYOVER TO 2016 -18,588.

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

7

8a

9a

10

11

12

13

14

15b

16b

17

18

19

20b

21

22

134.

-137,253.

-18,588.

-155,707.

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

23

24

25

26

27

28

29

30

31a

32

33

34

35

36

37

-155,707.

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	-155,707.
Standard Deduction for - ● People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions. ● All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	39a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked ... 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. 39b <input type="checkbox"/>		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ... 39b <input type="checkbox"/>		
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600.
	41 Subtract line 40 from line 38	41	-168,307.
	42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	8,100.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
	44 Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.
	45 Alternative minimum tax. Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
47 Add lines 44, 45, and 46	47	0.	
48 Foreign tax credit. Attach Form 1116 if required	48		
49 Credit for child and dependent care expenses. Attach Form 2441	49		
50 Education credits from Form 8863, line 19	50		
51 Retirement savings contributions credit. Attach Form 8880	51		
52 Child tax credit. Attach Schedule 8812, if required	52		
53 Residential energy credits. Attach Form 5695	53		
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55 Add lines 48 through 54. These are your total credits	55		
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.	

Other Taxes	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62	
	63 Add lines 56 through 62. This is your total tax	63	0.

Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	
	65 2016 estimated tax payments and amount applied from 2015 return	65	
If you have a qualifying child, attach Schedule EIC.	66a Earned income credit (EIC)	66a	
	b Nontaxable combat pay election	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
	73 Credits from Form: <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	

Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	0.
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>		
	77 Amount of line 75 you want applied to your 2017 estimated tax	77	0.

Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0.
	79 Estimated tax penalty (see instructions)	79	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name **ALLAN DORFF, CPA** Phone no. **949 498-5585** Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules 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 taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SELF-EMPLOYED	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation SELF-EMPLOYED	If the IRS sent you an Identity Protection PIN, enter it here <input type="text"/>

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <input type="text"/>
Paid Preparer Use Only	Firm's name ALLAN K. DORFF, CPA INC.	Firm's EIN <input type="text"/>	Phone no. 949 498-5585	
	1181 PUERTA DEL SOL, #140			
	SAN CLEMENTE, CA 92673			

Schedule A

Charitable Contributions Limitation

NAME DOUGLAS T. & HEIDI A. COLE

50% Contributions

1. 50% of AGI	0.
2. Contributions qualifying for 50% limit	14,387.
3. Allowable 50% contributions	0.

30% Contributions

4. Remaining 50% limit (Line 1 - Line 3)	0.
5. Less capital gain property - special 30% limits	
6. Balance of 50% of AGI	0.
7. 30% of AGI	
8. Contributions qualifying for 30% limit	
9. Allowable 30% contributions (lesser of Line 6, 7 or 8)	0.

30% Special Contributions

10. 30% of AGI	
11. Contributions qualifying for 30% special limit	
12. Remaining 50% limit (line 1 less lines 3 and 9)	0.
13. Allowable 30% special contribution (lesser of Line 10, 11 or 12)	0.

20% Contributions

14. 20% of AGI	
15. 30% of AGI	
16. Allowed 30% regular contributions	
17. Line 15 less line 16	0.
18. Allowed 30% special contributions	
19. Line 15 less line 18	0.
20. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)	0.
21. Contributions subject to the 20% limitation	
22. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)	0.

50% and 100% Conservation Real Property Contributions

23. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)	
24. Conservation real property contribution subject to 50% limit	
25. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)	0.
26. Remaining 100% of AGI	
27. Conservation real property contribution subject to 100% limit	
28. Allowable 100% conservation real property contribution (lesser of Line 26 or 27)	0.

29. Total 2016 contributions allowed on Schedule A	
30. Total prior year carryovers allowed on Schedule A	
31. Total charitable contributions to Schedule A, Line 19	

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Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.
 ▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

DOUGLAS T. & HEIDI A. COLE

Part I
Interest

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶
US TREASURY DEPARTMENT

Note: If you 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 shown on that form.

- 2** Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

Note: If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

- 5** List name of payer ▶

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements **X**
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
- 8** During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions **X**

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

Your social security number

DOUGLAS T. & HEIDI A. COLE

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes Totals and summary rows 29a, 29b, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes Totals and summary rows 34a, 34b, 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes summary row 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2016

SCHEDULE E

Name DOUGLAS T. COLE

SSN/EIN XXXXXXXXXX

Passthrough MARBLE MOUNTAIN RANCH INC ID XXXXXXXXXX

TAXPAYER

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
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-68,627.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-68,627.							-68,627.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-68,627.							-68,627.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	3,214.							3,214.
Deductions related to portfolio income								
Other								

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INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2016

SCHEDULE E

Name DOUGLAS T. COLE

SSN/EIN

Passthrough MARBLE MOUNTAIN RANCH INC
S CORPORATION

ID

TAXPAYER

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								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	23,150.							23,150.
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
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								
Credits								
Casualty and theft loss								

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INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2016

SCHEDULE E

Name HEIDI A. COLE

SSN/EIN [REDACTED]

Passthrough MARBLE MOUNTAIN RANCH INC
S CORPORATION

ID [REDACTED]

SPOUSE

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								
Ordinary business income (loss)	-68,626.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-68,626.							-68,626.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-68,626.							-68,626.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	3,213.							3,213.
Deductions related to portfolio income								
Other								

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INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2016

SCHEDULE E

Name HEIDI A. COLE

SSN/EIN [REDACTED]

Passthrough MARBLE MOUNTAIN RANCH INC S CORPORATION

ID [REDACTED]

SPOUSE

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								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	23,150.							23,150.
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
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								
Credits								
Casualty and theft loss								

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Alternative Minimum Tax - Individuals

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

DOUGLAS T. & HEIDI A. COLE

Part 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 amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	-155,707.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 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	Alternative tax net operating loss deduction	11	0.
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	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 loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	46,300.
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.)	28	-90,819.

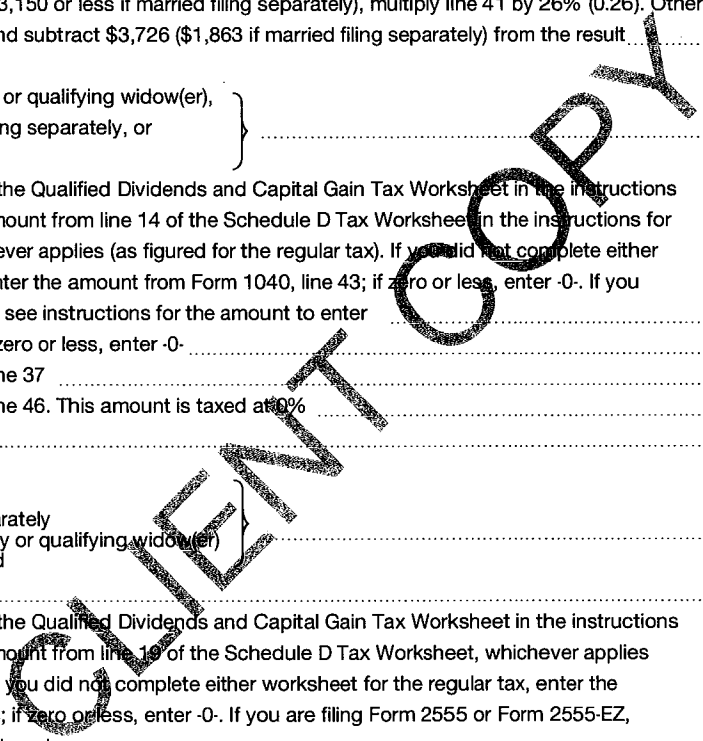
Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2016, see instructions.)		
	IF your filing status is... AND line 28 is not over... THEN enter on line 29...		
	Single or head of household \$119,700 \$53,900	}	29
	Married filing jointly or qualifying widow(er) ... 159,700 83,800		
	Married filing separately 79,850 41,900		
	If line 28 is over 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	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured 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 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. 	31	0.
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.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

Table with 2 columns: Line number and Description. Rows 36-64 detailing tax calculations for capital gains rates.



ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s) **DOUGLAS T. & HEIDI A. COLE** Social Security Number XXXXXXXXXX

Form Name	Description	Income	Adjustment				Form 6251 Other Adjustment
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	
K1-	MARBLE MOUNTAIN RANCH INC						
	* REGULAR INCOME	-68,627.					
	DEPR ADJ	23,150.		23,150.			
	* AMT NET INCOME	-45,477.		23,150.			
K1-	MARBLE MOUNTAIN RANCH INC						
	* REGULAR INCOME	-68,626.					
	DEPR ADJ	23,150.		23,150.			
	* AMT NET INCOME	-45,476.		23,150.			
	** TOTAL ADJ & PREF **			46,300.			

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Shared Responsibility Payment

621636 10-26-16

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.

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 5
 No. Continue to line 2
2. Did you, and everyone else in your tax household (see *Tax household* under *Definitions*, 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 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 had qualifying health care coverage for every month he or she was a member of your tax household.
3. Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any month in 2016?
 Yes. Stop. Claim any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet 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
 No. Go to Step 2

Step 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 or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born.
2. Multiply \$347.50 by the number of people in your tax household who were under age 18 2 _____
3. Add lines 1 and 2 3 _____
4. Enter the smaller of line 3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3 4 _____

Step 3 Household Income

1. 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 1040, 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
8. Add lines 1, 2, 3, 5, and 7. **This is your household income.** Enter the result on Step 4, line 1 8 _____

Shared Responsibility Payment continued

Step 4 Percentage Income Amount

1. Enter your household income from Step 3 1 _____
2. 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.
3. Enter the amount listed below for your filing status. 3 _____
 - Single - \$10,350
 - Head of household - \$13,350
 - Married filing jointly - \$20,700
 - Married filing separately - \$4,050
 - 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 box on line 7.
 - No.** Continue to line 7.
7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount 7 _____
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 Payment Worksheet and complete line 3 of that worksheet. Then continue to step 5.

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. Enter the 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 2 _____

*\$223 is the 2016 national average premium for a bronze-level 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

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)	1 _____
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	3 _____
Complete Step 5	
4. Enter the National Average Bronze Plan Premium (From Step 5, question 2 or 3)	4 _____
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.	5 _____
This is your shared responsibility payment	5 _____

821637 10-26-16

Schedule A - Net Operating Loss (NOL)

2016

Name

Social Security Number

DOUGLAS T. & HEIDI A. COLE

1	Enter the amount from your 2016 Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount		1	-168,307.
2	Nonbusiness capital losses before limitation. Enter as a positive number	2		
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-	4	0.	
5	If line 3 is more than line 2, enter the difference; otherwise, enter -0-	5	0.	
6	Nonbusiness deductions (see instructions)	6	12,600.	
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 than line 5	10	0.	
11	Business capital losses before limitation. Enter as a positive number	11		
12	Business capital gains (without regard to any section 1202 exclusion)	12		
13	Add lines 10 and 12	13		
14	Subtract line 13 from line 11. If zero or less, enter -0-	14	0.	
15	Add lines 4 and 14	15		
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 loss on 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	16		
17	Section 1202 exclusion. Enter as a positive number	17		
18	Subtract line 17 from line 16. If zero or less, enter -0-	18		
19	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter as a positive number	19		
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 15. If zero or less, enter -0-	22		
23	Domestic production activities deduction from Form 1040, line 35 (or included on Form 1041, line 15a)	23		
24	NOL deduction for losses from other years. Enter as a positive number	24	18,588.	
25	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, this is your current year NOL. If the result is zero or more, you do not have an NOL	25	**	-137,253.

****TAXPAYER ELECTS UNDER IRC SECTION 172(B)(3) TO FORGO ANY CARRYBACK OF THE NET OPERATING LOSS FOR 2016 SHOWN HERE**

Alternative Tax Net Operating Loss Worksheet

2016

Name(s) as shown on return

Social Security Number

DOUGLAS T. & HEIDI A. COLE

1. Loss for the current year		176,407.
2. Personal exemptions		8,100.
3. Net operating loss deduction		18,588.
4. Excess of nonbusiness deductions over nonbusiness 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)		
(D) Total nonbusiness income	134.	
(E) Difference (line 4(A) less 4(D)) not less than zero		0.
5. Excess of nonbusiness capital loss over nonbusiness capital gain		
6. Adjusted deduction for business capital loss		
(A) Business capital loss		
(B) 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)		
(D) Total (line 6(B) plus 6(C))		
(E) Difference (line 6(A) less 6(D)) not less than zero		
7. Add lines 5 and 6E		
8. Enter the loss, if any, from AMT Schedule D, Line 16		
9. Adjusted section 1202 exclusion		
10. Line 8 minus line 9		
11. Enter the loss, if any, from AMT Schedule D, line 21		
12. Line 10 minus line 11, not less than zero		
13. Line 11 minus line 10, not less than zero		
14. Line 7 minus line 12, not less than zero		
15. Total adjustment and preference items (Form 6251)		58,900.
16. Domestic production activities deduction		
17. Total (line 2 + 3 + 4(E) + 9 + 13 + 14 + 15 + 16)		85,588.
18. Current year alternative tax net operating loss - (line 1 less line 17)		90,819.

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Name(s) **DOUGLAS T. & HEIDI A. COLE** Social Security Number XXXXXXXXXX

Year Carried From	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	137,253.										
2015	85,004.	66,416.									
Totals	222,257.	66,416.									

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Total amount available for carryover	222,257.
Less total amounts used	66,416.
Less total amounts expired	0.
Remaining carryover	155,841.

Election to Waive the Net Operating Loss Carryback Period

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

Taxpayer Identification Number: [REDACTED]

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.

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FORM 6251 DEPRECIATION ON ASSETS PLACED IN SERVICE AFTER 1986 STATEMENT 1

DESCRIPTION	AMOUNT
FROM K-1 - MARBLE MOUNTAIN RANCH INC	23,150.
FROM K-1 - MARBLE MOUNTAIN RANCH INC	23,150.
TOTAL TO FORM 6251, LINE 18	46,300.

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FORM 6251 ALTERNATIVE MINIMUM TAX NOL LIMITATION STATEMENT 2

1A. ATNOL CARRYFORWARDS AND CARRYBACKS ATTRIBUTABLE TO QUALIFIED DISASTER LOSSES		
B. ATNOL CARRYFORWARDS AND CARRYBACKS OTHER THAN THOSE INCLUDED IN LINE 1A		55,530.
C. SUM OF LINE 1A AND LINE 1B		55,530.

ATNOLD LIMITATION:

2A. SUM OF FORM 6251, LINES 1 - 27 WITHOUT LINE 9 AND TREATING LINE 11 AS ZERO	-90,819.	
B. TENTATIVE AMOUNT FOR LINE 9 WHEN TREATING LINE 11 AS ZERO		
C. DOMESTIC PRODUCTION ACTIVITIES DEDUCTION		
D. SUM OF LINES 2A - 2C. IF ZERO OR LESS, ENTER ZERO (-0-)		0.
3A. SMALLER OF LINE 1B OR 90% OF LINE 2D		0.
B. SMALLER OF LINE 1A OR LINE 2D MINUS 3A		
C. LINE 3A PLUS LINE 3B. TOTAL TO FORM 6251, LINE 11		0.

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NOL	NONBUSINESS INCOME	STATEMENT 3
DESCRIPTION	AMOUNT	
TAXABLE INTEREST - 1040, LINE 8A	134.	
PARTNERSHIPS & S-CORPS - SCH E PG 2, LINE 32	-137,253.	
BUSINESS INCOME FROM ACTIVITY - 1	68,627.	
BUSINESS INCOME FROM ACTIVITY - 2	68,626.	
TOTAL TO NOL SCHEDULE A, LINE 7 (NEGATIVE AMT IS LIMITED TO 0)	134.	

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TAXABLE YEAR **2016** California e-file Signature Authorization for Individuals FORM **8879**

Your name DOUGLAS T. COLE	Your SSN or ITIN [REDACTED]
Spouse's/RDP's name HEIDI A. COLE	Spouse's/RDP's SSN or ITIN [REDACTED]

Part I Tax Return Information (whole dollars only)

1 California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32)	1	-217,323.
2 Amount You Owe (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121)	2	0.
3 Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; or Short Form 540NR, line 125)	3	0.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize ALLAN K. DORFF, CPA INC to enter my PIN [REDACTED] **Do not enter all zeros**
ERO firm name
as my signature on my 2016 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2016 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► 08/30/2017

Spouse's/RDP's PIN: check one box only

I authorize ALLAN K. DORFF, CPA INC. to enter my PIN [REDACTED] **Do not enter all zeros**
ERO firm name
as my signature on my 2016 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2016 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ► _____ Date ► 08/30/2017

Practitioner PIN Method Returns Only - continue below

Part 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. [REDACTED] **Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the 2016 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers.

ERO's signature ► _____ Date ► _____

2016 California Resident Income Tax Return

APE

ATTACH FEDERAL RETURN

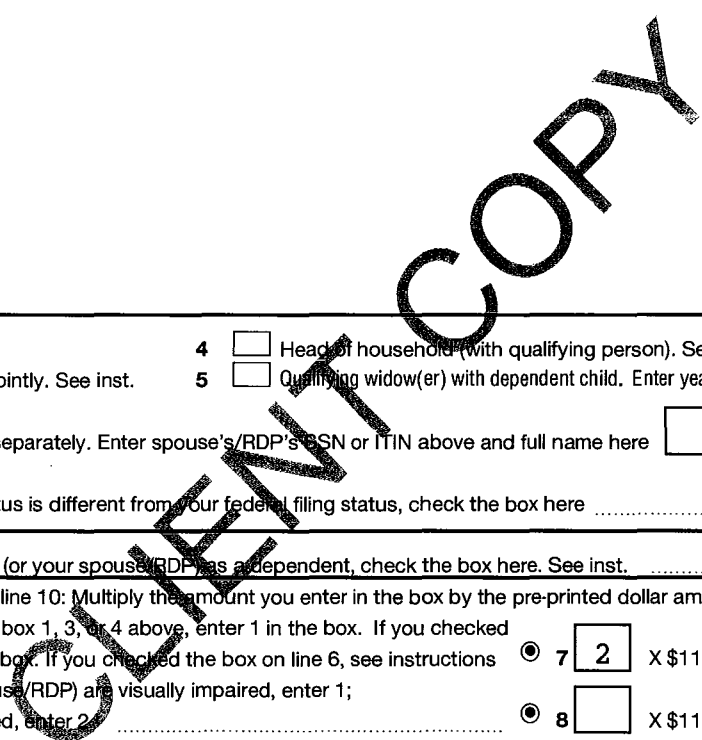
COLE COLE
DOUGLAS T COLE
HEIDI A COLE

16

A
R
RP

92520 HWY 96
SOMES BAR CA 95568

07-28-1954 09-24-1958



Filing Status section with checkboxes for Single, Married/RDP filing jointly, Married/RDP filing separately, Head of household, and Qualifying widow(er).

Exemption calculation section (lines 7-10) with radio buttons and input boxes for Personal, Blind, Senior, and Dependents.

Exemptions table with columns for Dependent 1, 2, and 3, and rows for First Name, Last Name, SSN, and Relationship.

Total dependent exemptions and Exemption amount (line 11) calculation.

Your name: **DOUGLAS T. COLE** Your SSN or ITIN: [REDACTED]

Taxable Income

12 State wages from your Form(s) W-2, box 16 • 12 [REDACTED] .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

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 **-237,711** .00

16 California adjustments - additions. Enter the amount from Schedule CA (540), line 37, column C • 16 **20,388** .00

17 California adjusted gross income. Combine line 15 and line 16 • 17 **-217,323** .00

18 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
 • 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 **taxable income**. If less than zero, enter -0- ● 19 **0** .00

Tax

31 Tax. Check the box if from: Tax Table Tax Rate Schedule FTB 3800 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

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 **0** .00

35 Add line 33 and line 34 ● 35 **0** .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions • 40 **0** .00

43 Enter credit name [REDACTED] code • [REDACTED] and amount • 43 **0** .00

44 Enter credit name [REDACTED] code • [REDACTED] and amount • 44 **0** .00

45 To claim more than two credits, see instructions. Attach Schedule P (540) • 45 **0** .00

46 Nonrefundable renter's credit. See instructions • 46 **0** .00

47 Add line 40 through line 46. These are your total credits ● 47 **0** .00

48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 **0** .00

Other Taxes

61 Alternative minimum tax. Attach Schedule P (540) • 61 **0** .00

62 Mental Health Services Tax. See instructions • 62 **0** .00

63 Other taxes and credit recapture. See instructions • 63 **0** .00

64 Add line 48, line 61, line 62, and line 63. This is your total tax • 64 **0** .00

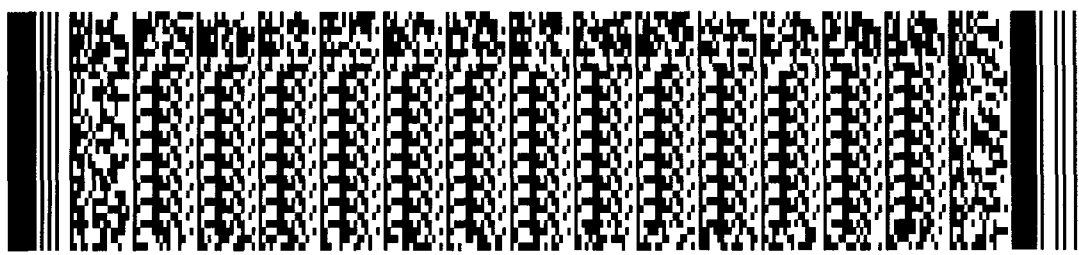
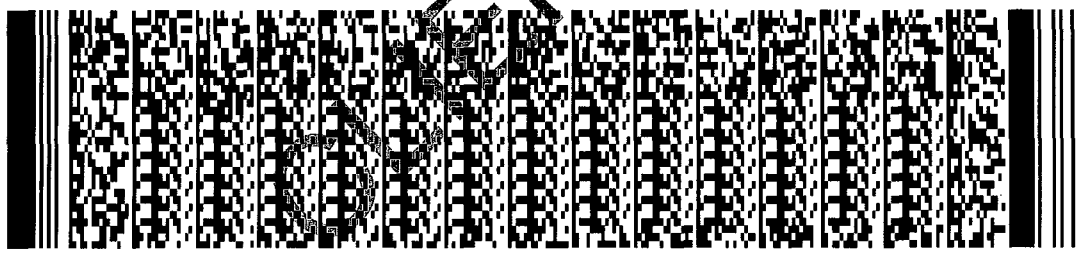
Your name: DOUGLAS T. COLE

Your SSN or ITIN: [REDACTED]

Payments	71 California income tax withheld. See instructions	• 71	<input type="text"/>	<input type="text"/>	.00
	72 2016 CA estimated tax and other payments. See instructions	• 72	<input type="text"/>	<input type="text"/>	.00
	73 Withholding (Form 592-B and/or 593). See instructions	• 73	<input type="text"/>	<input type="text"/>	.00
	74 Excess SDI (or VPD) withheld. See instructions	• 74	<input type="text"/>	<input type="text"/>	.00
	75 Earned Income Tax Credit (EITC)	• 75	<input type="text"/>	<input type="text"/>	.00
	76 Add lines 71 through 75. These are your total payments. See instructions	• 76	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>

Use Tax	91 Use Tax. See instructions	• 91	<input type="text"/>	<input type="text"/>	.00
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Overpaid Tax/ Tax Due	92 Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	• 92	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	.00
	93 Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	• 93	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	.00
	94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	• 94	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	.00
	95 Amount of line 94 you want applied to your 2017 estimated tax	• 95	<input type="radio"/>	<input type="text"/>	<input type="text"/>	.00
	96 Overpaid tax available this year. Subtract line 95 from line 94	• 96	<input type="radio"/>	<input type="text"/>	<input type="text"/>	.00
	97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64	• 97	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	0.00



Your name: **DOUGLAS T. COLE** Your SSN or ITIN: XXXXXXXXXX

	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
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
California Cancer Research Fund	• 413	.00
RESERVED (DO NOT USE)00
School Supplies for Homeless Children Fund	• 422	.00
State Parks Protection Fund/Parks Pass Purchase	• 423	.00
Protect Our Coast and Oceans Fund	• 424	.00
Keep Arts in Schools Fund	• 425	.00
State Children's Trust Fund for the Prevention of Child Abuse	• 430	.00
Prevention of Animal Homelessness and Cruelty 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

Contributions

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Your name: DOUGLAS T. COLE

Your SSN or ITIN: [REDACTED]

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD
PO BOX 942867

SACRAMENTO CA 94267-0001

• 111 [REDACTED] .00

Pay online - Go to ftb.ca.gov for more information.

Amount You Owe

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112 [REDACTED] .00

113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached 113 [REDACTED] 0.00

114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 [REDACTED] 0.00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: FRANCHISE TAX BOARD
PO BOX 942840

SACRAMENTO CA 94240-0001

• 115 [REDACTED] 0.00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number [REDACTED] • Type Checking Savings • Account number [REDACTED] • 116 Direct deposit amount [REDACTED] .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number [REDACTED] • Type Checking Savings • Account number [REDACTED] • 117 Direct deposit amount [REDACTED] .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for privacy notice. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature [REDACTED] Date [REDACTED] Spouse's/RDP's signature (if a joint tax return, both must sign) [REDACTED]

Sign Here

Your email address. Enter only one email address.

GUESTRANCH@MARBLEMOUNTAIN.COM

Preferred phone number

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

It is unlawful to forge a spouse's/RDP's signature.

Firm's name (or yours, if self-employed)

ALLAN K. DORFF, CPA INC.

PTIN

FEIN

Joint tax return? (See instructions.)

Firm's address

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. Print Third Party Designee's Name

ALLAN DORFF, CPA

Telephone Number

949 498-5585

2016

California Adjustments - Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

DOUGLAS T. & HEIDI A. COLE

Part I Income Adjustment Schedule

Section A - Income

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions	C Additions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Taxable interest (b)	8(a) <input checked="" type="radio"/> 134.	<input type="radio"/>	<input type="radio"/>
9 Ordinary dividends. See instrs. (b)	9(a) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Taxable refunds, credits, offsets of state and local income taxes	10 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Alimony received	11 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss)	12 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions	13 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses)	14 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 IRA distributions. See inst. (a)	15(b) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Pensions and annuities. See inst. (a)	16(b) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17 <input type="radio"/> -137,253.	<input type="radio"/>	<input type="radio"/> 1,800.
18 Farm income or (loss)	18 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation	19 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Social security benefits (a)	20(b) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Other income.			
a California lottery winnings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Disaster loss deduction from FTB 3805V	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Federal NOL (Form 1040, line 21)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d NOL deduction from FTB 3805V	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Other (describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	21 <input type="radio"/> -18,588.	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/> 82,004.	<input type="radio"/>
22 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 <input type="radio"/> -155,707.	<input type="radio"/> 82,004.	<input type="radio"/> 20,388.

Section B - Adjustments to Income

23 Educator expenses	23 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Certain business expenses of reservists, performing artists, and fee-basis government officials	24 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction	25 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Moving expenses	26 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax	27 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans	28 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction	29 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings	30 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31a Alimony paid. (b) Recipient's: SSN	31a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction	32 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction	33 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Tuition and fees	34 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35 Domestic production activities deduction	35 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C	36 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions	37 <input type="radio"/> -155,707.	<input type="radio"/> 82,004.	<input type="radio"/> 20,388.

Part II Adjustments to Federal Itemized Deductions

38 Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), 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, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes **only**). See instructions **39** 4,000.

40 Subtract line 39 from line 38 **40**

41 Other adjustments including California lottery losses. See instructions. Specify **41**

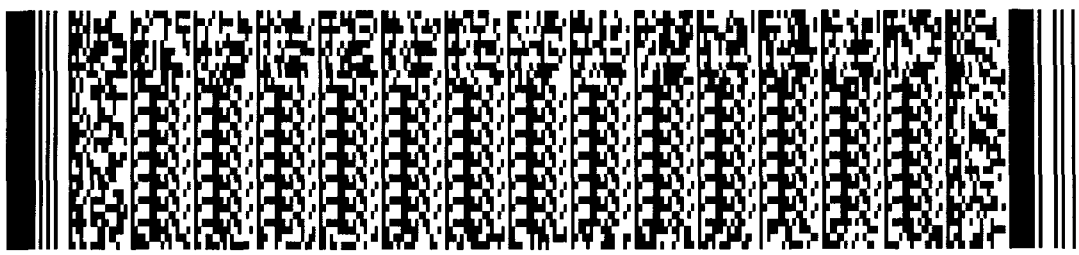
42 Combine line 40 and line 41 **42**

43 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$182,459
 Head of household \$273,692
 Married/RDP filing jointly or qualifying widow(er) \$364,923

No. Transfer the amount on line 42 to line 43.
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 **43**

44 **Enter the larger of the amount on line 43 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions \$4,129
 Married/RDP filing jointly, head of household, or qualifying widow(er) 8,258
 Transfer the amount on line 44 to Form 540, line 18 **44** 8,258.

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2016 Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Individuals, Estates, and Trusts

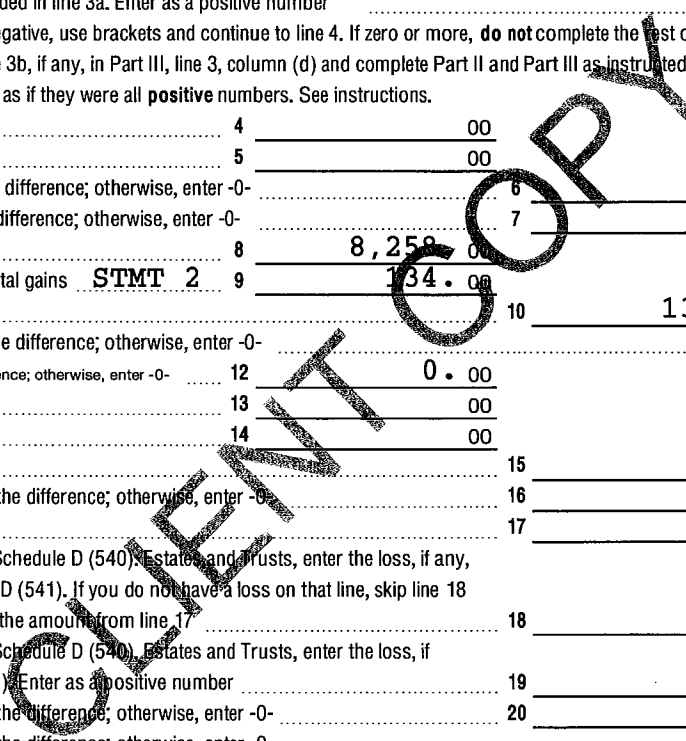
3805V

Attach to your California tax return. Names as shown on return: DOUGLAS T. & HEIDI A. COLE

Part I Computation of Current Year NOL for Individuals, Estates, and Trusts. If you do 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. 11 <217,323.> 00
2 Itemized deductions or standard deduction from 2016 Form 540, line 18 2 (8,258. 00)
3a Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instructions.) If negative, use brackets. 3a <225,581.> 00
3b 2016 declared disaster loss included in line 3a. Enter as a positive number 3b 00
3c Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero or more, do not complete the rest of Part I. Enter the amount from line 3b, if any, in Part III, line 3, column (d) and complete Part II and Part III as instructed 3c <225,581.> 00
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- 6 00
7 If line 4 is less than line 5, enter the difference; otherwise, enter -0- 7 00
8 Nonbusiness deductions 8 8,258. 00
9 Nonbusiness income other than capital gains STMT 2 9 134. 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 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
15 Add line 12 and line 14 15 00
16 If line 13 is more than line 15, enter the difference; otherwise, enter -0- 16 00
17 Add line 6 and line 16 17 00
18 Enter the loss, if any, from line 8 of Schedule D (540). Estates and Trusts, enter the loss, if any, 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 18 00
19 Enter the loss, if any, from line 9 of Schedule D (540). Estates and Trusts, enter the loss, if any, from line 10 of Schedule D (541). Enter as a positive number 19 00
20 If line 18 is more than line 19, enter the difference; otherwise, enter -0- 20 00
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 0. 00
23 NOL and disaster loss carryovers from prior years 23 82,004. 00
24 Add lines 11, 21, 22, and 23 24 90,128. 00
25 Current Year NOL. Combine line 3c and line 24. If more than zero, enter -0-. You do not have a current year NOL to carryback or carryover 25 -135,453. 00
26 2016 NOL carryback used to offset 2014 taxable income. Enter the amount from Part IV, line 3, col. (e) 26 00
27 2016 NOL carryback used to offset 2015 taxable income. Enter the amount from Part IV, line 3, col. (g) 27 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 28 135,453. 00



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

	(a) Enter total amounts as if you were a CA resident for entire year.	(b) Enter amounts earned or received from CA sources if you were a nonresident for the entire year.	(c) Enter amounts earned or received during the portion of the year you were a CA resident.	(d) Enter amounts earned or received from CA sources during the portion of the year you were a nonresident.	(e) Total Combine columns C and D
1 Adjusted gross income. See instructions. If negative, use brackets 1					
2 Itemized deductions or standard deduction. See instructions 2 () () () () ()					
3 a Combine line 1 and line 2. See instrs 3a					
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					
Enter amounts on line 4 through line 24 as if they were all positive numbers.					
4 Nonbusiness capital losses 4					
5 Nonbusiness capital gains 5					
6 If line 4 is more than line 5, enter the difference; otherwise, enter -0- 6					
7 If line 4 is less than line 5, enter the difference; otherwise, enter -0- 7					
8 Nonbusiness deductions 8					
9 Nonbusiness income other than capital gains 9					
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 difference; otherwise, enter -0- 12					
13 Business capital losses 13					
14 Business capital gains 14					
15 Add line 12 and line 14 15					
16 If line 13 is more than line 15, enter the difference; otherwise, enter -0- 16					
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					
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 less, enter -0- 22					
23 NOL & disaster loss carryovers from prior years 23					
24 Add lines 11, 21, 22, 23 24					
25 Current Year NOL. Combine line 3c and line 24. If more than zero, enter -0- 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 B, lines 26-28 below. Enter lines 26 and 27 as positive numbers.					
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		⊙			⊙

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Section C - Election to Waive Carryback

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 Determine 2016 Modified Taxable Income (MTI). Be sure to read the instructions for Part II.

1	Taxable income. See instructions	1	-225,581.00
Enter amounts on line 2 through line 5 as if they were all positive numbers.			
2	Capital loss deduction included in line 1	2	00
3	Disaster loss carryover included in line 1	3	00
4	NOL carryover included in line 1	4	82,004.00
5	Adjustments to itemized deductions. See instructions	5	00
6	MTI. Combine line 1 through line 5. If line 6 is zero or less, enter -0-	6	0.00

Part III NOL Carryover and Disaster Loss Carryover Limitations. See Instructions.

1	MTI from Part II, line 6	(g) Available balance	
---	--------------------------	--------------------------	--

Prior Year NOLs

(a) Year of loss	(b) Code See instructions	(c) Type of NOL See below *	(d) Initial loss	(e) Carryover from 2015	(f) Amount used in 2016	(g) Available balance	(h) Carryover to 2017 col. (e) - col. (f)
2							
<input checked="" type="radio"/> 2015	<input checked="" type="radio"/>	<input checked="" type="radio"/> GEN	82,004.	82,004.	0.	0.	82,004.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

Current Year NOLs

(a) Year of loss	(b) Code See instructions	(c) Type of NOL See below *	(d) Initial loss	(e) Carryover from 2015	(f) Amount used in 2016	(g) Available balance	(h) Carryover to 2017 col. (d) - col. (f) See Instructions
3 2016	<input checked="" type="radio"/>	<input checked="" type="radio"/> DIS					
4 2016	<input checked="" type="radio"/>	<input checked="" type="radio"/> GEN	135,453.				135,453.
2016	<input checked="" type="radio"/>	<input type="radio"/>					
2016	<input checked="" type="radio"/>	<input type="radio"/>					

* **Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

5	NOL carryover. Add the carryover amounts in column (h) that are not the result of a disaster loss	<input checked="" type="radio"/> 5	217,457.00
6	Disaster loss carryover. Enter the total loss carryover amounts in column (h) that are the result of disaster losses	<input checked="" type="radio"/> 6	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) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below*	(d) Initial loss - See instructions	2014		2015		(i) Carryover to 2017 col. (d) minus col. (e) plus col. (g)
				(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)	
3								
2016								
2016								
2016								
2016								
2016								

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

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2016 Income from Passthroughs

CA

MARBLE MOUNTAIN RANCH INC

I.D. NUMBER: [REDACTED]

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE LOSS ALLOWED	-67,727
NET INCOME (LOSS) FOR ENTITY	<u>-67,727</u>

ACTIVITY INFORMATION:

MARBLE MOUNTAIN RANCH INC

ORDINARY INCOME (LOSS)	-67,727
TOTAL NONPASSIVE GAIN (LOSS)	<u>-67,727</u>

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2016 Income from Passthroughs

CA

MARBLE MOUNTAIN RANCH INC

I.D. NUMBER: [REDACTED]

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE LOSS ALLOWED -67,726

NET INCOME (LOSS) FOR ENTITY -67,726

ACTIVITY INFORMATION:

MARBLE MOUNTAIN RANCH INC

ORDINARY INCOME (LOSS) -67,726

TOTAL NONPASSIVE GAIN (LOSS) -67,726

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CA SCHEDULE CA	RENTS, ROYALTIES, PARTNERSHIPS, ETC...	STATEMENT	1
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DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
MARBLE MOUNTAIN RANCH INC	-67,727.	-68,627.	900.
MARBLE MOUNTAIN RANCH INC	-67,726.	-68,626.	900.
TOTAL TO SCHEDULE CA(540), LINE 17C			1,800.

CA 3805V	NONBUSINESS INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
INTEREST INCOME	134.
TOTAL TO FORM 3805V, LINE 9	134.

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ALTERNATIVE MINIMUM TAX

639051 11-30-16 CALIFORNIA FORM

TAXABLE YEAR

2016

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

3805V

Attach to your California tax return.

SSN or ITIN

Names as shown on return

FEIN

DOUGLAS T. & HEIDI A. COLE

Part I Computation of Current Year NOL for Individuals, Estates, and Trusts. If you do 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. Estates and Trusts, begin on line 3 1 <89,019.> 00
2 Itemized deductions or standard deduction from 2016 Form 540, line 18 2 (0. 00)
3a Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instructions.) If negative, use brackets. If positive, enter -0- here and on line 25. Do not complete the rest of Section A. You do not have a current year NOL. Complete Part II and Part III if you have a carryover from prior years 3a <89,019.> 00
3b 2016 declared disaster loss included in line 3a. Enter as a positive number 3b 00
3c Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero or more, do not complete the rest of Part I. Enter the amount from line 3b, if any, in Part III, line 3, column (d) and complete Part II and Part III as instructed 3c <89,019.> 00
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- 6 00
7 If line 4 is less than line 5, enter the difference; otherwise, enter -0- 7 00
8 Nonbusiness deductions 8 00
9 Nonbusiness income other than capital gains STMT 3 9 134. 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
12 If line 8 is less than line 10, enter the difference; otherwise, enter -0- 12 134. 00
13 Business capital losses 13 00
14 Business capital gains 14 00
15 Add line 12 and line 14 15 134. 00
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). Estates and Trusts, enter the loss, if any, 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 18 00
19 Enter the loss, if any, from line 9 of Schedule D (540). Estates and Trusts, enter the loss, if any, from line 10 of Schedule D (541). Enter as a positive number 19 00
20 If line 18 is more than line 19, enter the difference; otherwise, enter -0- 20 00
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
24 Add lines 11, 21, 22, and 23 24 00
25 Current Year NOL. Combine line 3c and line 24. If more than zero, enter -0-. You do not have a current year NOL to carryback or carryover 25 -89,019. 00
26 2016 NOL carryback used to offset 2014 taxable income. Enter the amount from Part IV, line 3, col. (e) 26 00
27 2016 NOL carryback used to offset 2015 taxable income. Enter the amount from Part IV, line 3, col. (g) 27 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 89,019. 00

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

	(a) Enter total amounts as if you were a CA resident for entire year.	(b) Enter amounts earned or received from CA sources if you were a nonresident for the entire year.	(c) Enter amounts earned or received during the portion of the year you were a CA resident.	(d) Enter amounts earned or received from CA sources during the portion of the year you were a nonresident.	(e) Total Combine columns C and D
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 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					
Enter amounts on line 4 through line 24 as if they were all positive numbers.					
4 Nonbusiness capital losses 4					
5 Nonbusiness capital gains 5					
6 If line 4 is more than line 5, enter the difference; otherwise, enter -0- 6					
7 If line 4 is less than line 5, enter the difference; otherwise, enter -0- 7					
8 Nonbusiness deductions 8					
9 Nonbusiness income other than capital gains ... 9					
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 difference; otherwise, enter -0- 12					
13 Business capital losses 13					
14 Business capital gains 14					
15 Add line 12 and line 14 15					
16 If line 13 is more than line 15, enter the difference; otherwise, enter -0- 16					
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					
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 less, enter -0- 22					
23 NOL & disaster loss carryovers from prior years 23					
24 Add lines 11, 21, 22, 23 24					
25 Current Year NOL. Combine line 3c and line 24. If more than zero, enter -0- 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 B, lines 26-28 below. Enter lines 26 and 27 as positive numbers.					
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		⊙			⊙

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Section C - Election to Waive Carryback

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 Determine 2016 Modified Taxable Income (MTI). Be sure to read the instructions for Part II.

1	Taxable income. See instructions	1	-89,019.00
Enter amounts on line 2 through line 5 as if they were all positive numbers.			
2	Capital loss deduction included in line 1	2	00
3	Disaster loss carryover included in line 1	3	00
4	NOL carryover included in line 1	4	00
5	Adjustments to itemized deductions. See instructions	5	00
6	MTI. Combine line 1 through line 5. If line 6 is zero or less, enter -0-	6	0.00

Part III NOL Carryover and Disaster Loss Carryover Limitations. See instructions.

1	MTI from Part II, line 6	(g) Available balance	
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Prior Year NOLs

(a) Year of loss	(b) Code See instructions	(c) Type of NOL See below *	(d) Initial loss	(e) Carryover from 2015	(f) Amount used in 2016	(g) Available balance	(h) Carryover to 2017 col. (e) - col. (f)
2 2015		GEN	52,532.	52,532.	0.	0.	52,532.

Current Year NOLs

(a) Year of loss	(b) Code See instructions	(c) Type of NOL See below *	(d) Initial loss	(e) Carryover from 2015	(f) Amount used in 2016	(g) Available balance	(h) Carryover to 2017 col. (d) - col. (f) See instructions
3 2016		DIS					
4 2016		GEN	89,019.				89,019.

* **Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

5	NOL carryover. Add the carryover amounts in column (h) that are not the result of a disaster loss	5	141,551.00
6	Disaster loss carryover. Enter the total loss carryover amounts in column (h) that are the result of disaster losses	6	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) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below*	(d) Initial loss - See instructions	2014		2015		(i) Carryover to 2017 col. (d) minus col. (e) plus col. (g)
				(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)	
3 2016								
2016								
2016								
2016								
2016								

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

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CA 3805V AMT ALTERNATIVE MINIMUM TAX NONBUSINESS INCOME STATEMENT 3

DESCRIPTION	AMOUNT
INTEREST INCOME	134.
TOTAL TO 3805V AMT, LINE 9	134.

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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.

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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.

S CORPORATION
Two-Year Comparison

2016

Name

Employer Identification Number

MARBLE MOUNTAIN RANCH, INC.

Description	Prior Year	Current Year	Increase (Decrease)
ORDINARY BUSINESS INCOME (LOSS):			
INCOME:			
GROSS RECEIPTS OR SALES LESS RETURNS AND ALLOWANCES	627,392.	750,637.	123,245.
COST OF GOODS SOLD	4,179.	1,387.	-2,792.
GROSS PROFITS	623,213.	749,250.	126,037.
TOTAL INCOME	623,213.	749,250.	126,037.
DEDUCTIONS:			
SALARIES AND WAGES LESS EMPLOYMENT CREDITS	35,895.	89,920.	54,025.
REPAIRS AND MAINTENANCE	58,461.	63,669.	5,205.
TAXES AND LICENSES	15,766.	21,139.	5,373.
INTEREST	16,853.	11,108.	-5,745.
DEPRECIATION	186,804.	314,341.	127,537.
ADVERTISING	6,661.	6,643.	-18.
OTHER DEDUCTIONS	50,774.	379,683.	-8,091.
TOTAL DEDUCTIONS	708,217.	886,503.	178,286.
ORDINARY BUSINESS INCOME (LOSS)	-85,004.	-137,253.	-52,249.
S CORPORATION TAXES:			
PAYMENTS AND CREDITS:			
BALANCE DUE OR REFUND:			
SCHEDULE K:			
INCOME:			
ORDINARY BUSINESS INCOME (LOSS)	-85,004.	-137,253.	-52,249.
DEDUCTIONS:			
CHARITABLE CONTRIBUTIONS	6,592.	6,427.	-165.
INVESTMENT INTEREST:			
CREDITS:			
FOREIGN TAXES:			

S CORPORATION
Two-Year Comparison

2016

Name

Employer Identification Number

MARBLE MOUNTAIN RANCH, INC.

Description	Prior Year	Current Year	Increase (Decrease)
AMT ITEMS:			
POST-1986 DEPRECIATION ADJUSTMENT	29,472.	46,300.	16,828.
OTHER SCHEDULE K ITEMS:			
NONDEDUCTIBLE EXPENSES	179.	0.	-179.
INCOME (LOSS)	-91,596.	-143,680.	-52,084.
SCHEDULE M-1:			
NET INCOME (LOSS) PER BOOKS	-111,715.	179,798.	-68,083.
TRAVEL & ENTERTAINMENT RECORDED ON BOOKS NOT INCLUDED ON SCHEDULE K	179.	0.	-179.
OTHER EXPENSES RECORDED ON BOOKS NOT INCLUDED ON SCHEDULE K	18,940.	36,118.	16,178.
TOTAL EXPENSES RECORDED ON BOOKS NOT INCLUDED ON SCHEDULE K	20,119.	36,118.	15,999.
TOTAL OF LINES 1 THROUGH 3 INCOME (LOSS)	-91,596.	-143,680.	-52,084.
SCHEDULE M-2:			
ACCUMULATED ADJUSTMENTS ACCOUNT:			
BALANCE AT BEGINNING OF TAX YEAR	0.	-91,775.	-91,775.
LOSS FROM PAGE 1, LINE 21	-85,004.	-137,253.	-52,249.
OTHER REDUCTIONS	6,771.	6,427.	-344.
COMBINE LINES 1 THROUGH 5	-91,775.	-235,455.	-143,680.
BALANCE AT END OF TAX YEAR	-91,775.	-235,455.	-143,680.
OTHER ADJUSTMENTS ACCOUNT:			
SHAREHOLDERS' UNDISTRIBUTED TAXABLE INCOME PREVIOUSLY TAXED:			

Department of the Treasury
Internal Revenue Service

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

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

2016

For calendar year 2016, or tax year beginning _____, 2016, ending _____, 20____.

Name of corporation

MARBLE MOUNTAIN RANCH, INC.

Employer identification number

██████████

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	750,637.
2	Gross profit (Form 1120S, line 3)	2	749,250.
3	Ordinary business income (loss) (Form 1120S, line 21)	3	-137,253.
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	-143,680.

Part II 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 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 contact 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 answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ALLAN K. DORFF, CPA INC. to enter my PIN ██████████ as my signature on the corporation's 2016 electronically filed income tax return. ERO firm name don't enter all zeros

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ _____ Title ▶ PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. ██████████ don't enter all zeros

I certify that the above numeric entry is 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) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ALLAN K. DORFF, CPA INC. Date ▶ _____

**ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2016)

LHA

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

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

Print or Type	Name MARBLE MOUNTAIN RANCH, INC.	Identifying number [REDACTED]
	Number, street, and room or suite no. (If P.O. box, see instructions.) 92520 HIGHWAY 96	
	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)). SOMES BAR, CA 95568	

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 Is For:	Form Code	Application Is For:	Form Code
Form 1120	12	Form 1120-ND (section 4951 taxes)	20
Form 1120-C	34	Form 1120-PC	21
Form 1120-F	15	Form 1120-POL	22
Form 1120-FSC	16	Form 1120-REIT	23
Form 1120-H	17	Form 1120-RIC	24
Form 1120-L	18	Form 1120-SF	26
Form 1120-ND	19		

Part II Automatic Extension for Certain Estates and Trusts. See instructions.

b Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 1041 (estate other than a bankruptcy estate)	04	Form 1041 (trust)	05

Part III Automatic Extension for Entities Not Using Part I, II, or IV. See instructions.

c Enter the form code for the return listed below that this application is for **25**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065	09	Form 1120-SF	26
Form 1065-B	10	Form 3520-A	27
Form 1066	11	Form 8612	28
Form 1120	12	Form 8613	29
Form 1120-C	34	Form 8725	30
Form 1120-F	15	Form 8804	31
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

Part IV 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 Is For:	Form Code	Application Is For:	Form Code
Form 1120	12	Form 1120-ND (section 4951 taxes)	20
Form 1120-C	34	Form 1120-PC	21
Form 1120-F	15	Form 1120-POL	22
Form 1120-FSC	16	Form 1120-REIT	23
Form 1120-H	17	Form 1120-RIC	24
Form 1120-L	18	Form 1120-SF	26
Form 1120-ND	19		

Part V All Filers Must Complete This Part

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here

If checked, attach a statement listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here

5a The application is for calendar year 2016, or tax year beginning _____, and ending _____

b Short tax year. If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (see instructions - attach explanation)

6 Tentative total tax 6 0.

7 Total payments and credits (see instructions) 7 0.

8 Balance due. Subtract line 7 from line 6 (see instructions) 8 0.

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▶ 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.

2016

Department of the Treasury
Internal Revenue Service

For calendar year 2016 or tax year beginning , and ending

A S election effective date 02/02/2015	Name MARBLE MOUNTAIN RANCH, INC.	D Employer identification number [REDACTED]
B Business activity code number (see instructions) 713900	Number, street, and room or suite no. If a P.O. box, see instructions. 92520 HIGHWAY 96	E Date incorporated 02/02/2015
C Check if Sch. M-3 attached <input type="checkbox"/>	City or town, state or province, country, and ZIP or foreign postal code SOMES BAR, CA 95568	F Total assets (see instructions) \$ 2,445,250.

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year **2**

Caution: *Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.*

Income	1 a Gross receipts or sales 750,637. b Return and allowances	1c	750,637.
	2 Cost of goods sold (attach Form 1125-A)	2	1,387.
	3 Gross profit. Subtract line 2 from line 1c	3	749,250.
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4	
	5 Other income (loss) (attach statement)	5	
	6 Total income (loss). Add lines 3 through 5	6	749,250.
Deductions (See instructions for limitations)	7 Compensation of officers (see instrs. - attach Form 1125-E)	7	
	8 Salaries and wages (less employment credits)	8	89,920.
	9 Repairs and maintenance	9	63,669.
	10 Bad debts	10	
	11 Rents	11	
	12 Taxes and licenses STATEMENT 1	12	21,139.
	13 Interest	13	11,108.
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	314,341.
	15 Depletion (Do not deduct oil and gas depletion.)	15	
	16 Advertising	16	6,643.
	17 Pension, profit-sharing, etc., plans	17	
	18 Employee benefit programs	18	
	19 Other deductions (attach statement) STATEMENT 2	19	379,683.
	20 Total deductions. Add lines 7 through 19	20	886,503.
	21 Ordinary business income (loss). Subtract line 20 from line 6	21	-137,253.
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b Tax from Schedule D (Form 1120S)	22b	
	c Add lines 22a and 22b	22c	
	23 a 2016 estimated tax payments and 2015 overpayment credited to 2016	23a	
	b Tax deposited with Form 7004	23b	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Add lines 23a through 23c	23d	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26	
27 Enter amount from line 26 Credited to 2017 estimated tax Refunded	27		

Sign Here

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.

Signature of officer: _____ Date: _____ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instr.?) Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ ALLAN K. DORFF, CPA INC.				P01061094
	Firm's address ▶ 1181 PUERTA DEL SOL, #140 SAN CLEMENTE, CA 92673			Firm's EIN ▶ [REDACTED]	Phone no. 949 498-5585

Schedule B Other Information (see instructions)					Yes	No
1 Check accounting method: (a) <input checked="" type="checkbox"/> Cash (b) <input type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) _____						
2 See the instructions and enter the: (a) Business activity RECREATION (b) Product or service GUEST RANCH ADVENTUR						
3 At any time during the tax year, was any shareholder in the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation						<input checked="" type="checkbox"/>
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below						<input checked="" type="checkbox"/>
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%. Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below						<input checked="" type="checkbox"/>
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital		
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? _____ If "yes" complete lines (i) and (ii) below						<input checked="" type="checkbox"/>
(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 outstanding stock options, warrants, or similar instruments? _____ If "yes" complete lines (i) and (ii) below						<input checked="" type="checkbox"/>
(i) Total shares of stock outstanding at the end of the tax year _____						
(ii) Total shares of stock outstanding if all instruments were executed _____						
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide info. on any reportable transaction? _____						<input checked="" type="checkbox"/>
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount _____ <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.						
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years _____ \$ _____						
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year _____ \$ _____						
10 Does the corporation satisfy both of the following conditions? a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 _____ b The corporation's total assets at the end of the tax year were less than \$250,000 _____ If "Yes," the corporation is not required to complete Schedules L and M-1						<input checked="" type="checkbox"/>
11 During the tax year, did the corporation have any non-shareholder debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? _____ If "Yes," enter the amount of principal reduction _____ \$ _____						<input checked="" type="checkbox"/>
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions _____						<input checked="" type="checkbox"/>
13a Did the corporation make any payments in 2016 that would require it to file Form(s) 1099? _____					<input checked="" type="checkbox"/>	
b If "Yes," did the corporation file or will it file all required Forms 1099? _____					<input checked="" type="checkbox"/>	

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Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	-137,253.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a		
b Collectibles (28%) gain (loss)	8b		
c Unrecaptured section 1250 gain (attach statement)	8c		
9 Net section 1231 gain (loss) (attach Form 4797)	9		
10 Other income (loss) (see instructions) Type ▶	10		
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions STATEMENT 3	12a	6,427.
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
d Other deductions (see instructions) Type ▶	12d		
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
Foreign Transactions	14a Name of country or U.S. possession ▶		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Passive category	14d	
	e General category	14e	
	f Other (attach statement)	14f	
	Deductions allocated and apportioned at shareholder level		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category	14i	
	j General category	14j	
	k Other (attach statement)	14k	
Other information			
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m Reduction in taxes available for credit (attach statement)	14m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	46,300.
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties - gross income	15d	
	e Oil, gas, and geothermal properties - deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	
	d Distributions (attach statement if required)	16d	
	e Repayment of loans from shareholders	16e	

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Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	-143,680.

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		500.		499.
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories		2,500.		2,500.
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (att. stmt.)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (att. stmt.)				
10 a Buildings and other depreciable assets	2,778,105.		2,943,396.	
b Less accumulated depreciation	186,804.	2,591,301.	501,145.	2,442,251.
11 a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13 a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (att. stmt.)				
15 Total assets		2,594,301.		2,445,250.
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (att. stmt.)				
19 Loans from shareholders		23,219.		89,295.
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (att. stmt.)	STATEMENT 4	82,703.		47,374.
22 Capital stock		1,000.		1,000.
23 Additional paid-in capital		2,599,094.		2,599,094.
24 Retained earnings	STATEMENT 5	-111,715.		-291,513.
25 Adjustments to shareholders' equity (att. stmt.)				
26 Less cost of treasury stock		()		()
27 Total liabilities and shareholders' equity		2,594,301.		2,445,250.

JWA

Form 1120S (2016)

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	-179,798.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest \$	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):			
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14i (itemize): a Depreciation \$ b Travel and entertainment \$	36,118.	6 Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize): a Depreciation \$	
STMT 6	36,118.	7 Add lines 5 and 6	
4 Add lines 1 through 3	-143,680.	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	-143,680.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-91,775.		
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	(137,255)		
5 Other reductions STATEMENT 7	(6,427)		
6 Combine lines 1 through 5	-235,455		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-235,455.		

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Form 1120S (2016)

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Cost of Goods Sold

(Rev. October 2016)

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

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

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

Name **MARBLE MOUNTAIN RANCH, INC.** Employer Identification number [REDACTED]

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.

- 9a Check all methods used for valuing closing inventory:
- (i) Cost
 - (ii) Lower of cost or market
 - (iii) Other (Specify method used and attach explanation) ▶ _____
- b Check if there was a writedown of subnormal goods
- c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)
- d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO 9d _____
- e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions Yes No
- f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation.

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Depreciation and Amortization
 (Including Information on Listed Property) OTHER

OMB No. 1545-0172

2016

Attachment
 Sequence No. 179

▶ Attach to your tax return.

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

Name(s) shown on return: **MARBLE MOUNTAIN RANCH, INC.**
 Business or activity to which this form relates: **OTHER DEPRECIATION**
 Identifying number: [REDACTED]

Part I 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)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
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 9	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	▶ 13	

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 include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	51,167.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	220,665.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	68,324.	5 YRS.	HY	200DB	13,665.
c	7-year property	47,332.	7 YRS.	HY	200DB	6,764.
d	10-year property	21,000.	10 YRS.	HY	200DB	2,100.
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	19,980.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	314,341.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V 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 [] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 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 25

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 - 19,980.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 19,980.

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner" or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for miles driven and questions 34-36 regarding personal use and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with questions 37-41 and Yes/No columns.

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2016 tax year:

43 Amortization of costs that began before your 2016 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

2016 DEPRECIATION AND AMORTIZATION REPORT

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		HY19C	1,200.				1,200.			172.	172.
70	STOCK - SEDONA	03/01/16	200DE	7.00		HY19C	1,200.				1,200.			172.	172.
71	STOCK - DARTANJON	08/01/16	200DE	7.00		HY19C	1,200.				1,200.			172.	172.
	OTHER TOTAL OTHER						3,600.				3,600.	0.		516.	516.
	BUILDINGS														
43	CABIN #1	02/02/15	SL	27.50		MM16	67,200.				67,200.	2,240.		2,444.	4,684.
44	CABIN #2	02/02/15	SL	27.50		MM16	106,400.				106,400.	3,547.		3,869.	7,416.
45	CABIN #3	02/02/15	SL	27.50		MM16	67,200.				67,200.	2,240.		2,444.	4,684.
46	CABIN #4	02/02/15	SL	27.50		MM16	67,200.				67,200.	2,240.		2,444.	4,684.
47	CABIN #5 & 6 - DUPLEX	02/02/15	SL	27.50		MM16	108,500.				108,500.	3,617.		3,945.	7,562.
48	CABIN #7 & 8 - DUPLEX	02/02/15	SL	27.50		MM16	80,640.				80,640.	2,688.		2,932.	5,620.
49	CABIN #9	02/02/15	SL	27.50		MM16	98,560.				98,560.	3,285.		3,584.	6,869.
50	CABIN #10	02/02/15	SL	27.50		MM16	87,360.				87,360.	2,912.		3,177.	6,089.
51	QUAILS NEST HOUSE	02/02/15	SL	27.50		MM16	225,400.				225,400.	7,513.		8,196.	15,709.
52	SLEEPY HOLLOW HOUSE	02/02/15	SL	27.50		MM16	109,200.				109,200.	3,640.		3,971.	7,611.
53	RIVER VIEW HOUSE	02/02/15	SL	27.50		MM16	347,200.				347,200.	11,573.		12,625.	24,198.
54	COVERED RIDING ARENA	02/02/15	200DE	10.00		HY17	157,000.				157,000.	15,700.		28,260.	43,960.
55	ARENA TACK BUILDING	02/02/15	200DE	10.00		HY17	77,740.				77,740.	7,774.		13,993.	21,767.

628111 04-01-16

(D) - Asset disposed

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

2016 DEPRECIATION AND AMORTIZATION REPORT

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
56	LODGE/MESS HALL	02/02/15	150DB	20.00		HXL7	230,580.				230,580.	8,647.		16,645.	25,292.
57	HAY BARN	02/02/15	200DB	10.00		HXL7	120,000.				120,000.	12,000.		21,600.	31,600.
58	TACK HOUSE	02/02/15	200DB	10.00		HXL7	22,100.				22,100.	2,210.		3,978.	6,188.
59	TRIFT SHOP	02/02/15	150DB	20.00		HXL7	62,860.				62,860.	2,258.		4,516.	6,774.
60	LAUNDRY/SHOWER HOUSE	02/02/15	150DB	20.00		HXL7	78,842.				78,842.	2,957.		5,691.	8,648.
61	GREENHOUSE	02/02/15	200DB	10.00		HXL7	25,000.				25,000.	2,500.		4,500.	7,000.
62	POWER HOUSE	02/02/15	SL	39.00		MM16	10,000.				10,000.	235.		256.	491.
63	CLAMS ROOM	02/02/15	SL	20.00		06	10,000.				10,000.	456.		500.	956.
64	SHOP BUILDING	02/02/15	200DB	10.00		HXL7	156,000.				156,000.	15,600.		28,080.	43,680.
72	ARENA STUDIO HOUSING	05/01/16	SL	27.50		06	20,635.				20,635.			694.	694.
73	HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)	05/01/16	200DB	10.00		HXL7	21,000.				21,000.			2,100.	2,100.
	* OTHER TOTAL BUILDINGS						364,617.				3,364,617.	115,934.		180,466.	296,400.
	FURNITURE & FIXTURES														
1	FURNISHINGS - CABINS/HOUSES	02/02/15	200DB	10.00		HXL7	522.				522.	75.		128.	203.
	* OTHER TOTAL FURNITURE & FIXTURES						522.				522.	75.		128.	203.
	MACHINERY & EQUIPMENT														
2	RANGE FIREARMS	02/02/15	SL	7.00		16	600.				600.	79.		86.	165.
3	JET BOAT	02/02/15	200DB	7.00		HXL7	10,392.				10,392.	1,485.		2,545.	4,030.

628111 04-01-16

(D) - Asset disposed

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

2016 DEPRECIATION AND AMORTIZATION REPORT

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
4	SANTA FE BBQ	04/01/15	200DE	7.00		HXL7	2,775.				2,775.	397.		679.	1,076.
5	ZERC TURN MOWER	03/15/15	200DE	7.00		HXL7	9,800.				9,800.	1,400.		2,400.	3,800.
13	2015 KUBOTA L3560 TRACTOR	02/15/15	200DE	7.00		HXL7	42,000.				42,000.	6,000.		10,286.	16,286.
14	2015 HUSQVARNA MOWER	02/15/15	200DE	7.00		HXL7	9,000.				9,000.	1,286.		2,204.	3,490.
15	2009 JOHN DEERE MOWER	02/02/15	200DE	7.00		HXL7	4,000.				4,000.	572.		979.	1,551.
16	1941 JOHN DEERE MOWER	02/02/15	200DE	7.00		HXL7	1,500.				1,500.	215.		167.	522.
17	6 SOTAR RAFTS	03/15/15	200DE	7.00		HXL7	24,000.				24,000.	3,429.		5,877.	9,306.
18	6 SOTAR INFLATABLE KAYAKS	02/02/15	200DE	7.00		HXL7	16,000.				16,000.	2,286.		3,918.	6,204.
19	MISC RAFTING EQUIPMENT	02/02/15	200DE	7.00		HXL7	24,000.				24,000.	3,429.		5,877.	9,306.
20	RAFT TRAILER #1	02/02/15	200DE	7.00		HXL7	2,000.				2,000.	286.		490.	776.
21	RAFT TRAILER #2	02/02/15	200DE	7.00		HXL7	2,000.				2,000.	286.		490.	776.
22	2 AXLE TRAILER	02/02/15	200DE	7.00		HXL7	3,500.				3,500.	500.		857.	1,357.
23	STOCK TRAILER	02/02/15	200DE	7.00		HXL7	4,000.				4,000.	572.		979.	1,551.
24	HYDE DRIFT BOAT #1	02/02/15	200DE	7.00		HXL7	8,000.				8,000.	1,143.		1,959.	3,102.
25	HYDE DRIFT BOAT #2	02/02/15	200DE	7.00		HXL7	7,000.				7,000.	1,000.		1,714.	2,714.
26	MOLLIE DRIFT BOAT	02/02/15	200DE	7.00		HXL7	3,500.				3,500.	500.		857.	1,357.
27	MISCELLANEOUS FISHING GEAR	02/02/15	200DE	7.00		HXL7	12,000.				12,000.	1,715.		2,939.	4,654.
28	1997 WATER PURIFICATION SYSTEM	02/02/15	200DE	7.00		HXL7	500.				500.	72.		122.	194.

628111 04-01-16

(D) - Asset disposed

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

2016 DEPRECIATION AND AMORTIZATION REPORT

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	2015 WATER PURIFICATION SYSTEM (UPGRADED)	03/02/15	200DB	7.00		HY17	32,000.				32,000.	4,572.		7,837.	12,409.
30	HOOK LAUNCH AG LINES & SPRINKLERS	03/01/15	200DB	7.00		HY17	8,000.				8,000.	1,143.		1,959.	3,102.
31	20' CARGO CONTAINERS	02/02/15	200DB	7.00		HY17	8,000.				8,000.	1,143.		1,959.	3,102.
32	HORSE PANELS FENCING	02/02/15	200DB	7.00		HY17	11,000.				11,000.	1,572.		3,634.	4,266.
33	TACK FOR 25 HORSES	02/02/15	200DB	7.00		HY17	12,000.				12,000.	1,715.		2,939.	4,654.
34	VEHICLE/DEER GORM GENSET	02/02/15	200DB	7.00		HY17	9,500.				9,500.	1,357.		3,327.	3,644.
35	IVECO 60KW GENSET	02/02/15	200DB	7.00		HY17	8,000.				8,000.	1,143.		1,959.	3,102.
36	HYDROPLANT 40 KW GENERATOR	03/15/15	200DB	7.00		HY17	50,000.				50,000.	7,143.		12,245.	19,388.
37	HONDA PORTABLE GENSET	03/01/15	200DB	7.00		HY17	3,936.				3,936.	563.		964.	1,527.
38	SOIL TAMPER	02/02/15	200DB	7.00		HY17	3,500.				3,500.	500.		857.	1,357.
39	WELDING EQUIPMENT	02/02/15	200DB	7.00		HY17	3,500.				3,500.	500.		857.	1,357.
40	MISC CONSTRUCTION TOOLS & EQUIPMENT	02/02/15	200DB	7.00		HY17	20,000.				20,000.	2,857.		4,896.	7,753.
41	500 GAL CONTAINMENT FUEL TANK	02/02/15	200DB	7.00		HY17	5,000.				5,000.	715.		1,224.	1,939.
42	650 GAL. CONTAINMENT FUEL TANK	02/02/15	200DB	7.00		HY17	7,000.				7,000.	1,000.		1,714.	2,714.
66	MINI EXCAVATOR	05/06/16	200DB	7.00		HY19C	3,478.				3,478.			497.	497.
67	WATER FILTRATION SYSTEM	02/24/16	200DB	7.00		HY19C	33,503.				33,503.			4,786.	4,786.
	* OTHER TOTAL MACHINERY & EQUIPMENT						404,984.				404,984.	52,575.		95,341.	147,916.
	TRANSPORTATION EQUIPMENT														

628111 04-01-16

(D) - Asset disposed

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

2016 DEPRECIATION AND AMORTIZATION REPORT

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
6	2014 JEEP GRAND CHEROKEE	02/02/15	200DB	5.00	HY21	32,598.				32,598.	3,160.		5,100.	8,260.
7	2011 TOYOTA RAV4	02/02/15	200DB	5.00	HY21	5,000.				5,000.	1,000.		1,600.	2,600.
8	2011 FORD VAN	02/02/15	200DB	5.00	HY21	19,000.				19,000.	3,460.		5,600.	9,060.
9	2008 FORD VAN	02/02/15	200DB	5.00	HY21	16,000.				16,000.	3,200.		5,120.	8,320.
10	2006 FORD VAN	02/02/15	200DB	5.00	HY21	8,000.				8,000.	1,600.		2,560.	4,160.
11	2015 HONDA ATV	02/02/15	200DB	5.00	HY17	7,500.			3,750.	3,750.	750.		1,200.	1,950.
12	2013 HONDA ATV	02/02/15	200DB	5.00	HY17	6,500.				6,500.	1,300.		2,080.	3,380.
65	KAWASAKI ATV	07/09/16	200DB	7.00	HY19C	6,751.				6,751.			965.	965.
68	2017 GMC 3500	02/12/16	200DB	5.00	HY19B	68,324.				68,324.			13,665.	13,665.
* OTHER TOTAL TRANSPORTATION EQUIP						67,500.			3,750.	165,923.	14,470.		37,890.	52,360.
* GRAND TOTAL OTHER DEPRECIATION						2,943,396.			3,750.	2,939,646.	183,054.		314,341.	497,395.
CURRENT YEAR ACTIVITY														
BEGINNING BALANCE						2,778,105.		0.	3,750.	2,774,355.	183,054.			474,172.
ACQUISITIONS						165,291.		0.	0.	165,291.	0.			23,223.
DISPOSITIONS						0.		0.	0.	0.	0.			0.
ENDING BALANCE						2,943,396.		0.	3,750.	2,939,646.	183,054.			497,395.

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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: XXXXXXXXXX

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).

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FORM 1120S	TAXES AND LICENSES	STATEMENT 1
DESCRIPTION		AMOUNT
BOE		682.
BUSINESS LICENSES & SPECIAL PERMITS		742.
COUNTY BED TAX		912.
PAYROLL TAXES		10,512.
REAL PROPERTY TAXES - RANCH		5,174.
STATE FIRE TAX		117.
CALIFORNIA TAXES - BASED ON INCOME		3,000.
TOTAL TO FORM 1120S, PAGE 1, LINE 12		21,139.

FORM 1120S	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
AMMUNITION & RANGE EXPENSES		17,238.
AUTO FEES & REGISTRATION		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-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		12,017.
RANCH ACTIVITIES & ENTERTAINMENT		1,315.
RANCH UNIFORMS		1,058.
RANCH UTILITIES		26,843.
SMALL SPORTING EQUIPMENT EXPENSES		561.
SOCIAL MEDIA COSTS		465.
SPECIAL USE PERMITS - USFS/BLM		5,199.
STOCK FEED		26,348.
SUPPLIES & SMALL TOOLS		3,077.
TELEPHONE EXPENSES		5,372.
TOOLS - OTHER		1,246.

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MARBLE MOUNTAIN RANCH, INC.



TRAILER RIGGING	1,499.
TRAVEL	2,815.
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 TO FORM 1120S, PAGE 1, LINE 19	379,683.

SCHEDULE K	CHARITABLE CONTRIBUTIONS	STATEMENT	3	
DESCRIPTION	NO LIMIT	50% / 100% LIMIT	30% LIMIT	20% LIMIT
CHARITABLE CONTRIBUTIONS		6,427.		
TOTALS TO SCHEDULE K, LINE 12A		6,427.		

SCHEDULE L	OTHER LIABILITIES	STATEMENT	4
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
OTHER LIABILITIES		82,703.	47,374.
TOTAL TO SCHEDULE L, LINE 21		82,703.	47,374.

SCHEDULE L	ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS	STATEMENT	5
DESCRIPTION		AMOUNT	
BALANCE AT BEGINNING OF YEAR		-111,715.	
NET INCOME PER BOOKS		-179,798.	
DISTRIBUTIONS		0.	
OTHER INCREASES (DECREASES)			
BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D)		-291,513.	

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SCHEDULE M-1 EXPENSES RECORDED ON BOOKS THIS YEAR STATEMENT 6
 NOT INCLUDED ON SCHEDULE K

DESCRIPTION	AMOUNT
INTEREST EXPENSE - RESIDENCE APPORTIONMENT	326.
OTHER NON-DEDUCTIBLE EXPENSE	4,000.
REAL PROPERTY TAXES - RESIDENCE APPORTIONMENT	160.
SHAREHOLDERS HEALTH INSURANCE	20,128.
UTILITIES 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 INFORMATION-MORE THAN 50% STATEMENT 8

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
(J) AUTO NO	(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.? Y N	(P) > 5% OWNER? Y N	(Q) ANOTHER VEH. AVAILABLE? Y N	
2014 JEEP GRAND CHEROKEE	02/02/15	100.00	32,598.	32,598.	5.00	200DB-HY X X	5,100. X	
2011 TOYOTA RAV4	02/02/15	100.00	5,000.	5,000.	5.00	200DB-HY X X	1,600. X	
2011 FORD VAN	02/02/15	100.00	19,000.	19,000.	5.00	200DB-HY X X	5,600. X	
2008 FORD VAN	02/02/15	100.00	16,000.	16,000.	5.00	200DB-HY X X	5,120. X	

MARBLE MOUNTAIN RANCH, INC.



2006 FORD	02/02/15							
VAN		100.00	8,000.	8,000.	5.00	200DB-HY	2,560.	
					X	X	X	

TOTAL TO FORM 4562, PART V, LINE 26

19,980.

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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
69	STOCK - STARDUST	030116	200DB	7.00	1,200.	0.	172.	172.	0.
70	STOCK - SEDONA	030116	200DB	7.00	1,200.	0.	172.	172.	0.
71	STOCK - DARTANJION	080116	200DB	7.00	1,200.	0.	172.	172.	0.
43	CABIN #1	020215		27.50	67,200.	2,240.	2,444.	2,444.	0.
44	CABIN #2	020215		27.50	106,400.	3,547.	3,869.	3,869.	0.
45	CABIN #3	020215		27.50	67,200.	2,240.	2,444.	2,444.	0.
46	CABIN #4	020215		27.50	67,200.	2,240.	2,444.	2,444.	0.
47	CABIN #5 & 6 - DUPLEX	020215		27.50	108,500.	3,687.	3,945.	3,945.	0.
48	CABIN #7 & 8 - DUPLEX	020215		27.50	80,640.	2,688.	2,932.	2,932.	0.
49	CABIN #9	020215		27.50	98,500.	3,285.	3,584.	3,584.	0.
50	CABIN #10	020215		27.50	87,360.	2,912.	3,177.	3,177.	0.
51	QUAILS NEST HOUSE	020215		27.50	225,000.	7,513.	8,196.	8,196.	0.
52	SLEEPY HOLLOW HOUSE	020215		27.50	109,200.	3,640.	3,971.	3,971.	0.
53	EVER VIEW HOUSE	020215		27.50	114,000.	11,573.	12,625.	12,625.	0.
54	COVERED RIDING ARENA	020215	150DB	10.00	157,000.	11,775.	28,260.	21,784.	6,476.
55	ARENA TACK BUILDING	020215	150DB	10.00	77,740.	5,831.	13,993.	10,786.	3,207.
56	LODGE/MESS HALL	020215	150DB	10.00	230,580.	8,647.	16,645.	16,645.	0.
57	HAY BARN	020215	150DB	10.00	120,000.	9,000.	21,600.	16,650.	4,950.
58	TACK HOUSE	020215	150DB	10.00	22,100.	1,658.	3,978.	3,066.	912.
59	GIFT SHOP	020215	150DB	10.00	62,860.	2,358.	4,538.	4,538.	0.
60	LAUNDRY/SHOWER HOUSE	020215	150DB	10.00	78,842.	2,957.	5,691.	5,691.	0.
61	GREENHOUSE	020215	150DB	10.00	25,000.	1,875.	4,500.	3,469.	1,031.
62	POWER HOUSE	020215		39.00	10,000.	235.	256.	256.	0.
63	GAME ROOM	020215		20.00	10,000.	458.	500.	500.	0.
64	SHOP BUILDING	020215	150DB	10.00	156,000.	11,700.	28,080.	21,645.	6,435.
72	ARENA STUDIO HOUSING HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)	050116	150DB	10.00	28,635.	0.	694.	694.	0.
73	FURNISHINGS - CABINS/HOUSES	050116	150DB	10.00	21,000.	0.	2,100.	1,575.	525.
1	RANGE FIREARMS	020215	150DB	7.00	522.	56.	128.	100.	28.
2	JET BOAT	020215	150DB	7.00	600.	79.	86.	86.	0.
3	SANTA FE BBQ	040115	150DB	7.00	10,392.	1,114.	2,545.	1,988.	557.
4	ZERO TURN MOWER	031515	150DB	7.00	2,775.	298.	679.	531.	148.
13	2015 KUBOTA L3560 TRACTOR	021515	150DB	7.00	9,800.	1,050.	2,400.	1,875.	525.
					42,000.	4,500.	10,286.	8,036.	2,250.

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
14	2015 HUSQVARNA MOWER	02/21/15	150DB	7.00	9,000.	965.	2,204.	1,722.	482.
15	2009 JOHN DEERE MOWER	02/02/15	150DB	7.00	4,000.	429.	979.	753.	214.
16	1941 JOHN DEERE MOWER	02/02/15	150DB	7.00	1,500.	161.	367.	287.	80.
17	6 SOTAR RAFTS	03/05/15	150DB	7.00	24,000.	2,572.	5,877.	4,592.	1,285.
18	SOTAR INFLATABLE KAYAKS	02/02/15	150DB	7.00	16,000.	1,715.	3,918.	3,061.	857.
19	MISC RAFTING EQUIPMENT	02/02/15	150DB	7.00	24,000.	2,572.	5,877.	4,592.	1,285.
20	RAFT TRAILER #1	02/02/15	150DB	7.00	2,000.	215.	490.	383.	107.
21	RAFT TRAILER #2	02/02/15	150DB	7.00	2,000.	215.	490.	383.	107.
22	AXLE TRAILER	02/02/15	150DB	7.00	3,500.	375.	857.	670.	187.
23	HYDE DRIFT BOAT #1	02/02/15	150DB	7.00	8,000.	857.	1,959.	1,531.	428.
24	HYDE DRIFT BOAT #2	02/02/15	150DB	7.00	7,000.	750.	1,714.	1,339.	375.
25	WILLIE DRIFT BOAT	02/02/15	150DB	7.00	3,500.	375.	857.	670.	187.
27	MISCELLANEOUS FISHING GEAR 1997 WATER PURIFICATION	02/02/15	150DB	7.00	17,000.	1,286.	2,939.	2,299.	643.
28	SYSTEM 2015 WATER PURIFICATION	02/02/15	150DB	7.00	500.	54.	122.	96.	26.
29	SYSTEM (UPGRADED) HOOK LATCH AG LINES &	03/02/15	150DB	7.00	32,000.	3,429.	7,837.	6,122.	1,715.
30	SPRINKLERS	03/01/15	150DB	7.00	8,000.	857.	1,959.	1,531.	428.
31	20' CARGO CONTAINERS	02/02/15	150DB	7.00	8,000.	857.	1,959.	1,531.	428.
32	HORSE PANELS FENCING	02/02/15	150DB	7.00	14,000.	1,179.	2,694.	2,105.	589.
33	TACK FOR 25 HORSES	02/02/15	150DB	7.00	12,000.	1,286.	2,939.	2,296.	643.
34	JOHN DEERE 60KW GENSET	02/02/15	150DB	7.00	9,500.	1,018.	2,327.	1,818.	509.
35	IVECO 60KW GENSET	02/02/15	150DB	7.00	8,000.	857.	1,959.	1,531.	428.
36	HYDROPLANT 40 KW GENERATOR	03/01/15	150DB	7.00	50,000.	5,357.	12,245.	9,566.	2,679.
37	HONDA PORTABLE GENSET	01/01/15	150DB	7.00	3,936.	422.	964.	753.	211.
38	SOIL TAMPER	02/02/15	150DB	7.00	3,500.	375.	857.	670.	187.
39	WELDING EQUIPMENT MISC CONSTRUCTION TOOLS &	02/02/15	150DB	7.00	3,500.	375.	857.	670.	187.
40	EQUIPMENT	02/02/15	150DB	7.00	20,000.	2,143.	4,898.	3,827.	1,071.
41	500 GAL CONTAINMENT FUEL TANK	02/02/15	150DB	7.00	5,000.	536.	1,224.	957.	267.
42	650 GAL CONTAINMENT FUEL TANK	02/02/15	150DB	7.00	7,000.	750.	1,714.	1,339.	375.
66	MINI EXCAVATOR	05/06/16	200DB	7.00	3,478.	0.	497.	497.	0.

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
67	WATER FILTRATION SYSTEM	022416	200DB	7.00	33,503.	0.	4,786.	4,786.	0.
6	2014 JEEP GRAND CHEROKEE	020215	150DB	5.00	32,598.	3,160.	5,100.	5,100.	0.
7	2011 TOYOTA RAV4	020215	150DB	5.00	5,000.	750.	1,600.	1,275.	325.
8	2011 FORD VAN	020215	150DB	5.00	19,000.	2,850.	5,600.	4,845.	755.
9	2008 FORD VAN	020215	150DB	5.00	16,000.	2,400.	5,120.	4,080.	1,040.
10	2006 FORD VAN	020215	150DB	5.00	8,000.	1,200.	2,560.	2,040.	520.
11	2015 HONDA ATV	020215	200DB	5.00	7,500.	750.	1,200.	1,200.	0.
12	2013 HONDA ATV	020215	150DB	5.00	6,500.	75.	2,080.	1,658.	422.
65	KAWASAKI ATV	070916	200DB	7.00	6,751.	0.	965.	965.	0.
63	2017 GMC 3500	021216	200DB	5.00	68,225.	0.	13,665.	13,665.	0.
TOTALS					2,943,896.	153,582.	314,341.	258,041.	46,300.
MACRS AMT ADJUSTMENT								46,300.	

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Schedule K-1 (Form 1120S)

2016

Final K-1 Amended K-1 OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

For calendar year 2016, or tax year beginning ending

Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Corporation
A Corporation's employer identification number
B Corporation's name, address, city, state, and ZIP code
MARBLE MOUNTAIN RANCH, INC.
92520 HIGHWAY 96
SOMES BAR, CA 95568
C IRS Center where corporation filed return
E-FILE
Part II Information About the Shareholder
D Shareholder's identifying number
E Shareholder's name, address, city, state and ZIP code
DOUGLAS T. COLE
92520 HIGHWAY 96
SOMES BAR, CA 95568
F Shareholder's percentage of stock ownership for tax year 50.000000%

Table with 4 columns: Line number, Description, Column number, and Amount. Includes rows for Ordinary business income (-68,627), Dividends, Section 179 deduction, and Alternative min tax (AMT) items (23,150).

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For IRS Use Only

*See attached statement for additional information.

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

FORM
100S

3752657 MARB 47-3825422 000000000000 16
 TYB 01-01-2016 TYE 12-31-2016
 MARBLE MOUNTAIN RANCH INC

92520 HIGHWAY 96
 SOMES BAR CA 95568

Schedule Q Questions: (continued on Side 3)

- A 1. FINAL RETURN?** • Dissolved Surrendered (withdrawn) Merged/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 No
- If "Yes" enter the year of disposition (yyyy)
3. Is the S corporation reporting previously deferred income from: • Installment sale • IRC § 1031 • IRC § 1033 • Other
- B 1.** 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 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 No
2. 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 No
3. 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 No
- (Yes requires filing of statement, penalties may apply - see instructions)**

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	1	-137,253.00
	2 Foreign or domestic tax based on income or profits and California franchise or income tax deducted	2	3,000.00
	3 Interest on government obligations	3	00
	4 Net capital gain from Schedule D (100S), Section A & Section B. Attach Schedule D (100S). See instructions	4	00
	5 Depreciation and amortization adjustments. Attach Schedule B (100S)	5	-1,200.00
	6 Portfolio income	6	00
	7 Other additions. Attach schedule(s)	7	00
	8 Total. Add line 1 through line 7	8	-135,453.00

State Adjustments (cont)	9	Dividends received deduction. Attach Schedule H (100S)	9	00		
	10	Water's-edge dividend deduction. Attach Schedule H (100S)	10	00		
	11	Contributions. See instructions SEE STATEMENT 1	11	00		
	12	Other deductions. Attach schedule(s)	12	00		
	13	Total. Add line 9 through line 12	13	00		
CA Net Income	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	-135,453.00		
	16	R&TC Section 23802(e) deduction. See instructions	16	00		
	17	Net operating loss deduction. See instructions	17	00		
	18	Pierce's disease, EZ, LARZ, TTA, or LAMBRA NOL carryover deduction	18	00		
Taxes	19	Disaster loss deduction. See instructions	19	00		
	20	Net income for tax purposes. Combine line 16 through line 19. Subtract the result from line 15	20	-135,453.00		
	21	Tax. <u>1.5000</u> % x line 20 (at least minimum franchise tax, if applicable). See instructions	21	800.00		
	22	Credit name _____ code no. _____ and amount	22	00		
	23	Credit name _____ code no. _____ and amount	23	00		
	24	To claim more than two credits, see instructions	24	00		
	25	Add line 22 through line 24	25	00		
	26	Balance. Subtract line 25 from line 21 (not less than minimum franchise tax plus QSub annual tax(es) if 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		
Payments	29	Total tax. Add line 26 through line 28	29	800.00		
	30	Overpayment from prior year allowed as a credit	30	800.00		
	31	2016 Estimated tax/QSub payments. See instructions	31	00		
	32	2016 Withholding (Form 592-B and/or 593)	32	00		
Refund or Amount Due	33	Amount paid with extension of time to file tax return	33	00		
	34	Total payments. Add line 30 through line 33	34	800.00		
	35	Use tax. This is not a total line. See instructions	35	00		
	36	Payments balance. If line 34 is more than line 35, subtract line 35 from line 34	36	800.00		
	37	Use tax balance. If line 35 is more than line 34, subtract line 34 from line 35	37	00		
	38	Franchise or income tax due. If line 29 is more than line 36, subtract line 36 from line 29.	38	0.00		
	39	Overpayment. If line 36 is more than line 29, subtract line 29 from line 36	39	00		
	40	Amount of line 39 to be credited to 2017 estimated tax	40	00		
	41	Refund. Subtract line 40 from line 39 See instructions to have the refund directly deposited. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	41	00		
	41a.	Routing number	41b.	Type	41c.	Account number
	42	a Penalties and interest	42a	00		
	b <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.					
43	Total amount due. Add line 37, line 38, line 40, and line 42a. Then, subtract line 39 from the result	43	00			

Schedule Q Questions (continued from Side 1)

- C Principal business activity code. Do not leave blank. 713900
Business activity RECREATION Product or service GUEST RANCH ADVENTUR
D Is this S corporation filing on a water's-edge basis pursuant to R&TC sections 25110 and 25113 for the current taxable year?
E Does this tax return include Qualified Subchapter S Subsidiaries?
F Date incorporated (mm/dd/yyyy) 02/02/2015 Where: State CA Country
G Maximum number of shareholders in the S corporation at any time during the year. Do not leave blank. 2
H Date business began in California or date income was first derived from California 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 year?
J Effective date of federal S election (mm/dd/yyyy) 02/02/2015
L Accounting method (1) X Cash (2) Accrual (3) Other
M Location of principal accounting records SEE STATEMENT 2
N "Doing business as" (DBA) name:
O Have all required information returns (e.g. federal Forms 1099, 8300 and state Forms 542, 592-B, etc.) been filed with the Franchise Tax Board? X N/A
P Is this S corporation apportioning or allocating income to California using Schedule R?
Q Has the S corporation included a reportable transaction or listed transaction within this return? See instructions for definitions. If "Yes," complete and attach federal Form 8886, for each transaction.
R Did this S corporation file the federal Schedule M-3 (Form 1120-S)?
S Is form FTB 3544A, List of Assigned Credit Received and/or Claimed by an Assignee, attached to the return?

Schedule J Add-On Taxes or Recapture of Tax Credits. See instructions.

Table with 6 rows and 3 columns: Description, Line Number, Amount. Includes LIFO recapture, interest on tax attributable to installment, and credit recapture.

Signature and Preparer's Use Only section. Includes fields for Signature of officer (Title: PRESIDENT), Date, Telephone (530 469-3322), Preparer's signature, Date, Check if self-employed, PTIN, Firm's name (ALLAN K. DORFF, CPA INC.), and address (1181 PUERTA DEL SOL, #140 SAN CLEMENTE, CA 92673).

May the FTB discuss this return with the preparer shown above? See instructions. X Yes

Schedule F Computation of Trade or Business Income See instructions.

		1c	
Income	1 a) Gross receipts or sales <u>750,637.</u> b) Less returns and allowances _____ Balance ●	1c	750,637.00
	2 Cost of goods sold from Schedule V, line 8 _____ ●	2	1,387.00
	3 Gross profit. Subtract line 2 from line 1c _____ ●	3	749,250.00
	4 Net gain (loss). Attach schedule _____ ●	4	00
	5 Other income (loss). Attach schedule _____ ●	5	00
	6 Total income (loss). Combine line 3 through line 5 _____ ●	6	749,250.00
Deductions	7 Compensation of officers. Attach schedule. See instructions _____ ●	7	00
	8 Salaries and wages _____ ●	8	89,920.00
	9 Repairs and maintenance _____ ●	9	63,669.00
	10 Bad debts _____ ●	10	00
	11 Rents _____ ●	11	00
	12 Taxes <u>SEE STATEMENT 3</u> _____ ●	12	21,139.00
	13 Interest _____ ●	13	11,108.00
	14 a) Depreciation ● <u>314,341.</u> b) Less depreciation reported elsewhere ● _____ c) Balance ●	14c	314,341.00
	15 Depletion _____ ●	15	00
	16 Advertising _____ ●	16	6,643.00
	17 Pension, profit-sharing, plans, etc. _____ ●	17	00
	18 Employee benefit programs _____ ●	18	00
	19 a) Total travel and entertainment ● <u>2,815.</u> b) Deductible amount _____ ●	19b	2,815.00
	20 Other deductions. Attach schedule <u>SEE STATEMENT 4</u> _____ ●	20	376,868.00
	21 Total deductions. Add line 7 through line 20 _____ ●	21	886,503.00
	22 Ordinary income (loss) from trade or business. Subtract line 21 from line 6. Enter here and on Side 1, line 1 _____ ●	22	-137,253.00

The corporation may not be required to complete Schedules L and M-1. See Schedule L and Schedule M-1 instructions for reporting requirements.

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash _____ ●		500.		499.
2 a) Trade notes and accounts receivable _____ ●				
b) Less allowance for bad debts _____ ●	((
3 Inventories _____ ●		2,500.		2,500.
4 Federal and state government obligations _____ ●				
5 Other current assets. Attach schedule(s) _____ ●				
6 Loans to shareholders. Attach schedule(s) _____ ●				
7 Mortgage and real estate loans _____ ●				
8 Other investments. Attach schedule(s) _____ ●				
9 a) Buildings and other fixed depreciable assets _____ ●	2,778,105.		2,943,396.	
b) Less accumulated depreciation _____ ●	(186,804.)	2,591,301.	(501,145.)	2,442,251.
10 a) Depletable assets _____ ●				
b) Less accumulated depletion _____ ●				
11 Land (net of any amortization) _____ ●				
12 a) Intangible assets (amortizable only) _____ ●				
b) Less accumulated amortization _____ ●				
13 Other assets. Attach schedule(s) _____ ●				
14 Total assets _____ ●		2,594,301.		2,445,250.
Liabilities and shareholders' equity				
15 Accounts payable _____ ●				
16 Mortg, notes, bonds payable in less than 1 yr. _____ ●				
17 Other current liabilities. Attach schedule(s) _____ ●				
18 Loans from shareholders. Attach schedule(s) _____ ●		23,219.		89,295.
19 Mortg, notes, bonds payable in 1 year or more _____ ●				
20 Other liabilities. Attach schedule(s) _____ ●		82,703.		47,374.
21 Capital stock _____ ●		1,000.		1,000.
22 Paid-in or capital surplus _____ ●		2,599,094.		2,599,094.
23 Retained earnings _____ ●		-111,715.		-291,513.
24 Adjustments. Attach schedule(s) _____ ●				
25 Less cost of treasury stock _____ ●				
26 Total liabilities and shareholders' equity _____ ●		2,594,301.		2,445,250.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.

If the S corporation completed federal Schedule M-3 (Form 1120S). See instructions.

1 Net income per books	-179,798.	5 Income recorded on books this year not included on Schedule K, line 1 through line 10b (itemize)	
2 Inc included on Sch K, lines 1 - 10b, not recorded on books this yr (itemize)		a Tax-exempt interest \$	
3 Expenses recorded on books this year not incl on Schedule K, line 1 through line 12e (itemize)		b Other \$	
a Depreciation \$		c Total. Add line 5a and line 5b	
b State taxes \$ 3,000.		6 Deductions included on Sch K, line 1 through line 12e, not charged against book income this year (itemize)	
c Travel and entertainment \$		a Depreciation \$ 1,200.	
d Other \$ 36,118.		b State tax refunds \$	
SEE STATEMENT 8		c Other \$	
e Total. Add line 3a through line 3d	39,118.	d Total. Add line 6a through line 6c	1,200.
4 Total. Add line 1 through line 3e	-140,680.	7 Total. Add line 5c and line 6d	1,200.
		8 Income (loss) (Sch K, ln 19, col. 4, Ln 4 less ln 7)	-141,880.

Schedule M-2 CA Accumulated Adjustments Account, Other Adjustments Account, and Other Retained Earnings. See instructions.

Important: Use California figures and federal procedures.

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Other retained earnings
1 Balance at beginning of year	-88,775.		
2 Ordinary income from Form 100S, Side 1, line 1			
3 Other additions STMT 7	3,000.		
4 Loss from Form 100S, Side 1, line 1	(137,253.)		
5 Other reductions STMT 6	(10,620.)		
6 Combine line 1 through line 5	-233,655.		
7 Distributions other than dividend distributions			
8 Balance at end of year. Subtract line 7 from line 6	233,655.		
9 Retained earnings at end of year. Add line 8, column (a) through column (c)			-233,655.

If the corp. has C corp. E&P at the end of the taxable year, check this box and enter the amount. See instructions

Schedule V Cost of Goods Sold

1 Inventory at beginning of year	1	2,500.00
2 Purchases	2	1,387.00
3 Cost of labor	3	00
4 Other IRC Sec. 263A costs. Attach schedule	4	00
5 Other costs. Attach schedule	5	00
6 Total. Add line 1 through line 5	6	3,887.00
7 Inventory at end of year	7	2,500.00
8 Cost of goods sold. Subtract line 7 from line 6	8	1,387.00

Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No
 If "Yes," attach an explanation. Enter CA seller's permit number, if any
 Method of inventory valuation COST

Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970
 If the LIFO inventory method was used for this taxable year, enter the amount of closing 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
Income (Loss)	1 Ordinary business income (loss) <u>STMT 10</u>	1	-137,253.00	1,800.00	-135,453.00
	2 Net rental real estate income (loss). Att fed Form 8825	2			
	3 a Other gross rental income (loss)	3a			
	b Expenses from other rental activities. Attach schedule	3b			
	c Other net rental income (loss). Subtract line 3b from line 3a	3c			
	4 Interest income	4			
	5 Dividends	5			
	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				
9 Net IRC Section 1231 gain (loss)	9				
Other Income (Loss)	10 a Other portfolio income (loss). Attach schedule	10a			
	b Other income (loss). Attach schedule	10b			
Deductions	11 Expense deduction for recovery property (IRC Section 179) Attach Schedule B (100S)	11			
	12 a Charitable contributions	12a	6,427.00		6,427.00
	b Investment interest expense	12b			
	c 1 IRC Section 59(e)(2) expenditures	12c1			
	2 Type of expenditures	12c2			
	d Deductions - portfolio. Attach schedule	12d			
e Other deductions. Attach schedule	12e				
Credits	13 a Low-income housing credit. See instructions.	13a			
	b Credits related to rental real estate activities. Attach schedule	13b			
	c Credits related to other rental activities. See instructions. Attach schedule	13c			
	d Other credits. Attach schedule	13d			
14 Total withholding allocated to all shareholders	14				
Alternative Minimum Tax (AMT) items	15 a Depreciation adjustment on property placed in service after 12/31/86	15a			51,893.00
	b Adjusted gain or loss. See instructions	15b			
	c Depletion (other than oil and gas)	15c			
	d 1 Gross income from oil, gas, and geothermal properties	15d1			
	2 Deductions allocable to oil, gas, and geothermal properties	15d2			
e Other AMT items.	15e				
Items affecting Shareholder Basis	16 a Tax-exempt interest income	16a			
	b Other tax-exempt income	16b			
	c Nondeductible expenses <u>SEE STATEMENT 9</u>	16c		3,000.00	3,000.00
	d Total property distributions (including cash) other than dividends distribution reported on line 17c	16d			
Other Information	17 a Investment income. See instructions	17a			
	b Investment expenses. See instructions	17b			
	c Total dividend distributions paid from accumulated earnings and profits	17c			
	d Other items and amnts not included in lines 1 through 17b and lines 18a-e that are required to be reported separately to shareholders. Attach schedule	17d			
Other State Taxes	18 a Type of income	18a			
	b Name of state	18b			
	c Total gross income from sources outside California. Att sch	18c			
	d Total applicable deductions and losses. Attach schedule	18d			
	e Total other state taxes. Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	18e			
Reconcili- ation	19 Income (loss) (required only if Schedule M-1 must be completed). Combine line 1, line 2, and line 3c through line 10b. From the result, subtract the sum of lines 11, 12a, 12b, 12c1, 12d and 12e	19	-143,680.00	1,800.00	-141,880.00

S Corporation Depreciation and Amortization

For use by S corporations only. Attach to Form 100S.

Corporation name MARBLE MOUNTAIN RANCH, INC.	California corporation number 3752657
--	---

Part I Depreciation. Use additional sheets if necessary.

1 Enter federal depreciation from federal Form 4562, line 22. IRC Section 179 expense deduction is not included on this line. Get federal Form 4562 instructions	1	314,341.00
---	---	-------------------

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year
SEE STATEMENT 11						

3 Add the amounts on line 2, column (g)	3	315,541.00
4 Subtract line 3 from line 1. If negative, use brackets. Enter here and on the applicable line of Form 100S, Side 6, Schedule K	4	-1,200.00
5 Enter IRC Section 179 expense deduction here and on Form 100S, Side 2, line 12. Do not enter more than \$25,000	5	00

Part II Amortization. Use additional sheets if necessary.

1 Enter federal amortization from federal Form 4562, line 44	1	00
--	---	-----------

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section	(f) Period or percentage	(g) Amortization for this year
2						

3 Add the amounts on line 2, column (g)	3	00
4 California amortization adjustment. Subtract line 3 from line 1. If negative, use brackets. Enter here and on the applicable line of Form 100S, Side 6, Sch K	4	00

Part III Depreciation and Amortization Adjustment

1 Combine the amounts on Part I, line 4 and Part II, line 4. Enter here (If negative, use brackets) and on Form 100S, Side 1, line 5. For passive activities, see instructions	1	-1,200.00
--	---	------------------

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2016 S Corporation Tax Credits

C (100S)

For use by S corporations only. Attach to Form 100S.

Corporation name MARBLE MOUNTAIN RANCH, INC.	California corporation number 3752657
--	---

	(a) Credit amount limited to 1/3 of total	(b) Carryover from prior year	(c) Credit used this year, not more than col. (a) + col. (b)	(d) Tax balance that may be offset by credits	(e) Credit carryover to 2017
1 Regular tax from Form 100S, Side 2, line 21				800.	
2 Minimum franchise tax plus QSub annual tax(es), if applicable				800.	
3 Subtract line 2 from line 1. If zero or less, enter -0-				0.	
4 Code: _____ Credit name: _____					
5 Code: _____ Credit name: _____					
6 Code: _____ Credit name: _____					
7 Code: _____ Credit name: _____					
8 Code: _____ Credit name: _____					
9 Code: _____ Credit name: _____					
10 Code: _____ 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.

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Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

MARBLE MOUNTAIN RANCH, INC.

3752657

During the taxable year the corporation incurred the NOL, the corporation was a(n): [] C Corporation [X] S Corporation

FEIN

[] Exempt Organization [] Limited liability company (electing to be taxed as a corporation)

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

Table with 2 columns: Line number and Amount. Line 1: 135,453.00; Line 2: 00; Line 3: 135,453.00; Line 4a: 00; Line 4b: 0.00; Line 4c: 00; Line 5: 135,453.00; Line 6: 135,453.00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2014 and/or 2015, complete Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.

Table with 2 columns: Line number and Amount. Line 7: 00; Line 8: 00; Line 9: 135,453.00

Election to waive carryback

[X] Check the box if the corporation elects to relinquish the entire carryback period with respect to 2016 NOL under Internal Revenue Code (IRC) Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's irrevocable. See instructions. Continue with Part II, NOL carryover and disaster loss carryover limitations. Do not complete Part III, NOL carryback.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

Table with 2 columns: Description and Amount. (g) Available balance: 0.

Prior Year NOLs

Table with 8 columns: (a) Year of loss, (b) Code, (c) Type of NOL, (d) Initial loss, (e) Carryover from 2015, (f) Amount used in 2016, (g) Available balance, (h) Carryover to 2017. Row 1: 2015, GEN, 82,004.00, 82,004.00, 0.00, 0.00, 82,004.00

Current Year NOLs

Table with 8 columns: (a) Year of loss, (b) Code, (c) Type of NOL, (d) Initial loss, (e) Carryover from 2015, (f) Amount used in 2016, (g) Available balance, (h) Carryover to 2017. Row 1: 3 2016, DIS, 135,453.00, 135,453.00, 0.00, 0.00, 135,453.00

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III NOL carryback

- 1 2014 Net income - Enter the amount from 2014 Form 100, line 22; Form 100W, line 22; Form 100S line 20; or taxable income from Form 109, line 9; (but not less than -0-)
- 2 2015 Net income - Enter the amount from 2015 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-)

(a) Year of Loss	(b) Code - See Instructions	(c) Type of NOL - See below	(d) Initial loss - See Instructions	2014		2015		(i) Carryover to 2017 col. (d) minus (col. (e) plus col. (g))
				(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)	
3 2016								
2016								
2016								
2016								
2016								

* **Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

Part IV 2016 NOL deduction

- 1 Total the amounts in Part II, line 2, column (f) 1 00
- 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 00
- 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7 3 0 . 00

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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
	FURNISHINGS -									
1	CABINS/HOUSES	020215	150DE	7.00	522.	56.	522.	128.	100.	0.
2	RANGE FIREARMS	020215	SL	7.00	600.	43.	600.	86.	86.	0.
3	TRIT BOAT	020215	150DE	7.00	10,392.	1,114.	10,392.	2,545.	1,988.	0.
4	SANTA FE BBQ	040115	150DE	7.00	2,775.	298.	2,775.	679.	531.	0.
5	BERG HORN MOWER	031515	150DE	7.00	9,800.	1,050.	9,800.	2,400.	1,875.	0.
6	2014 JEEP GRAND CHEROKEE	020215	150DE	5.00	32,598.	3,166.	32,598.	5,100.	5,100.	0.
7	2011 TOYOTA RAV4	020215	150DE	5.00	5,000.	500.	5,000.	1,600.	1,275.	0.
8	2011 FORD VAN	020215	150DE	5.00	19,000.	2,850.	19,000.	5,600.	4,845.	0.
9	2008 FORD VAN	020215	150DE	5.00	15,000.	1,500.	15,000.	5,100.	4,080.	0.
10	2006 FORD VAN	020215	150DE	5.00	8,000.	1,300.	8,000.	2,560.	2,040.	0.
11	2015 HONDA ATV	020215	150DE	5.00	7,500.	750.	7,500.	2,400.	1,915.	0.
12	2013 HONDA ATV	020215	150DE	5.00	6,500.	975.	6,500.	2,080.	1,658.	0.
13	2015 KUBOTA L3500 TRACTOR	020215	150DE	7.00	42,000.	4,500.	42,000.	10,286.	8,036.	0.
14	2015 HUSQVARNA MOWER	021515	150DE	7.00	9,000.	965.	9,000.	2,204.	1,722.	0.
15	2009 JOHN DEERE MOWER	020215	150DE	7.00	4,000.	429.	4,000.	979.	765.	0.
16	1941 JOHN DEERE MOWER	020215	150DE	7.00	1,500.	161.	1,500.	367.	287.	0.
17	SOTAR RAFTS	031515	150DE	7.00	24,000.	2,572.	24,000.	5,877.	4,592.	0.
18	SOTAR INFLATABLE KAYAKS	020215	150DE	7.00	16,000.	1,715.	16,000.	3,918.	3,061.	0.
19	MISC RAFTING EQUIPMENT	020215	150DE	7.00	24,000.	2,572.	24,000.	5,877.	4,592.	0.
20	RAFT TRAILER #1	020215	150DE	7.00	2,000.	215.	2,000.	490.	383.	0.
21	RAFT TRAILER #2	020215	150DE	7.00	2,000.	215.	2,000.	490.	383.	0.
22	AXLE TRAILER	020215	150DE	7.00	3,500.	375.	3,500.	857.	670.	0.
23	SHOCK TRAILER	020215	150DE	7.00	4,000.	429.	4,000.	979.	765.	0.
24	HYDE DRIFT BOAT #1	020215	150DE	7.00	8,000.	857.	8,000.	1,959.	1,531.	0.
25	HYDE DRIFT BOAT #2	020215	150DE	7.00	7,000.	750.	7,000.	1,714.	1,339.	0.
26	WILLIE DRIFT BOAT	020215	150DE	7.00	3,500.	375.	3,500.	857.	670.	0.
	MISCELLANEOUS FISHING									
27	GEAR	020215	150DE	7.00	12,000.	1,286.	12,000.	2,939.	2,296.	0.
28	1997 WATER PURIFICATION SYSTEM	020215	150DE	7.00	500.	54.	500.	122.	96.	0.
29	2015 WATER PURIFICATION SYSTEM (UPGRADED)	030215	150DE	7.00	32,000.	3,429.	32,000.	7,837.	6,122.	0.

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
	HOOK LATCH AG LINES &									
30	SPRINKLERS	030115	150DE	7.00	8,000.	857.	8,000.	1,959.	1,531.	0.
31	20' CARGO CONTAINERS	020215	150DE	7.00	8,000.	857.	8,000.	1,959.	1,531.	0.
32	HORSE PANELS FENCING	020215	150DE	7.00	11,000.	1,179.	11,000.	2,694.	2,105.	0.
33	TACK FOR 25 HORSES	020215	150DE	7.00	12,000.	1,286.	12,000.	2,939.	2,296.	0.
34	JOHN DEERE 60KW GENSET	020215	150DE	7.00	9,500.	1,018.	9,500.	2,327.	1,818.	0.
35	IVECO 60KW GENSET	020215	150DE	7.00	8,000.	857.	8,000.	1,959.	1,531.	0.
	GENERATOR 40 KW									
36	GENERATOR	031515	150DE	7.00	50,000.	5,357.	50,000.	12,245.	9,566.	0.
37	HONDA PORTABLE GENSET	030115	150DE	7.00	3,926.	426.	3,926.	964.	753.	0.
38	SOIL TAMPER	020215	150DE	7.00	3,500.	375.	3,500.	857.	670.	0.
39	HANDING EQUIPMENT	020215	150DE	7.00	3,500.	375.	3,500.	857.	670.	0.
	MISC CONSTRUCTION TOOLS &									
40	EQUIPMENT	020215	150DE	7.00	20,000.	2,143.	20,000.	4,898.	3,827.	0.
	500 GAL CONTAINMENT FUEL									
41	TANK	020215	150DE	7.00	5,000.	536.	5,000.	1,224.	957.	0.
	650 GAL CONTAINMENT FUEL									
42	TANK	020215	150DE	7.00	7,000.	750.	7,000.	1,714.	1,339.	0.
43	CABIN #1	020215	SL	27.50	67,200.	2,240.	67,200.	2,444.	2,444.	0.
44	CABIN #2	020215	SL	27.50	106,400.	3,547.	106,400.	3,869.	3,869.	0.
45	CABIN #3	020215	SL	27.50	67,200.	2,240.	67,200.	2,444.	2,444.	0.
46	CABIN #4	020215	SL	27.50	67,200.	2,240.	67,200.	2,444.	2,444.	0.
47	CABIN #5 & 6 - DUPLEX	020215	SL	27.50	108,500.	3,617.	108,500.	3,945.	3,945.	0.
48	CABIN #7 & 8 - DUPLEX	020215	SL	27.50	80,640.	2,688.	80,640.	2,932.	2,932.	0.
49	CABIN #9	020215	SL	27.50	98,560.	3,285.	98,560.	3,584.	3,584.	0.
50	CABIN #10	020215	SL	27.50	87,360.	2,912.	87,360.	3,177.	3,177.	0.
51	QUAILS NEST HOUSE	020215	SL	27.50	225,400.	7,513.	225,400.	8,196.	8,196.	0.
52	SLEEPY HOLLOW HOUSE	020215	SL	27.50	109,200.	3,640.	109,200.	3,971.	3,971.	0.
53	RIVER VIEW HOUSE	020215	SL	27.50	347,200.	11,573.	347,200.	12,625.	12,625.	0.
54	COVERED RIDING ARENA	020215	150DE	10.00	157,000.	11,775.	157,000.	28,260.	21,784.	0.
55	ARENA TACK BUILDING	020215	150DE	10.00	77,740.	5,831.	77,740.	13,993.	10,786.	0.
56	LODGE/MESS HALL	020215	150DE	20.00	230,580.	8,647.	230,580.	16,645.	16,645.	0.
57	HAY BARN	020215	150DE	10.00	120,000.	9,000.	120,000.	21,600.	16,650.	0.
58	TACK HOUSE	020215	150DE	10.00	22,100.	1,658.	22,100.	3,978.	3,066.	0.

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
59	GIFT SHOP	02/20/21	SL	15.00	62,860.	2,358.	62,860.	4,538.	4,538.	0.
60	LAUNDRY/SHOWER HOUSE	02/20/21	SL	20.00	78,842.	2,957.	78,842.	5,691.	5,691.	0.
61	GREENHOUSE	02/20/21	SL	10.00	25,000.	1,875.	25,000.	4,500.	3,469.	0.
62	POWER HOUSE	02/20/21	SL	39.00	10,000.	235.	10,000.	256.	256.	0.
63	GAME ROOM	02/20/21	SL	20.00	10,000.	458.	10,000.	500.	500.	0.
64	SHOP BUILDING	02/20/21	SL	10.00	156,000.	11,700.	56,000.	28,080.	21,645.	0.
65	KAWASAKI ATV	07/09/16	SL	7.00	6,751.		6,751.	965.	724.	0.
66	GENIE EXCAVATOR	05/05/16	SL	7.00	3,478.		3,478.	497.	373.	0.
67	WATER FILTRATION SYSTEM	02/24/16	SL	7.00	33,503.		33,503.	4,786.	3,590.	0.
68	2017 GMC 3500	02/22/16	SL	7.00	68,324.		68,324.	13,665.	10,249.	0.
69	STOCK - STARDUST	03/01/16	SL	7.00	1,200.		1,200.	172.	129.	0.
70	STOCK - SEDONA	03/01/16	SL	7.00	1,200.		1,200.	172.	129.	0.
71	STOCK - DARTANJON	08/01/16	SL	7.00	1,200.		1,200.	172.	129.	0.
72	ARENA STUDIO HOUSING	05/01/16	SL	27.50	28,635.		28,635.	694.	694.	0.
73	HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)	05/01/16	SL	10.00	21,000.		21,000.	2,100.	1,575.	0.
	TOTALS				2,943,396.	153,921.	2,943,396.	315,541.	263,648.	0.
	MACRS AMT ADJUSTMENT								51,893.	

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Computation of Trade or Business Income for California Purposes

Income	1	a	Gross receipts or sales	750,637.	b	Less returns and allowances		Balance ▶	1c	750,637.
	2		Cost of goods sold						2	1,387.
	3		Gross profit. Subtract line 2 from line 1c						3	749,250.
	4		Net ordinary gain (loss)						4	
	5		Other income. Attach schedule						5	
	6		TOTAL income (loss). Combine lines 3 through 5						6	749,250.
Deductions	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.
	13		Interest						13	11,108.
	14	a	Depreciation		14a	315,541.			14c	315,541.
		b	Depreciation reported elsewhere on return		14b					
		c	Subtract line 14b from line 14a							
	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 line 6.						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	7	2,500.
8	Cost of goods sold. Subtract line 7 from line 6.	8	1,387.

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CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS:

FOR TAX YEAR 2011	0
FOR TAX YEAR 2012	0
FOR TAX YEAR 2013	0
FOR TAX YEAR 2014	0
FOR TAX YEAR 2015	6,592

TOTAL CARRYOVER	6,592
CURRENT YEAR CONTRIBUTIONS	6,427

TOTAL AVAILABLE CONTRIBUTIONS 13,019

NET INCOME AFTER STATE ADJUSTMENTS -135,453

DEDUCTION FOR DIVIDENDS RECEIVED 0

NET INCOME FOR CONTRIBUTION PURPOSES -135,453

CONTRIBUTIONS LIMITATION : TEN PERCENT OF NET INCOME AS ADJUSTED 0

ALLOWABLE CONTRIBUTIONS 0

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CA FORM 100S LOCATION OF PRINCIPAL ACCOUNTING RECORDS STATEMENT 2

92520 HIGHWAY 96
SOMES BAR, CA 95568

CA SCHEDULE F TAXES DEDUCTED ON FEDERAL RETURN STATEMENT 3

DESCRIPTION	AMOUNT
BOE	682.
BUSINESS LICENSES & SPECIAL PERMITS	742.
COUNTY BED TAX	912.
PAYROLL TAXES	10,512.
REAL PROPERTY TAXES - RANCH	5,174.
STATE FIRE TAX	117.
CALIFORNIA TAXES - BASED ON INCOME	3,000.
TOTAL TAXES DEDUCTED ON FEDERAL RETURN	21,139.

CA SCHEDULE F OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	AMOUNT
AMMUNITION & RANGE EXPENSES	17,238.
AUTO FEES & REGISTRATION	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-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	12,017.
RANCH ACTIVITIES & ENTERTAINMENT	1,315.

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RANCH UNIFORMS	1,058.
RANCH UTILITIES	26,843.
SMALL SPORTING EQUIPMENT EXPENSES	561.
SOCIAL MEDIA COSTS	465.
SPECIAL USE PERMITS - USFS/BLM	5,199.
STOCK FEED	26,348.
SUPPLIES & SMALL TOOLS	3,077.
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 TO FORM 100S, SCHEDULE F	376,868.

CA SCHEDULE L	OTHER LIABILITIES	STATEMENT	5
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
OTHER LIABILITIES	82,703.	47,374.	
TOTAL TO SCHEDULE L, LINE 20	82,703.	47,374.	

CA SCHEDULE M-2	A/A OTHER REDUCTIONS	STATEMENT	6
DESCRIPTION	AMOUNT		
ORDINARY INCOME ADJ - (SEE CA SCH K ORD INCOME RECON STMT	1,200.		
CHARITABLE CONTRIBUTIONS	6,427.		
FOREIGN/DOMESTIC TAXES BASED ON INCOME AND PROFITS	3,000.		
TOTAL TO SCHEDULE M-2, LINE 5, COLUMN A	10,627.		

CA SCHEDULE M-2	AAA - OTHER ADDITIONS	STATEMENT	7
DESCRIPTION		AMOUNT	
FOREIGN/DOMESTIC TAXES BASED ON INCOME AND PROFITS		3,000.	
TOTAL TO SCHEDULE M-2, LINE 3, COLUMN A		3,000.	

CA SCHEDULE M-1	EXPENSES ON BOOKS, NOT INCLUDED ON SCHED. K	STATEMENT	8
DESCRIPTION		AMOUNT	
INTEREST EXPENSE - RESIDENCE APPORTIONMENT		326.	
OTHER NON-DEDUCTIBLE EXPENSE		4,000.	
REAL PROPERTY TAXES - RESIDENCE APPORTIONMENT		160.	
SHAREHOLDERS HEALTH INSURANCE		20,128.	
UTILITIES EXPENSE - RESIDENCE APPORTIONMENT		11,504.	
TOTAL TO SCHEDULE M-1, LINE 3		36,118.	

CA SCHEDULE K	NONDEDUCTIBLE EXPENSES	STATEMENT	9
DESCRIPTION		ATTRIBUTABLE TO CALIFORNIA	
FOREIGN/STATE INCOME TAX DEDUCTED		3,000.	
TOTAL TO SCHEDULE K, LINE 16C		3,000.	

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CA CALIFORNIA ORDINARY INCOME RECONCILIATION STATEMENT 10

	(B) FEDERAL AMOUNTS	(C) CALIFORNIA ADJUSTMENTS	(D) CALIFORNIA AMOUNTS
1 GROSS SALES	750,637		750,637
2 COST OF GOODS SOLD	1,387		1,387
3 GROSS PROFIT. LINE 1 LESS 2	749,250		749,250
4 NET GAIN (LOSS)			
5 OTHER INCOME (LOSS)			
6 TOTAL INCOME (LOSS). ADD LINES 3 - 5	749,250		749,250
7 COMPENSATION OF OFFICERS			
8 SALARIES AND WAGES	89,920		89,920
9 REPAIRS	63,669		63,669
10 BAD DEBTS			
11 RENTS			
12 TAXES	21,139	-3,000	18,139
13 DEDUCTIBLE INTEREST EXPENSE	11,108		11,108
14 DEPRECIATION	314,241	1,200	315,541
15 DEPLETION			
16 ADVERTISING	6,643		6,643
17 PENSION, PROFIT-SHARING PLANS			
18 EMPLOYEE BENEFIT PROGRAMS			
19 DEDUCTIBLE TRAVEL/ENTERTAINMENT	2,815		2,815
20 OTHER DEDUCTIONS	376,868		376,868
21 TOTAL DEDUCTIONS (ADD LNS 7-20)	886,503	-1,800	884,703
22 ORDINARY INCOME (LOSS) FROM TRADE OR BUSINESS. LN 6 LESS LN 21	-137,253	1,800	-135,453
23 ADJUSTMENT FOR S CORPORATION TAXES			0
24 AMOUNT TO SCHEDULE K, LINE 1, COLUMN D			-135,453

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CA		DEPRECIATION				STATEMENT 11	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1. FURNISHINGS - CABINS/HOUSES	02/02/15	522.	75.	200DB	7.00	128.	0.
2. RANGE FIREARMS	02/02/15	600.	79.	SL	7.00	86.	0.
3. JET BOAT	02/02/15	10,392.	1,485.	200DB	7.00	2,545.	0.
4. SANTA FE BBQ	04/01/15	2,775.	397.	200DB	7.00	679.	0.
5. ZERO TURN MOWER	03/15/15	9,800.	1,400.	200DB	7.00	2,400.	0.
6. 2014 JEEP GRAND CHEROKEE	02/02/15	32,598.	3,160.	200DB	5.00	5,100.	0.
7. 2011 TOYOTA RAV4	02/02/15	5,000.	1,000.	200DB	5.00	1,600.	0.
8. 2011 FORD VAN	02/02/15	19,000.	3,460.	200DB	5.00	5,600.	0.
9. 2008 FORD VAN	02/02/15	16,000.	3,200.	200DB	5.00	5,120.	0.
10. 2006 FORD VAN	02/02/15	8,000.	1,600.	200DB	5.00	2,560.	0.
11. 2015 HONDA ATV	02/02/15	7,500.	1,500.	200DB	5.00	2,400.	0.
12. 2013 HONDA ATV	02/02/15	6,500.	1,300.	200DB	5.00	2,080.	0.
13. 2015 KUBOTA L3560 TRACTOR	02/15/15	42,000.	6,000.	200DB	7.00	10,286.	0.
14. 2015 HUSQVARNA MOWER	02/15/15	9,000.	1,286.	200DB	7.00	2,204.	0.
15. 2009 JOHN DEERE MOWER	02/02/15	4,000.	572.	200DB	7.00	979.	0.
16. 1941 JOHN DEERE MOWER	02/02/15	1,500.	215.	200DB	7.00	367.	0.
17. 6 SOTAR RAFTS	03/15/15	24,000.	3,429.	200DB	7.00	5,877.	0.
18. 8 SOTAR INFLATABLE KAYAKS	02/02/15	16,000.	2,286.	200DB	7.00	3,918.	0.
19. MISC RAFTING EQUIPMENT	02/02/15	24,000.	3,429.	200DB	7.00	5,877.	0.
20. RAFT TRAILER #1	02/02/15	2,000.	286.	200DB	7.00	490.	0.
21. RAFT TRAILER #2	02/02/15	2,000.	286.	200DB	7.00	490.	0.
22. 2 AXLE TRAILER	02/02/15	3,500.	500.	200DB	7.00	857.	0.
23. STOCK TRAILER	02/02/15	4,000.	572.	200DB	7.00	979.	0.

MARBLE MOUNTAIN RANCH, INC.

24. HYDE DRIFT BOAT #1	02/02/15	8,000.	1,143.	200DB	7.00	1,959.	0.
25. HYDE DRIFT BOAT #2	02/02/15	7,000.	1,000.	200DB	7.00	1,714.	0.
26. WILLIE DRIFT BOAT	02/02/15	3,500.	500.	200DB	7.00	857.	0.
27. MISCELLANEOUS FISHING GEAR	02/02/15	12,000.	1,715.	200DB	7.00	2,939.	0.
28. 1997 WATER PURIFICATION SYSTEM	02/02/15	500.	72.	200DB	7.00	122.	0.
29. 2015 WATER PURIFICATION SYSTEM (UPGRADED)	03/02/15	32,000.	4,572.	200DB	7.00	7,837.	0.
30. HOOK LATCH AG LINES & SPRINKLERS	03/01/15	8,000.	1,143.	200DB	7.00	1,959.	0.
31. 20' CARGO CONTAINERS	02/02/15	8,000.	1,143.	200DB	7.00	1,959.	0.
32. HORSE PANELS FENCING	02/02/15	11,000.	1,572.	200DB	7.00	2,694.	0.
33. TACK FOR 25 HORSES	02/02/15	12,000.	1,715.	200DB	7.00	2,939.	0.
34. JOHN DEERE 60KW GENSET	02/02/15	9,500.	1,357.	200DB	7.00	2,327.	0.
35. IVECO 60KW GENSET	02/02/15	8,000.	1,143.	200DB	7.00	1,959.	0.
36. HYDROPLANT 40 KW GENERATOR	03/15/15	50,000.	1,143.	200DB	7.00	12,245.	0.
37. HONDA PORTABLE GENSET	03/01/15	3,936.	503.	200DB	7.00	964.	0.
38. SOIL TAMPER	02/02/15	3,500.	500.	200DB	7.00	857.	0.
39. WELDING EQUIPMENT	02/02/15	3,500.	500.	200DB	7.00	857.	0.
40. MISC CONSTRUCTION TOOLS & EQUIPMENT	02/02/15	20,000.	2,857.	200DB	7.00	4,898.	0.
41. 500 GAL CONTAINMENT FUEL TANK	02/02/15	3,000.	715.	200DB	7.00	1,224.	0.
42. 650 GAL CONTAINMENT FUEL TANK	02/02/15	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	02/02/15	106,400.	3,547.	SL	27.50	3,869.	0.
45. CABIN #3	02/02/15	67,200.	2,240.	SL	27.50	2,444.	0.
46. CABIN #4	02/02/15	67,200.	2,240.	SL	27.50	2,444.	0.
47. CABIN #5 & 6 - DUPLEX	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.	SL	27.50	3,584.	0.
50. CABIN #10	02/02/15	87,360.	2,912.	SL	27.50	3,177.	0.

MARBLE MOUNTAIN RANCH, INC.



51. QUAILS NEST HOUSE	02/02/15	225,400.	7,513.	SL	27.50	8,196.	0.
52. SLEEPY HOLLOW HOUSE	02/02/15	109,200.	3,640.	SL	27.50	3,971.	0.
53. RIVER VIEW HOUSE	02/02/15	347,200.	11,573.	SL	27.50	12,625.	0.
54. COVERED RIDING ARENA	02/02/15	157,000.	15,700.	200DB	10.00	28,260.	0.
55. ARENA TACK BUILDING	02/02/15	77,740.	7,774.	200DB	10.00	13,993.	0.
56. LODGE/MESS HALL	02/02/15	230,580.	8,647.	150DB	20.00	16,645.	0.
57. HAY BARN	02/02/15	120,000.	12,000.	200DB	10.00	21,600.	0.
58. TACK HOUSE	02/02/15	22,100.	2,210.	200DB	10.00	3,978.	0.
59. GIFT SHOP	02/02/15	62,860.	2,358.	150DB	20.00	4,538.	0.
60. LAUNDRY/SHOWER HOUSE	02/02/15	78,842.	2,957.	150DB	20.00	5,691.	0.
61. GREENHOUSE	02/02/15	25,000.	2,500.	200DB	10.00	4,500.	0.
62. POWER HOUSE	02/02/15	10,000.	235.	SL	39.00	256.	0.
63. GAME ROOM	02/02/15	10,000.	458.	SL	20.00	500.	0.
64. SHOP BUILDING	02/02/15	156,000.	15,500.	200DB	10.00	28,080.	0.
65. KAWASAKI ATV	07/09/16	6,751.	0.	200DB	7.00	965.	0.
66. MINI EXCAVATOR	05/06/16	3,478.	0.	200DB	7.00	497.	0.
67. WATER FILTRATION SYSTEM	02/24/16	33,503.	0.	200DB	7.00	4,786.	0.
68. 2017 GMC 3500	02/12/16	68,324.	0.	200DB	5.00	13,665.	0.
69. STOCK - STARDUST	03/01/16	1,200.	0.	200DB	7.00	172.	0.
70. STOCK - SEDONA	03/01/16	1,200.	0.	200DB	7.00	172.	0.
71. STOCK - DARTANJION	08/01/16	1,200.	0.	200DB	7.00	172.	0.
72. ARENA STUDIO HOUSING	05/01/16	28,635.	0.	SL	27.50	694.	0.
73. HAY BARN (REBUILD-SNOW DAMAGE COLLAPSE)	05/01/16	21,000.	0.	200DB	10.00	2,100.	0.
TOTAL DEPRECIATION		2,943,396.	183,804.			315,541.	0.



CA CALIFORNIA TRADE OR BUSINESS INCOME - TAXES STATEMENT 12

DESCRIPTION	AMOUNT
BOE	682.
BUSINESS LICENSES & SPECIAL PERMITS	742.
COUNTY BED TAX	912.
PAYROLL TAXES	10,512.
REAL PROPERTY TAXES - RANCH	5,174.
STATE FIRE TAX	117.
CALIFORNIA TAXES - BASED ON INCOME	3,000.
LESS:	
CALIFORNIA INCOME/FRANCHISE TAX	-3,000.
TOTAL TO CALIFORNIA TRADE OR BUSINESS INCOME SCHEDULE, LINE 12	18,139.

CA OTHER TRADE OR BUSINESS DEDUCTIONS STATEMENT 13

DESCRIPTION	AMOUNT
AMMUNITION & RANGE EXPENSES	17,238.
AUTO FEES & REGISTRATION	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-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	12,017.
RANCH ACTIVITIES & ENTERTAINMENT	1,315.
RANCH UNIFORMS	1,058.
RANCH UTILITIES	26,843.
SMALL SPORTING EQUIPMENT EXPENSES	561.
SOCIAL MEDIA COSTS	465.
SPECIAL USE PERMITS - USFS/BLM	5,199.
STOCK FEED	26,348.
SUPPLIES & SMALL TOOLS	3,077.

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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.

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

2016

K-1 (100S)

TYB 01-01-2016 TYE 12-31-2016

DOUGLAS T COLE

92520 HIGHWAY 96
SOMES BAR CA 95568

3752657
MARBLE MOUNTAIN RANCH INC

92520 HIGHWAY 96
SOMES BAR CA 95568

A Shareholder's percentage of stock ownership for the tax year • 50.000000%

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

C Check here if this is: • (1) A final Schedule K-1 (2) An amended Schedule K-1

D What type of entity is this shareholder? ... • (1) Individual (2) Estate/trust (3) Qualified exempt organization (4) Single member LLC

E Is this shareholder a resident of California? • Yes No

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax 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
Income (Loss)	1 Ordinary business income (loss)	-68,627.	900.	-67,727.	-67,727.
	2 Net rental real estate income (loss)			•	▶
	3 Other net rental income (loss)			•	▶
	4 Interest income			•	▶
	5 Dividends. See instructions			•	▶
	6 Royalties			•	▶
	7 Net short-term capital gain (loss)			•	▶
	8 Net long-term capital gain (loss)			•	▶
	9 Net IRC Section 1231 gain (loss)			•	▶
Other Income (Loss)	10 a Other portfolio income (loss)			•	▶
	b Other income (loss)			•	▶

Shareholder's name DOUGLAS T. COLE	Shareholder's identifying number [REDACTED]
--	--

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax 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	3,214.		3,214.	
	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)			•	▶
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed in service after 12/31/86			25,947.	25,947.
	b Adjusted gain or loss				
	c Depletion (other than oil and gas)				
	d 1 Gross income from oil, gas, and geothermal properties				
	2 Deductions allocable to oil, gas, and geothermal properties				
	e Other AMT items. Attach schedule				
Items Affecting Shareholder Basis	16 a Tax-exempt interest income				
	b Other tax-exempt income			0.	
	c Nondeductible expenses STMT		1,500.	1,500.	1,500.
	d Total property distributions (include cash) other than dividends distribution reported on line 17c			•	▶
	e Repayment of loans from shareholders			•	▶
Other Information	17 a Investment income. See instructions				
	b Investment expenses. See instructions				
	c Total taxable dividend distribution paid from accumulated earnings and profits. See instructions			•	▶
	d Other information. See instructions				STMT
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: <input type="checkbox"/> Paid <input type="checkbox"/> Accrued			•	▶

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

Table 1 - Each shareholder's share of nonbusiness income from intangibles. See instructions.

Interest	\$ _____	Royalties	\$ _____	Dividends	\$ _____
IRC Section 1231 Gains/Losses	\$ _____	Capital Gains/Losses	\$ _____	Other	\$ _____

FOR USE BY SHAREHOLDERS ONLY. SEE INSTRUCTIONS.

Table 2 - Shareholder's pro-rata share of business income and factors. See instructions.

Other Shareholder Information

- A. Shareholder's share of the S corporation's business income \$ _____
- B. Shareholder's share of the nonbusiness income from real and tangible property sourced or allocable to California:

Capital Gains/Losses	\$ _____	Rents/Royalties	\$ _____
IRC Section 1231 Gains/Losses	\$ _____	Other	\$ _____

- C. Shareholder's share of the S corporation's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	\$ _____	\$ _____
Ending	\$ _____	\$ _____
Annual Rent Expense	\$ _____	\$ _____
Payroll	\$ _____	\$ _____
Sales	\$ _____	\$ _____

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CA SCHEDULE K-1 OTHER INFORMATION ATTRIBUTABLE TO CALIFORNIA

DESCRIPTION	AMOUNT	SHAREHOLDER INSTRUCTIONS
AGGREGATED GROSS RECEIPTS LESS RETURNS	375,319.	SEE FORM 540 INSTRUCTIONS

CA SCHEDULE K-1 NONDEDUCTIBLE EXPENSES

DESCRIPTION	AMOUNT	SHAREHOLDER INSTRUCTIONS
FOREIGN/STATE INCOME TAX DEDUCTED	1,500.	SEE FORM 540 INSTRUCTIONS
TOTAL TO SCHEDULE K-1, LINE 16C	1,500.	

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2016

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

K-1 (100S)

TYB 01-01-2016 TYE 12-31-2016

HEIDI A COLE

92520 HIGHWAY 96
SOMES BAR CA 95568

3752657
MARBLE MOUNTAIN RANCH INC

92520 HIGHWAY 96
SOMES BAR CA 95568

A Shareholder's percentage of stock ownership for the tax year • 50.000000%

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

C Check here if this is: • (1) A final Schedule K-1 (2) An amended Schedule K-1

D What type of entity is this shareholder? ... • (1) Individual (2) Estate/trust (3) Qualified exempt organization (4) Single member LLC

E Is this shareholder a resident of California? • Yes No

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax 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
Income (Loss)	1 Ordinary business income (loss)	-68,626.	900.	-67,726.	-67,726.
	2 Net rental real estate income (loss)				
	3 Other net rental income (loss)				
	4 Interest income				
	5 Dividends. See instructions				
	6 Royalties				
	7 Net short-term capital gain (loss)				
	8 Net long-term capital gain (loss)				
	9 Net IRC Section 1231 gain (loss)				
Other Income (Loss)	10 a Other portfolio income (loss)				
	b Other income (loss)				

Shareholder's name HEIDI A. COLE	Shareholder's identifying number [REDACTED]
--	--

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax 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	3,213.		3,213.	
	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)			•	▶
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed in service after 12/31/86			25,946.	25,946.
	b Adjusted gain or loss				
	c Depletion (other than oil and gas)				
	d 1 Gross income from oil, gas, and geothermal properties				
	2 Deductions allocable to oil, gas, and geothermal properties				
	e Other AMT items. Attach schedule				
Items Affecting Shareholder Basis	16 a Tax-exempt interest income				
	b Other tax-exempt income			0.	
	c Nondeductible expenses STMT		1,500.	1,500.	1,500.
	d Total property distributions (include cash) other than dividends distribution reported on line 17c			•	▶
	e Repayment of loans from shareholders			•	▶
Other Information	17 a Investment income. See instructions				
	b Investment expenses. See instructions				
	c Total taxable dividend distribution paid from accumulated earnings and profits. See instructions			•	▶
	d Other information. See instructions				STMT
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: <input type="checkbox"/> Paid <input type="checkbox"/> Accrued			•	▶

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Shareholder's name HEIDI A. COLE	Shareholder's identifying number [REDACTED]
--	--

Table 1 - Each shareholder's share of nonbusiness income from intangibles. See instructions.

Interest	\$ _____	Royalties	\$ _____	Dividends	\$ _____
IRC Section 1231 Gains/Losses	\$ _____	Capital Gains/Losses	\$ _____	Other	\$ _____

FOR USE BY SHAREHOLDERS ONLY. SEE INSTRUCTIONS.

Table 2 - Shareholder's pro-rata share of business income and factors. See instructions.

Other Shareholder Information

- A. Shareholder's share of the S corporation's business income \$ _____
- B. Shareholder's share of the nonbusiness income from real and tangible property sourced or allocable to California:

Capital Gains/Losses	\$ _____	Rents/Royalties	\$ _____
IRC Section 1231 Gains/Losses	\$ _____	Other	\$ _____

- C. Shareholder's share of the S corporation's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	\$ _____	\$ _____
Ending	\$ _____	\$ _____
Annual Rent Expense	\$ _____	\$ _____
Payroll	\$ _____	\$ _____
Sales	\$ _____	\$ _____

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CA SCHEDULE K-1 OTHER INFORMATION ATTRIBUTABLE TO CALIFORNIA

DESCRIPTION	AMOUNT	SHAREHOLDER INSTRUCTIONS
AGGREGATED GROSS RECEIPTS LESS RETURNS	375,318.	SEE FORM 540 INSTRUCTIONS

CA SCHEDULE K-1 NONDEDUCTIBLE EXPENSES

DESCRIPTION	AMOUNT	SHAREHOLDER INSTRUCTIONS
FOREIGN/STATE INCOME TAX DEDUCTED	1,500.	SEE FORM 540 INSTRUCTIONS
TOTAL TO SCHEDULE K-1, LINE 16C	1,500.	

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TAXABLE YEAR

2016

California e-file Return Authorization for Corporations

FORM

8453-C

Corporation name

MARBLE MOUNTAIN RANCH, INC.

Identifying number

Part I Tax Return Information (whole dollars only)

1	Total income (Form 100, line 9, Form 100S, line 8, Form 100W, line 9 or Form 100X, Line 6)	1	-135,453.00
2	Taxable income (Form 100, line 22, Form 100S, line 20, Form 100W, line 22 or Form 100X, Line 10)	2	-135,453.00
3	Total tax (Form 100, line 30, Form 100S, line 29, Form 100W, line 30 or Form 100X, Line 18)	3	800.00
4	Tax due (Form 100, line 39, Form 100S, line 38, Form 100W, line 36 or Form 100X, Line 20)	4	00
5	Overpayment (Form 100, line 40, Form 100S, line 39, Form 100W, line 37 or Form 100X, Line 27)	5	00

Part II Settle Your Account Electronically for Taxable Year 2016

- 6 Direct deposit of refund (For Forms 100, 100S, and 100W only.)
- 7 Electronic funds withdrawal **7a** Amount **7b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2017 (These are NOT installment payments for the current amount the corporation owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the corporation's banking information?)

- 10 Routing number _____
- 11 Account number _____ **12** Type of account: Checking Savings

Part V Declaration of Officer

I authorize the corporate account to be settled as designated in Part II. If I check Part II, Box 6, I declare that the account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, Box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on line 8 from the account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2016 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here

Signature of officer: _____ Date: _____ Title: PRESIDENT

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

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for four years from the due date of the return or four years from the date the corporation return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO's signature: _____ Date: _____ Check if also paid preparer: Check if self-employed: ERO's PTIN: _____

Must Sign Firm's name (or yours if self-employed) and address: ALLAN K. DORFF, CPA INC. 1181 PUERTA DEL SOL, #140 SAN CLEMENTE, CA FEIN: _____ ZIP code: 92673

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

Must Sign Paid preparer's signature: _____ Date: _____ Check if self-employed: Paid preparer's PTIN: _____

Firm's name (or yours if self-employed) and address: _____ FEIN: _____ ZIP code: _____