Churchwell White LLP

churchwellwhite.com

1414 K Street, 3rd Floor Sacramento, CA 95814 T 916.468.0950 | F 916.468.0951

Barbara A. Brenner T: 916.468.0625 Barbara@churchwellwhite.com

September 22, 2017

VIA U.S. MAIL/EMAIL

(kenneth.petruzzelli@waterboards.ca.gov)

Kenneth Petruzzelli State Water Resources Control Board 801 K Street, 23rd Floor Sacramento, CA 95814

Re: Additional Information with Regard to the Coles' Inability to Pay and Quarterly Progress Report

Dear Mr. Petruzzelli:

On January 4, 2017, as part of the quarterly progress report submitted on behalf of Douglas and Heidi Cole (the "Coles"), owners and operators of Marble Mountain Ranch ("Ranch"), the Coles' financial information demonstrating their lack of ability to pay for improvements at the Ranch was provided. To date, they have received no response to that submission. Please find attached to this letter as **Exhibit A**, the Coles' personal and business tax returns for 2016, demonstrating their continued inability to fund the required reports and improvements under Cleanup and Abatement Order R1-2016-0031 ("CAO") and Draft Order WR 2017-00XX-DWR ("Draft Order," collectively, "Orders"). Beyond the Coles inability to pay, please find detailed below the Coles' quarterly progress report for September 30, 2017, as required under the Orders.

Current Status of Regulatory Approvals

The Coles continue to seek to implement improvements at the Ranch that comply with the requirements under the Orders. To that end, they have submitted a report of waste discharge to the Central Valley Regional Water Quality Control Board to implement a proposed improvement at the outfall of Irving Creek. Moving forward on that proposed project is impossible while the Coles remain without a response to their proposal. Once approved, the Coles will complete one of the elements of the CAO, improving the Irving Creek outfall to avoid any future erosion impacts as recommended by their consultant, Rocco Fiori, and supported by his report issued on April 4, 2017.

Kenneth Petruzzelli September 22, 2017 Page 2 of 4

As discussed above, the Coles have received no response to their demonstrated lack of financial resources to implement any of these projects. The steps they have taken so far and their efforts to comply with the National Marine Fisheries Service's ("NMFS") recommended bypass flow, have proven incredibly costly, as demonstrated in the financial information attached as **Exhibit A**. During low flow periods, the Coles voluntarily reduce the amount of water they divert to comply with the NMFS bypass flow recommendation. The Coles' voluntary reduction in the amount of water they divert in no way demonstrates any intention to waive any of their established 3 cfs pre-1914 water right. As a consequence, the Coles are unable to operate their Pelton wheel to generate hydroelectric power. Instead, they must rely on their diesel-powered generator. Running the diesel generator costs thousands of dollars a month that the Coles would not otherwise have to expend. These costs could be redirected to implementing improvements at the Ranch if the Coles could move forward on the proposed improvements to the Irving Creek outfall.

Current Status of the Ranch

Throughout the summer, the Coles have experienced another active fire season. They have had two evacuation orders issued and have provided resources to and acted as a staging area for crews fighting those fires. During this time, crews have used the diversion to pump water into fire trucks for fire suppression activities and have been stationed at the Ranch to help protect Ranch resources. The fires have come within one half (1/2) mile of the Ranch, but based on the fire break of the diversion and the Coles' management of the Ranch, they have not experienced any losses thus far. The fires that have impacted the Ranch continue to burn and remain not fully contained. The Haypress Fire, one of the fires included within the larger "Orleans Complex Fire" is one of the least contained and is located the closest to the Ranch. The United States Forest Services ("USFS") has been in discussion with the Coles to determine whether the Ranch could serve as a camp for fire fighters, but the USFS has not yet retained the Coles' services.

Ongoing Efforts to Implement Improvements at the Ranch

Beyond the outstanding approvals the Coles seek to implement some of their proposed improvements, the Coles have continued to move forward in their efforts to identify and retain an engineer to assist them with piping or lining the diversion for at least the first one thousand (1,000) feet of the diversion. The estimate for the engineering work alone is nearly forty-five thousand dollars (\$45,000). Please find attached as **Exhibit B**, estimates for the engineering from KASL Consulting Engineers.

¹ United States Forest Service, Inciweb, Orleans Complex Fire (Sept. 21, 2017)

https://inciweb.nwcg.gov/incident/5430/.

² United States Forest Service, Inciweb, Orleans Complex Fire (Sept. 21, 2017)

https://inciweb.nwcg.gov/incident/5430/>.

Kenneth Petruzzelli September 22, 2017 Page 3 of 4

Instead, the Coles endeavor to ensure that there are no impacts to waters of the state from their diversion by applying diversion management practices that have been reviewed and approved by their consultant, Rocco Fiori. These management practices include shutting down the diversion during storm surges to avoid any ditch failures or overtopping and continuous inspection and maintenance of the diversion to address any shifts or blockages caused by storms, downed trees or other impacts from the surrounding forest. These management practices were proven successful during the unusually wet 2016-2017 winter season. The Coles anticipate continuing these management practices through the 2017-2018 winter season with the same result.

Further, the Coles' voluntary reduction in the amount of water they divert during low flow periods, another diversion management practice the Coles have implemented and continue to implement during the current low flow periods, ensures that the NMFS recommended bypass flow is present at Stanshaw Creek. This practice is costly since the Coles must rely on their diesel generator, but it ensures that there is water available for all users in the Stanshaw Creek system. The Coles remain committed to being a partner in the Stanshaw Creek system, and the larger Klamath Basin, but lack the financial wherewithal to implement the larger projects required under the Orders. This has been and remains the Coles' position throughout the over twenty (20) year negotiation process that had, for a majority of that time, been focused on establishing the Coles' pre-1914 3 cfs water right. Once that right was established in 2015, the Coles have been met with mandates and requirements, rather than negotiation.

Future Potential Actions

Currently, the Coles are involved in the busiest part of their tourist season and are concurrently preparing their defense of their water right at the public hearing for the Draft Order presently scheduled for November 13, 2017. Any next steps the Coles take to address the diversion at the Ranch depend on the outcome of that hearing. Where the State Water Resources Control Board determines that the Coles' established pre-1914 3 cfs water right be reduced, the Coles will be unable to continue operating their business, and any determination to reduce the diversion will likely render the Ranch valueless. Therefore, the Coles await the outcome of the hearing to guide their next steps in implementing resource improvements at the Ranch.

Kenneth Petruzzelli September 22, 2017 Page 4 of 4

Please contact me at <u>barbara@churchwellwhite.com</u> or (916) 468-0625 if you have any questions or concerns.

Regards,

Churchwell White LLP

Barbara A. Brenner

KAF/dmg

Enclosures

(via email, w/encls.)

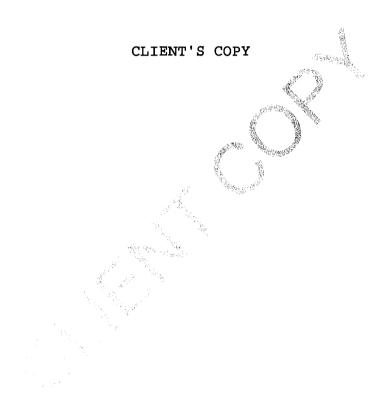
cc: John O'Hagan (john.ohagan@waterboards.ca.gov)

Shin-Roei Lee (shin-roei.lee@waterboards.ca.gov)

Stormer Feiler (stormer.feiler@waterboards.ca.gov)

EXHIBT A

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



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

Tax Return Carryovers to 2017

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

612541 04-01-16

Two-Year Comparison Worksheet

2016

Name(s) as shown on return Social security number DOUGLAS T. & HEIDI A. COLE 2015 Filing Status MARRIED FILING JOINT 2016 Filing Status MARRIED FILING JOINT 2015 Tax Bracket 0.0% 2016 Tax Bracket 0.0% literease (Decrease) 134. SCHEDULE B - TAXABLE INTEREST 132 -85,004. -137,253. -52,249 SCHEDULE E (RENTAL AND PASSTHROUGH) -18,588.OTHER INCOME 0. -18,588. -155,707. -70,705. TOTAL INCOME -85,002. ADJUSTED GROSS INCOME -85,002. -155,707. -70,705. STANDARD DEDUCTION 12,600. 12,600. -97,602. -168,307.-70,705. INCOME BEFORE EXEMPTIONS 100. PERSONAL EXEMPTIONS 8,000. 8,100. TAXABLE INCOME 0. CALIFORNIA STATE RETURN 222. NON-REFUNDABLE CREDITS 0. -4,000. PAYMENTS 0. -4.000.AMOUNT REFUNDED

626301 04-01-16

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

No payment is required.

CALIFORNIA INCOME TAX RETURN:

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

No payment is required.

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

Very truly yours,

Allan K. Dorff, CPA Inc.

Form

Department of the Treasury Internal Revenue Service

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

► Keep this form for your records.

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

OMB No. 1545-0074

2016

Submission Identification Number (SID)	
Taxpayer's name DOUGLAS T. COLE	Social security number
Spouse's name	Spouse's social security number
HEIDI A. COLE Tax Return Information - Tax Year Ending December 31, 2016 (Whole dollars only)	
Section Control	155 707
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	··· 2
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40;	
Form 1040EZ, line 7; Form 1040NR, line 62a) 4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a;	3
Form 1040NR, line 73a)	
Taxpayer Declaration and Signature Authorization (Be sure you get and keep	
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying sch year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all ambets and stree that we are under the amounts in Part I above are the amounts from my electronic income tax plans I consent o allo transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a an acciliowledgement of transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund, the post-date, I authorize Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the any federal taxes owed on this return and/or a payment of estimated tax, and the financial institution of debit are entry to this account, force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revike (cancer a payment, I must coat 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days befor to the payment (settlement) institutions involved in the processing of the electronic payment of taxes to receive confident antiformal interesting and the processing of the electronic payment of taxes to receive confident antiformal interesting and the processing of the electronic payment of taxes to receive confident antiformal interesting and the processing of the electronic payment of taxes to receive confident antiformal interesting and the processing of the electronic payment of taxes to receive confident antiformal interesting and the processing of the electronic payment of taxes to receive confident antiformal interesting and the processing of the electronic payment of the pay	burces of income I received during w my intermediate service provider, freceipt or reason for rejection of the the U.S. Treasury and its designated x preparation software for payment of This authorization is to remain in full intact the U.S. Treasury Financial Agent date. I also authorize the financial iries and resolve issues related to the rn and, if applicable, my Electronic Enter five digits, but don't enter all zeros
X authorize ALLAN K. DRFF, CA INC. to enter or generate my PIN	, [
as my signature on my tax year 2016 electronically filed income tax return.	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 of PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	nly if you are entering your own
Spouse's signature ▶ Date ▶	08/30/2017
Practitioner PIN Method Returns Only - continue below	
Rart III Certification and Authentication - Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all ze	eros
I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed incomindicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	
ERO's signature ► ALLAN K. DORFF, CPA INC. Date ▶	-
ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do S	
LHA For Paperwork Reduction Act Notice, see your tax return instructions.	Form 8879 (2016)

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

ERO Declaration

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

ERO Signature

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

ERO's PIN

(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations Perjury Statement

Under penalties of perjury, I declare that I have examined this return and accompanying 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 tax payer) is based on all information of which the preparer has any knowledge.

Consent to Disclosure

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

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

Taxpayer's PIN:

Spouse's PIN:



618711 04-26-16	▼ DETAC	CH HERE _▼	
4868	Application for Auto	matic Extension of Time	1019
Department of the Treasury		ual Income Tax Return	2016
Par II Identifica	ition	Par II individual income Tax	
1 Your name(s)		4 Estimate of total tax liability for 2016 \$ 5 Total 2016 payments	0.
DOUGLAS T. C 92520 HWY 96	OLE & HEIDI A. COLE	6 Balance due. Subtract line 5 from line 4	0.
SOMES BAR, C	A 95568	7 Amount you are paying	0.
2 Your social security number	3 Spouse's social security number	8 Check here if you are "out of the country" and a U citizen or resident	▶ □
		9 Check here if you file Form 1040NR or 1040NR-EZ and diversely wages as an employee subject to U.S. income tax withhol	

Foreign country same or control and server in the province in the control of the	g 1040	U.	.S. Individual Inco	me Tax Ref	(99) t urn	2016	OMB No. 1545-007	4 IRS Use On	ly - Do not write	e or sta	aple in this space	
Your feet amms and imited DOUGLAS T.			·					<u>`-</u>		_		
DOUGLAS T. If point returns, spouse 5 first name and initial If point returns, spouse 5 first name and initial COLE OULE				T .	-							
HETDT A: COLIE Home address (number and street), if you have a P.D. box, see instructions, 92520 HWY 96 Page P	DOUGLAS 7	г.		COLE								
Application	If a joint return, spo	use's	first name and initial	Last name						Spo	use's social secu	rity number
9.25.20 HWY 96 Comparison of the property and the property of the property	HEIDI A.			COLE								
## and on the 6 do as connect. South Service South Servic	Home address (nur	nber a	nd street). If you have a P.0	D. box, see instri	uctions.		· · · · · · · · · · · · · · · · · · ·		Apt. no.		Make sure the S	SN(s) above
SOMES BAR, CA 95568 Foreign country name Foreign province/state/county Foreign postal code The state of th	92520 HW	7 9	6							1	and on line 6c ar	e correct.
SOMES BAR, CA 95568 Foreign province/state/county Foreign postal color Foreign postal color Foreign postal color Foreign postal color You Spous Spou	City, town or post offic	e, state	, and ZIP code. If you have a for	eign address, also	complete sp	aces below.						
Filing Status The common state of the common	SOMES BAH	₹, (CA 95568							if fill	ing jointly, want (3 to go to
Filing Status Single Married fling jointly (even if only one had income) married fling separately. Enter spouses SSN above name here. S Dualifying widow(er) with dependent child's name here. S Dualifying widow(er) with dependent child sname here. S Dualifying widow(er) with dependent	Foreign country nar	me		For	eign provir	ce/state/county		Foreign	postal code	7 will	not change your	tax or refund
The control of the c											You 🗀	Spouse
Check only one box. 2	Filing Status	1	Single				4 Head	of househol	d (with qualif	ying r	erson). If the	qualifying
The composition of the composit	rilling Status	2	X Married filing jointly	(even if only one	had incon	ne)	pers	on is a child b	out not your o	depen	dent, enter this	child's
See Second Sec	Check only	3	Married filing separa	tely. Enter spous	se's SSN a	bove	nam	e here. 🕨 _				
Frame Last name Coppondents Copponde			and full name here.	<u> </u>			5 Qual	ifying widow(er) with depe	nden		
If more than four dependents:	Evemptions			e can claim you	as a depen	ident, do not che	ck box 6a				Boxes checke on 6a and 6b	d 2
If more than four dependents Common Commo	Exemptions	b_	X Spouse				<u></u>					1
If more than four dependents, see instructions and check here		C	Dependents:		(l ûnder	age 17	• lived with y	
If more than four dependents, see instructions and check here		_	(1) First name	Last name		security number			pualityin tax c	ig for ch credit	A did that live	
Add number of exemptions claimed		_)			or separation (see instruction	ns)
Total number of exemptions claimed		_						<u> </u>			- Donondonto	Ca
Total number of exemptions claimed 2 3 4 4 4 4 4 4 4 4 4											not entered at	ove
Total number of exemptions calmed 2 2 3 3 4 3 4 3 4 3 4 4		┙.										1
Taxable interest. Attach Schedule B if required Sa 134		d	Total number of exemption	ons claimed			<u> </u>	·····	<u></u>	·····	above	2
Attach Form(s) W-2 here, Also attach Form services Section	Income	7	Wages, salaries, tips, etc.	Attach Form(s)	W-2	 				7		
March Form(s) 9a Ordinary dividends. Attach Schedule B if required 9b 9a		8a	Taxable interest. Attach S	Schedule B if req	juired		J					134.
## Actionary dividends. Artach Schedule B if required ## Section 98 10 10 10 10 10 10 10 1	Attach Form(s)	b	•			<i></i>	8b					
10 1099-R if tax 10 1099-R if tax 11 1099-R if tax 12 1099-R if tax 13 10 1099-R if tax 14 1099-R if tax 15 1099-R if tax 15 1099-R if tax 16 1099-R if tax 17 11 11 11 12 12 12 13 13		9a	Ordinary dividends. Attac	h Schedule B if i	required							
1099-R if tax was withheld. 11 Allmony received 12 Business income or (loss). Attach Schedule Co.C-EZ 13 Capital gain or (loss). Attach Schedule Co.C-EZ 14 Other gains or (losses). Attach Schedule Prequired, lif not required, check here 15 Isa liRA distributions 16 Pensions and annuities 17 Rental real estater (oʻgʻaltes, perpersinips, S corporations, trusts, etc. Attach Schedule E 19 Unemployment Compension 19 Unemployment Compension 20 Social security benefits 21 Other income. List type and amount NOL CARRYOVER TO 2016 −18,588. 21 −18,588. 21 −18,588. 21 −18,588. 21 −18,588. 21 −18,588. 21 −18,588. 21 −18,588. 21 −15,707. 25 √20 √20 √20 √20 √20 √20 √20 √20 √20 √20		b	******				9b			NV.		
Main withheld 11 Allmony received 12 Business income or (loss). Attach Shedule of the C-EZ 12 13 14 15 14 15 15 15 15 16 16 16 16		10	Taxable refunds, credits,	or offsets of stat	te and lock	Lincome taxes				-		
13		11		·····						_		
flyou did not get a W-2, see instructions. 14		12	·		7 ₹				······	-		
get a W-2, see instructions. 15a IRA distributions 16a IPA Distributions 16b IRA Distributions 16b IRA Distributions 16c IRA Distri	If you did not	13		A 1949	240	. If not required, o	check here			_		
16a		14		Attach orm	7							
19	see instructions.				-							
19		16a	Pensions and annuities	₹ 168	<u> </u>		b Taxable a	mount			400	0.50
19		17	Rental real estate, royaltie	es, partnerships,	S corpora	itions, trusts, etc.	Attach Schedule	Ē				<u>, 253.</u>
20a Social security benefits 20a b Taxable amount 20b		10	Tariff income of (1055). A	Marcin Schedule i						_		
21 Other income. List type and amount NOL CARRYOVER TO 2016 −18,588. 21 −18,588 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 23 Educator expenses 24 Cortain 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 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 31a Alimony paid b Recipient's SSN 31b Alimony paid b Recipient's SSN 31c Add during attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35										_		
22 Combine the amounts in the far right column for lines 7 through 21. This is your total 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 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ▶ 31a Alimony paid b Recipient's SSN ▶ 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						DDWOWED				-	10	FOO
23										-		
Adjusted 24 Cartain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 15 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 29 Penalty on early withdrawal of savings 30 Penalty on early withdrawal of savings 31 Alimony paid b Recipient's SSN ▶ 31 IRA deduction 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			Educates avacas				02	income		22	-132	, 101.
Gross25Health savings account deduction. Attach Form 888925Income26Moving expenses. Attach Form 39032627Deductible part of self-employment tax. Attach Schedule SE2728Self-employed SEP, SIMPLE, and qualified plans2829Self-employed health insurance deduction2930Penalty on early withdrawal of savings3031aAlimony paidb Recipient's SSN31a32IRA deduction3233Student loan interest deduction3234Tuition and fees. Attach Form 89173435Domestic production activities deduction. Attach Form 89033536Add lines 23 through 3536	Adjusted		Cortain business averages of	reservists, perform	ning artists, a	and fee-basis govern	mont —					
Income 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 ▶ 31a 32 IRA deduction 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	-											
Deductible part of self-employment tax. Attach Schedule SE Self-employed SEP, SIMPLE, and qualified plans Self-employed health insurance deduction Penalty on early withdrawal of savings Alimony paid b Recipient's SSN ▶ IRA deduction Student loan interest deduction Tuition and fees. Attach Form 8917 Domestic production activities deduction. Attach Form 8903 Add lines 23 through 35							······ - 					
Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ 31a 32 IRA deduction 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	COIII C		• •	•••						- 141 - 141		
29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 30 31a Alimony paid b Recipient's SSN ▶ 31a 32 IRA deduction 32 33 Student loan interest deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36												
30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ▶ : 31a 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												
31a Alimony paid b Recipient's SSN ▶ : : 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36												
32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36	•		Alimony naid h Decision	vai oi savillys ant'e SSN 🛌			210			, 12 (1) 13 (1)		
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 36 37 38 38 39 39 30 30 30 31 30 30 30 30 30 30 30 30 30 30												
Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 36 37 38										ila.		
35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36				******								
36 Add lines 23 through 35												
rad into 20 directly 60										36		
610001 11-30-16 37 Subtract line 36 from line 22. This is your adjusted gross income 37 Subtract line 36 from line 22. This is your adjusted gross income	610001 11-30-16									\rightarrow	-155	.707.

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2016)	Ι	OUGLAS T. & HEIDI A. COLE			Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	. 38	8	-155,707.
Credits	398	a Check \[\sum \text{You} \text{ were born before January 2, 1952,} \] Blind. \[\text{Total boxes} \]		536	
Standard Deduction for -		if: Spouse was born before January 2, 1952, ☐ Blind. checked ▶ 39a	448		
People who	t	If your spouse itemizes on a separate return or you were a dual-status alien, check here		*534 1946 W 151	
check any box on line 39a or	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)			12,600.
39b 0 f who can be claimed as a	41		_ _	_	-168,307.
dependent, see instructions.	42	Franchisco Milio 20 is 64FF CFO and have multiply 64 OFO by the grant line of Otherwise and inst	· 🗀		8,100.
mstructions.	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		_	0.
1 1		Tax. Check if any from: a Form(s) 8814 b Form 4972 c	4		0.
i i	44				
All others:	45	Alternative minimum tax. Attach Form 6251			
Single or	46	Excess advance premium tax credit repayment, Attach Form 8962			
Married filing separately,	47	Add lines 44, 45, and 46	4 7	/ 839a	0.
\$6,300	48	Foreign tax credit. Attach Form 1116 if required 48			
Married filing jointly or	49	Credit for child and dependent care expenses. Attach Form 2441 49	_		
Qualifying widow(er),	50	Education credits from Form 8863, line 19 50			
\$12,600	51	Retirement savings contributions credit. Attach Form 8880 51			
Head of household,	52	Child tax credit. Attach Schedule 8812, if required		igen.	
\$9,300	53	Residential energy credits. Attach Form 5695 53			
	54	Other credits from Form: a 3800 b 8801 c 54		r.	
	55	Add lines 48 through 54. These are your total credits	5	5	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	→ 5	6	0.
	57	Self-employment tax. Attach Schedule SE	5	7	
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	5	8	· · · · · · · · · · · · · · · · · · ·
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 required	5	9	
		Household employment taxes from Schedule H	6	0a	
		First-time homebuyer credit repayment. Attach Form 5405 if required	·	ю.	
		Health care: Individual responsibility (see instructions) Full-year coverage	•	1	
	62	Taxes from: a Form 8959 b Form 8960 c Inst; ever code s)	` ├─	2	
	63	Add lines 56 through 62. This is your total tax	- 🛏	3	0.
Payments		Federal income tax withheld from Forms W-2 and 1099			
dymones		2016 estimated tax payments and amount applied from 2015 fourn 65	-		
If you have a		a Earned income credit (EIC) 66a	\dashv		
qualifying		Nontaxable combat pay election			
child, attach Schedule EIC.	67	Webseld and St. 1997 And Control of the Control of			
	68	Additional child tax credit. Attach Schedul 8812 67 American opportunity credit from Form 363 line 8 68	-		
			-		
	69	Net premium tax credit. Attach Form 1962 69	-		
	70	Amount paid with request for extension of file 70 Excess social security and ties LRRTA tax withheld 71	-		
	71		-		
			1000	£8933	
	73	Credits from Form: 243 b Reserved c 8885 d 73		ACC CONTRACTOR	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	_	′4	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid.	∵ ⊢	75	0.
Direct deposit?	76 a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	70	6a	
See	· t	number Savings Unumber Savings Unumber			
instructions.	77	Amount of line 75 you want applied to your 2017 estimated tax). 题		_
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	► <u>7</u>	78	0.
You Owe	79	Estimated tax penalty (see instructions) 79			
Third Party	-	o you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete	below.	rsonal iden	No
Designee		signee's ►ALLAN DORFF, CPA Phone ►949 498-5585	rius	HIDEL (PHY)	
Sign		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 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 prepa	; true, con rer has ar	rect, and Ty knowledge	ı.
Here		Your signature Date Your occupation	- 1	Daytime p	hone number
Joint return? See instructions.		SELF-EMPLOYED			_
Keep a copy for your		Spouse's signature. If a joint return, both must sign. Date Spouse's occupation		If the IRS	sent you an Identity
records.		SELF-EMPLOYED		enter it he	
	Prin	t/Type preparer's name Preparer's signature Date Check	if	PTIN	
Paid		self-employed	t		
Preparer					
Use Only	Firm	o's name ►ALLAN K. DORFF, CPA INC. Firm's EIN	▶		
_		1181 PUERTA DEL SOL, #140 Phone no.	949	9 49	8-5585
610002 11-30-16	Firm	o's address ►SAN CLEMENTE, CA 92673			

WR-186 Schedule A **Charitable Contributions Limitation** NAME DOUGLAS T. & HEIDI A. COLE 50% Contributions 0. 1. 50% of AGI 14,387. 2. Contributions qualifying for 50% limit ______ 3. Allowable 50% contributions 0. 30% Contributions 4. Remaining 50% limit (Line 1 - Line 3) 0. 5. Less capital gain property - special 30% limits 0. 6. Balance of 50% of AGI 7. 30% of AGI 8. Contributions qualifying for 30% limit 0. 9. Allowable 30% contributions (lesser of Line 6, 7 or 8) 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. 0. 13. Allowable 30% special contribution (lesser of Line 10, 11 or 12) 20% Contributions 14. 20% of AGI 15. 30% of AGI 16. Allowed 30% regular contributions 0. 17. Line 15 less line 16 18. Allowed 30% special contributions 19. Line 15 less line 18 20. Remaining 50% limit (line 1 less the sum of lines 3 21. Contributions subject to the 20% limitation 0. 22. Allowable 20% contributions (lesser of Line 14, 17) 0 or 21) 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 arbject to 50% limit

25. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)

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

Total 2016 contributions allowed on Schedule A
 Total prior year carryovers allowed on Schedule A

31. Total charitable contributions to Schedule A, Line 19

 0.

0.

SCHEDULE B

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

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

Interest and Ordinary Dividends

➤ Attach to Form 1040A or 1040.

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

OMB No. 1545-0074
2016
Attachment 08

DOUGLAS '	г.	& HEIDI A. COLE				
Part I Interest	_				mount	_
	1 List name of payer. If any interest is from a seler-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 Voice			1	34.	
Note: If you received a Form						
1099-INT, Form 1099-OID, or substitute statement from a brokerage firm,	te: If you selved a Form sold in the street of the street					
list the firm's name as the payer and enter the total interest shown on that	2	Add the amounts on line 1	2		1	34.
form.	3		3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 104(A), or Form 1040, line 8a	4		1	34.
	No	te: If line 4 is over \$1,500, you must complete Partell.			Amount	
Part II	5	List name of payer				
Ordinary Dividends						
Note: If you received a Form 1099-DIV or substitute statement from			5			
list the firm's name as the payer and enter the ordinary dividends shown on that form.			Į.			
	6	Add the amounts on line 5. Enter the total here and on Form 1040A. or Form 1040. line 9a	6			
	_			-	, -	
	_		a forei	gn	V.	A).
Part III					Yes	No
Foreign	7a	At any time during 2016, did you have a financial interest in or signature authority over a financial	accoun	t (such		國際
Accounts		as a bank account, securities account, or brokerage account) located in a foreign country? See in	structio	ns		X
and Trusts		to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for	or filing			
	b g	is located				
627501 01-12-17	J			···	P 6: 843	Х

Interest and Dividend Summary

Name: DOUGLAS T. & HEIDI A		Interest on U.S.	Tax-Exempt	Private Activity	Original Issue	FEIN/SSN: Ordinary	Qualified	Capital Gain	Federal Income	State Tax	Foreign
Payer	Interest	Savings Bonds	Interest	Interest	Discount (OID)	Dividends	Dividends	Distributions	Tax Withheld	Withheld	Tax Pai
S TREASURY DEPARTMENT	134										
			 -				<u> </u>				
						-		 			<u> </u>
								 	 -		
						11					
						<u> </u>					<u> </u>
								<u> </u>	<u> </u>		↓ —
							 	 			
				1	•						\vdash
			A P					 		<u> </u>	+-
											T
			1								
		No.						<u> </u>			↓
				-	 -				ļ		↓ —
			 					 		-	1
									<u> </u>		
								 	<u> </u>	-	†
								<u> </u>			
TOTALS	134	<u> </u>	}				}		1		1

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

Your social security number

DOUGLAS	т.	&	HEIDI	Α.	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? If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) _{Enter} P _{for} (c) Check partnership; S for S corporation partnership	(d) Employer identification number	(e) Check if any amount is not at risk
Α	MARBLE MOUNTAIN RANCH INC	S		
В	MARBLE MOUNTAIN RANCH INC	S		
C				
n				

				.,,					
		Passive Income and Lo	ss			Nonpassive Income a	nd Los	s	
		loss allowed 582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	s I d	(i) Section 179 expense eduction from Form 4562) Nonpassi from Sche	
Α				68,62	7.				
В				68,62	6.	A STATE OF THE STA			
C									
D							Ĺ		
29a	Totals	a providence of the same							
b	Totals			137,25	3		4.7		
30	Add columns (g) and	d (j) of line 29a					30		
31	Add columns (f), (h)	, and (i) of line 29b				<i>!</i>	31	(13	7,253.)
32	Total partnership ar	nd S corporation income or	(loss). Combine lines 30 a	nd 31. Eater the 🛕					<u> </u>
	result here and inclu	de in the total on line 41 bel	ow				32	13	7,253.
6.00		r Loop From Entot	on and Trucks	A					

Part III	Income or Loss From Estates and Trusts	
33	(a) Name	(b) Employer identification number
Α		
В		-

	Passive Income and Coss Nonpassive	ncome	and Loss
	(c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss from Schedule K-1 from Schedule K-1	(f) Other income from Schedule K-1
Α			
В			
34a	Totals		
b	Totals	egic post of the	N Ata marketing
35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	()
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

Part W Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder (c) Excess inclusion from Schedules Q, line 2c (see instructions) (d) Taxable income (net loss) from Schedules Q, line 1b (e) Income from (b) Employer 38 (a) Name Schedules Q, line 3b identification number 3

9	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	
D)	MAY Summary		_

100			
40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	-137,253
42	Reconciliation of farming and fishing income. Foter your gross farming and fishing income	375美	

	reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1	
	(Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42
3	Reconciliation for real estate professionals. If you were a real estate professional (see instructions),	
	enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate	
	activities in which you materially participated under the passive activity loss rules	43

Schedule E (Form 1040) 2016

INCOME FROM PASSTHROUGH STAT	EMENT, PAGE 1
------------------------------	---------------

2016

Name DOUGLAS T. COLE Passthrough MARBLE MOUNTAIN RA	NOU THO							SSN/EIN_	TAXPAYER
S CORPORATION	INCH INC			ID	.L			-	TAXPAIER
S CORPORATION		Prior Year Unallowed	5: " .5	. In-	ia-VIlaallad	l n	n: 1/ n	ln: " In .	,
NONPASSIVE	K-1 Input	Basis Loss	Disallowed Due Basis Limitation		ior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Loss Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2	1000							100	Section 1
Ordinary business income (loss)	-68,627.				100				100 300 000
Rental real estate income (loss)						A Company	a death of	1 1 1 1 1 1 a.s	1.04 M. W. W. W. W.
Other net rental income (loss)							de a		and the Carrier
Intangible drilling costs/dry hole costs						The state of the s		Par site of the	100
Self-charged passive interest expense								19.066	Carry March
Guaranteed payments					100			1.0	
Section 179 and carryover						X		A section	100
Disallowed section 179 expense		Market Co.	7.5		View Alexander	The state of			
Excess farm loss								-0.5	
Net income (loss)	-68,627.								-68,62
First passive other									
Second passive other									
Cost depletion			A						
Percentage depletion				1					
Depletion carryover			-	1			L		
Disallowed due to 65% limitation			00000						
Unreimbursed expenses (nonpassive)				135				I	
Nonpassive other									
Total Schedule E (page 2)	-68,627.	4.4							-68,627
FORM 4797		The state of the s	NY .	278	100			elusti Methyliki	Constitution in
Section 1231 gain (loss)		4	•						
Section 179 recapture on disposition									
SCHEDULE D			9 074177	N/A		NOTE ALL SE		744 VASA	100000000000000000000000000000000000000
Net short-term cap. gain (loss)	72.								
Net long-term cap. gain (loss)						<u> </u>	i "		1
Section 1256 contracts & straddles					· ·				1
FORM 4952		5 53 5 7 4 7 4 8		7 W 17		Mary State Sund	12 30 S V V V V V V V V V V V V V V V V V V	7.00	District of the street
Investment interest expense - Sch. A				A-10-10-17-0	* *** 42500 C1 - 1101 (PEnd			- COC 101	
Other net investment income		-				<u> </u>			† · · · · · · · · · · · · · · · · · · ·
ITEMIZED DEDUCTIONS	- C - C - C - C - C - C - C - C - C - C	14.77	1				Province Control of the Control of t	E. A. A. A.	R.S. Mariana Spins
Charitable contributions	3,214.	PROPERTY OF STREET	2-07-04 NO. 14-75-25-600	2021 SSE (1967)	epena, mariji dheni nepalatike	Breat to the State	Section Secure of State Section 2	18 - 20-1 - 10-1	3,21
Deductions related to portfolio income	,			$\neg \vdash$				 	
Other		 	 			 		 	

8

621551 04-01-16

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2016

Passthrough MARBLE MOUNTAIN RANCE INC ID S CORPORATION NONPASSIVE NITEREST AND DIVIDENDS Interest income Cordinary dividends Ordinary dividends Tax exempt interest income FORM 6251 ID STAXPAYER TAXPAYER Disallowed Due to Basis Loss Prior Year Unallowed Al-Risk Loss Al-Risk	SCHEDULE E								
S CORPORATION NONPASSIVE K-1 Input Prior Year Unallowed Basis Linkation Bas	Name DOUGLAS T. COLE							SSN/EIN _	
NORPARSIVE K1 Input Prior Year Unallowed Basis Loss Basis Loss Prior Year Unallowed Due to Basis Loss R4 Risk Loss A4 Risk Loss A5 Asia Loss A5 Asia Loss A5 Asia Loss A6 Asia Loss A6 Asia Loss A7 Asia Return A7 As	· · · · · · · · · · · · · · · · · · ·	NCH INC		ID		-		_	TAXPAYER
NORPASIVE K-1 Input Basis Loss Basis Limitation At-Risk Loss Loss Tax Return INTEREST AND DIVIDENDS Interest Income Interest from U.S. bonds Cutalified dividends Cax exempt interest income FORM 6251 Sepreciation adjustment after 1/2/31/86 23, 150. Sepreficiary's AMT adjustment Depletion (other than oil) Ther MISCELLANEOUS Selfemployment earnings (oss)/Wages Cross farming & fishing inc Croyathies Croyat	S CORPORATION		D. San Mara Haralla		Ind. W U II.	T=		- I	
nterest income nterest from U.S. bonds Continary dividends Qualified dividends Exercity interest income FOM 6251 Depreciation adjustment after 12/31/66 Z3_150. Depreciation adjustment after 12/31/66 Z3_150. Depreciation adjustment after 12/31/66 Z3_150. Z3_150.			Basis Loss	Basis Limitation	At-Risk Loss	At-Risk	Loss	Loss	
Interest from U.S. bonds Qualified dividends Qualified dividends Qualified dividends Qualified dividends Qualified dividends Sex-exempt interest income FOM 6251 Depreciation adjustment after 12/31/86 Qualified gain or loss Quali	INTEREST AND DIVIDENDS	1							
Ordinary dividends Draw exempt interest income FORM 6251 Depreciation adjustment after 12/31/86 Deduction adjustment after 12/31/86 Deduction adjustment after 12/31/86 Deduction adjustment after 12/31/86 Deduction (other than oil) Depetion (other than oil) Deption (other						<u> </u>		.	
Dualified dividends FORM 6251 Depreciation adjustment after 12/31/88 Adjusted gain or lose Beneficiary's ANT adjustment Depletion (other than oil) Dehrer MISCELLANEOUS Self-employment earnings (loss)/Wages Gross farming & fishing inc Royalties Royalties Royalties Royalties Royalties Royalty expenses/depletion Indistributed capital gains credit Backup withholding Practif for estimated tax Cancellation of debt Medicial insurance - 1040 Dependent care benefits Retirement plans Bualified production activities income Resistancy and adjustment to Form 1040 Penalty on early withdrawal of savings VOL Chief taxes/recapture of credits Tredits									
rex exempt interest income FORM 6251 Depreciation adjustment after 12/31/86 Adjusted gain or loss Denreficiary's AMT adjustment Depletion (other than oil) Dether MISCELLANEOUS Self-employment earnings (loss)Wages Bross farming & fishing inc Noyalties Noyalty expenses/depletion Undistributed capital gains credit Dackup withholding Credit for estimated tax Cancellation of debt Medical insurance - 1040 Dependent care benefits Determent plans Dualified production activities income Deasthrough adjustment to Form 1040 Denathy on early withdrawal of savings NOL Dether taxes/recapture of credits Tredits Tredits						400mm			
FORM 6251 Depreciation adjustment after 12/31/86 23,150. Adjusted gain or loss Geneficiary's AMT adjustment Depletion (other than oil) Dither MISCELLANEOUS Self-employment earnings (loss)/Wages Gross farming & fishing no Toyalties Toy									
Depreciation adjustment after 12/31/86 Adjusted gain or loss Beneficiary's AMT adjustment Depletion (other than oil) Dether MISCELLANEOUS Self-employment earnings (loss)/Wages Gross farming & fishing inc Royalties			7 m					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	antiglik presi
Beneficiary's AMT adjustment Depletion (other than oil) Other MISCELLANEOUS Self-employment earnings (loss)/Wages Gross farming & fishing inc Royalties Royalties 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 Dualified production activities income Passthrough adjustment to Form 1040 Penalty on early withdrawal of savings NOL Other taxes/recapture of credits Credits Credits Credits C	· · · · · · · · · · · · · · · · · · ·	23,150.				X			23,150
Depletion (other than oil) Deher MISCELLANEOUS Self-employment earnings (loss)/Wages Denos farming & fishing inc Denosition of dept denosition of debt Dependent care benefits Dependent care benefits Destinous adjustment to Form 1040 Denasty on early withdrawal of savings NOL Denosition of credits Denosition of dest						<u> </u>			
MISCELLANEOUS Self-employment earnings (loss)/Wages Scross farming & fishing inc Cloyalties Cloyalty expenses/depletion Indistributed capital gains credit Cloyalty expenses/depletion Cloyalty expens			-			/			
MISCELLANEOUS Self-employment earnings (loss)/Wages Gross farming & fishing inc Groyalties Groyalti									
Self-employment earnings (loss)/Wages Gross farming & fishing inc Goyalties Goyalty expenses/depletion Indistributed capital gains credit Gackup 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 Credits Credits Indistributed capital gains credit Indistributed capital gain	MISCELLANEOUS		k 400 dina araw						
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 Unalified production activities income Passthrough adjustment to Form 1040 Penalty on early withdrawal of savings NOL Other taxes/recapture of credits Credits	Self-employment earnings (loss)/Wages	Control of the second s	8 (200 10 - 1 g. j.) <u>1 ceta galenda</u>	A STATE OF THE STA	Distriction	APRILLA NO SELECTION NA	AND COURSE OF THE PARTY OF THE		Section Control of the Control of th
Royalty expenses/depletion Undistributed capital gains credit Backup withholding Credit for estimated tax Cancellation of debt Medical insurance · 1040 Dependent care benefits Retirement plans Undistributed capital gains credit Dependent care benefits Retirement plans Undiffied production activities income Passthrough adjustment to Form 1040 Penalty on early withdrawal of savings NOL Other taxes/recapture of credits Credits									
Royalty expenses/depletion Undistributed capital gains credit Backup withholding Credit for estimated tax Cancellation of debt Medical insurance • 1040 Dependent care benefits Retirement plans Duallified production activities income Passthrough adjustment to Form 1040 Penalty on early withdrawal of savings NOL Other taxes/recapture of credits Credits					•				
Backup withholding Credit for estimated tax Cancellation of debt Medical insurance · 1040 Dependent care benefits Retirement plans Causiffied production activities income Passthrough adjustment to Form 1040 Penalty on early withdrawal of savings NOL Other taxes/recapture of credits Credits				(illusion)					
Cancellation of debt Medical insurance · 1040 Dependent care benefits Retirement plans Causiffied production activities income Passthrough adjustment to Form 1040 Penalty on early withdrawal of savings VOL Other taxes/recapture of credits Credits	Indistributed capital gains credit								
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				A 1					
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			₩ ₩						
Dependent care benefits Retirement plans Usualified production activities income Dependent to Form 1040 Dependent to Form 1040 Dependent you early withdrawal of savings NOL Other taxes/recapture of credits Dependent your plants of the plant			***						
Retirement plans Qualified production activities income Passthrough adjustment to Form 1040 Penalty on early withdrawal of savings NOL Other taxes/recapture of credits Credits			A	•					
Dualified production activities income Passthrough adjustment to Form 1040 Penalty on early withdrawal of savings NOL Other taxes/recapture of credits Credits						<u> </u>			
Passthrough adjustment to Form 1040 Penalty on early withdrawal of savings AOL Other taxes/recapture of credits Credits	Retirement plans					-			
Penalty on early withdrawal of savings AOL Other taxes/recapture of credits Ordits						ļ		l	
VOL Other taxes/recapture of credits Ordinary Or						_			
Other taxes/recapture of credits Credi					<u> </u>	 			
Credits Credit	NOL				-	ļ	ļ		
irears .					 	 			
	Jredits			1		 			

9

621552 04-01-16

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1 2016 SCHEDULE E Name HEIDI A. COLE SSN/EIN Passthrough MARBLE MOUNTAIN RANCH INC ID SPOUSE S CORPORATION Prior Year Unallowed Prior Year Unallowed Disallowed Due to Basis Limitation Disallowed Due to At-Risk Prior Year Passive Loss Disallowed Passive K-1 Input Basis Loss At-Risk Loss Tax Return NONPASSIVE SCHEDULE E, PAGE 2 -68,626. Ordinary business income (loss) 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 -68,626 -68,626 Net income (loss) 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 3,213 Charitable contributions 3,213, Deductions related to portfolio income

10

621551 04-01-16

Other

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2 2016 SCHEDULE E Name HEIDI A. COLE SSN/EIN Passthrough MARBLE MOUNTAIN RANCH INC ID SPOUSE S CORPORATION Disallowed Due to Disallowed Passive Prior Year Unallowed Disallowed Due to Prior Year Unallowed Prior Year Passive At-Risk Loss K-1 Input Basis Loss Basis Limitation At-Risk Tax Return NONPASSIVE INTEREST AND DIVIDENDS Interest income Interest from U.S. bonds Ordinary dividends Qualified dividends Tax-exempt interest income 23,150. 23,150. Depreciation adjustment after 12/31/86 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

11

621552 04-01-16

Casualty and theft loss

-orm **6251**

Department of the Treasury Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

► Information about Form 6251 and its separate instructions is at www.lrs.gov/form6251.

Attachment Sequence No. 3

OMB No. 1545-0074

2016
Attachment
Sequence No. 32

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

Your social security number

D	DUGLAS T. & HEIDI A. COLE		
F	art I Alternative Minimum Taxable Income		
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the		
	amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	11	-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		4	
5		5	_
6	If Form 1040, line 38, is \$155,650 or less, enter -0 Otherwise, see instructions	6	
	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	18,588.
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount Alternative tax net operating loss deduction SEE STATEMENT 2	11	0.
12		12	
	Qualified small business stock, see instructions	13	
	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15		15	
16		16	
17		17	
	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 1	18	46,300.
	Passive activities (difference between AMT and regular tax income alloss)	19	
	Loss limitations (difference between AMT and regular tax incompositions)	20	
		21	
	Circulation costs (difference between regular tax and AMT) Long-term contracts (difference between AMT and regular tax income)	22	
	Mining costs (difference between regular tax and AMT)	23	
	Research and experimental costs (difference between regularitax and AMT)	24	
	Income from certain installment sales before January 1/1987.	25	
	Intangible drilling costs preference	26	
	Other adjustments, including income-based related adjustments	27	
	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.
P	art Alternative Minimum Tax (AMT)		
-	Exemption. (If you were under age 24 at the end of 2016, see instructions.)	ege vys	
	IF your filing status is AND line 28 is not over THEN enter on line 29	1	
	Single or head of household \$119,700 \$53,900		
	Married filing jointly or qualifying widow(er) 159,700 83,800		•
	Married filing separately 79,850 41,900	29	83,800.
	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.
	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	100	
	• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends	1,00	
	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.	31	0.
	• 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 filling separately) from the result.		
32		32	
		33	0.
	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any		
5 4	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.

619481 12-07-16 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 6251 (2016)

3, 1	art 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 Worksh	eet in t	he instructions.
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from		
	line 3 of the worksheet in the instructions for line 31	36	
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If		
	you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see		
	instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount		
	from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line		
	10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or		
	2555-EZ, see instructions for the amount to enter	39	
	Enter the smaller of line 36 or line 39	40	
	Subtract line 40 from line 36	41	
42	If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise,		
	multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	42	
43	Enter:		
	\$75,300 if married filing jointly or qualifying widow(er),		
	• \$37,650 if single or married filing separately, or	43	·
	• \$50,400 if head of household.		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you and to complete either		
	worksheet for the regular tax, enter the amount from Form 1040, line 43; if a ro or less, enter -0 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45	are filing Form 2555 or 2555-E∠, see instructions for the amount to enter Subtract line 44 from line 43. If zero or less, enter -0-	45	
		46	<u> </u>
	Enter the smaller of line 36 or line 37 Enter the smaller of line 45 or line 46. This amount is taxed at 6%	47	
	Subtract line 47 from line 46	48	
	Subtract line 47 from line 46 Enter:		
	• \$415,050 if single		
	• \$233,475 if married filing separately	49	
	\$466,950 if married filing jointly or qualifying widower? \$441,000 if head of household		***************************************
50	Enter the amount from line 45	50	
51	Enter the amount from line 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies		
	(as figured for the regular tax). If would not complete either worksheet for the regular tax, enter the		
	amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ,	ļ	
	see instructions for the amount to enter	51	
52	Add line 50 and line 51	52	
	Subtract line 52 from line 49. If zero or less, enter -0-	53	
	Enter the smaller of line 48 or line 53	54	
	Multiply line 54 by 15% (0.15)	55	
56	Add lines 47 and 54	56	
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
-	Subtract line 56 from line 46	57	,
58	Multiply line 57 by 20% (0.20) If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	36	
EO		59	
	Add lines 41, 56, and 57 Subtract line 59 from line 36	60	
	Subtract line 59 from line 36 Multiply line 60 by 25% (0.25)	61	
	Add lines 42, 55, 58, and 61	62	
	If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26).	<u> </u>	
J J	Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result.	63	
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter		
- •	this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	
_			

619591 12-07-16

		ALTERNA	TIVE MINIMUM TAX RI	ECONCILIATION REPO	RT		
Name(s)							Social Security Numbe
DOUGL	AS T. & HEIDI A. COLE	<u> </u>			A.W. store at		
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Adjustment Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
	MARBLE MOUNTAIN RANCH				4	control of the control of the control of	Other Adjustment
	ING * REGULAR INCOME	-68,627.		# - N - 12 E			\$ *** 2 Y 1,0 1,0
300	DEPR ADJ * AMT NET INCOME	23,150. -45,477.		23 23 150			18 To 18
K1-	MARBLE MOUNTAIN RANCH					i i garacan	
	INC					1	
53,00	DEPR ADJ	-68,626. 23,150 .	Paster desired	23,150 23,150.	prostruction is the	at sees the spitting	Deb ic Monthly - 7.
100.754	* AMT NET INCOME	-45,476.		23,150.	lvi sana		
	** TOTAL ADJ & PREF **			46,300.			
1000			(5)		<u> La significación de la companyona de la c</u>		
, and the M					144.55.25.75.34.35.05.24.	direction of the second	s. 15 3 3 4 4 1
			V				
							i de la companya de
O SOLENY SIGNAL	성하는 회사를 하는 것이 하는 기가 있습니다. 그 사람들이 되는 것이 되었다. 보기 및 기가 있는 것이 되었다.			i i i i i i i i i i i i i i i i i i i			Bankara Karabaraka s
	환경 : (현대 현대 기업) 전 전 : 고양 (12년 1년 1일 12년 1 						Many section in the section
45,684							
						A CONTRACT	Michal Strate
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

619911 04-01-16

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
X No. Continue to line 2	
2. Did you, and everyone else in your tax household (see <u>Tax household</u> under Definitions, earlier) have qualifying health coverag	e 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 care coverage for every month he or she was a member of your tax household.	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 mon	th 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 was were under age 18	. 2
4. Enter the smaller of line 3 or \$2,085 here and on line of the Stared Responsibility Payment Worksheet. Go to Step 3	. 4
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 from 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	
1. 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?	
	7
Yes. Add the amount from Form 8814, line 1b and the smaller of Form 8814, line 4 or 5 No. Enter -0 Continue to line 8	·· ' _
No. Enter -U Continue to line 8	o

Shared Responsibility Payment continued

1. Enter your household income from Step 3 2. Were your 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. No. Go to question 3. 3. Enter the amount listed below for your filing status. 5. Single •\$10,350 6. Heard of household •\$13,350 6. Married filing separately •\$4,050 6. Qualifying widow(er) with dependent child •\$16,650 4. Enter the amount from line 2 or 3. 5. Subtract line 4 from line 1 5. Subtract line 4 from line 5 7. Multiply line 5 by 2.0% (0,025). This is your percentage income amount 8. Were your equired to complete Worksheet A? Yes. So to Worksheet B. Then continue to Step 5 No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Bayment Worksheet and complete line 3 of that worksheet. Then continue to step 5. Step 5. National Average Bronze Plan Premium 1. Were your equired to complete Worksheet A? Yes. So continue to line 7. No. Sonthine to line 7. No. Single question 2; Go to question 3. 2. Multiply S223* by the number on Worksheet A? Yes continue to line 5. Step 5. National Average Bronze Plan Premium 1. Were your equired to complete Worksheet A? Yes continue to line 5. Step 5. National Average Bronze Plan Premium 1. Were your equired to complete Worksheet A? Yes continue to line 5. Step 5. National Average Bronze Plan Premium 1. Were your equired to complete Worksheet A? Yes continue to line 5. Step 5. National Average Bronze Plan Premium 1. Were your equired to complete Worksheet A? Yes continue to line 5. Step 5. National Average Bronze Plan Premium 1. Were your equired to complete Worksheet A? Yes continue to line 5. Step 5. National Average Bronze Plan Premium A the step 5. Step 5. National Average Bronze Plan Premium A the step 5. Step 6. Ste	Step 4 Percentage Income Amount	_
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. No. Go to question 3.	Enter your household income from Step 3	1
No. Go to question 3.	Yes. Skip question 3. Find your filing threshold on the Filing Thresholds for Most People chart and enter it both here	2
Single - \$10,350 Head of household -\$13,350 Married filing sparately - \$4,050 Qualifying widow(er) with dependent child -\$16,650 List the amount from line 2 or 3		
Head of household -\$13,350 Married filing piontryl -\$20,700 Married filing separately -\$4,050 Qualifying widow(er) with dependent child -\$16,650 Linter the amount from line 2 or 3		3
Married filing separately - \$4,050 Qualifying widow(er) with dependent child - \$16,650 Enter the amount from line 2 or 3	•	
Qualifying widow(er) with dependent child - \$16,650 Enter the amount from line 2 or 3	Married filing jointly - \$20,700	
4. Enter the amount from line 2 or 3	Married filing separately - \$4,050	
5. Subtract line 4 from line 1 5 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 lifetage on line 7. No. Continue to line 7.	 Qualifying widow(er) with dependent child - \$16,650 	
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 this payment in 7. No. Continue to line 7. No. Continue to line 7. No. Continue to line 7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount	4. Enter the amount from line 2 or 3.	4
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 thistory in line 7. No. Continue to line 7. No. Continue to line 7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount	5. Subtract line 4 from line 1	5
Yes. Stop. You do not owe a shared responsibility payment. Complete Form 8965 by checking thatevon 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 Buyment Worksheet and complete line 3 of that worksheet. Then continue to step 5. Step. 5		
No. Continue to line 7. 7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount 8. Were you required to complete Worksheet A? Yes. Go to Worksheet B. Then continue to Step 5 No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Bayment Worksheet and complete line 3 of that worksheet. Then continue to step 5. 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. Extrame result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 6 of the Shared Responsibility Payment Worksheet 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 A or B. If		
7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount 8. Were you required to complete Worksheet A? Yes. Go to Worksheet B. Then continue to Step 5 No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Bayment Worksheet and complete line 3 of that worksheet. Then continue to step 5. 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. Nates me result here and on line 4 of the Shared Responsibility Payment Worksheet **gaza is the 2016 national average premium for a bronzet up health glan 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. Their complete line 5 of the Shared Responsibility Payment Worksheet. • 1 person • \$2,676 • 2 people • \$5,352 • 3 people • \$6,028 • 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		
8. Were you required to complete Worksheet A? Yes. Go to Worksheet B. Then continue to Step 5 No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Bayment Worksheet and complete line 3 of that worksheet. Then continue to step 5. 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. Supremer result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 9 of the Shared Responsibility Payment Worksheet *\$223 is the 2016 national average premium for a bronza kyel 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		7
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		
No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Bayment Worksheet and complete line 3 of that worksheet. Then continue to step 5. Step 5		
Step 5 National Average Bronze Plan Premium	·	
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. Intende result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 6 of the Shared Responsibility Payment Worksheet *\$223 is the 2016 national average premium for a bronzet yell 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		
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, anterime result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and completeline 9 of the Shared Responsibility Payment Worksheet *\$223 is the 2016 national average premium for a bronze et 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	line 3 of that worksheet. Then continue to step 5.	
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, anterime result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and completeline 9 of the Shared Responsibility Payment Worksheet *\$223 is the 2016 national average premium for a bronze et 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		
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, anterime result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and completeline 9 of the Shared Responsibility Payment Worksheet *\$223 is the 2016 national average premium for a bronze et 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	Step 5 National Average Bronze Plan Premium	
Yes. Continue to line 2 No. Skip question 2; Go to question 3. 2. Multiply \$223* by the number on Worksheet A, line 8. Integrate result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 9 of the Shared Responsibility Payment Worksheet *223 is the 2016 national average premium for a bronze yel 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		
No. Skip question 2; Go to question 3. 2. Multiply \$223* by the number on Worksheet A, line 8. hateume result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet *\$223 is the 2016 national average premium for a bronze yel health glan 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	The state of the s	
2. Multiply \$223* by the number on Worksheet A, line 8. Interest e result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet *\$223 is the 2016 national average premium for a bronzel evel 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		
Payment Worksheet. Skip question 3 and complete line of the Shared Responsibility Payment Worksheet \$223 is the 2016 national average premium for a bronzed well 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		
*\$223 is the 2016 national average premium for a bronze evel health plan available through the Marketplace for one individual for one month. 3. Enter on line 4 of the Shared Responsibility Parament 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		2
 3. Enter on line 4 of the Shared Responsibility Paramett 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	12222 in the 2016 national average promising for a branza level health plan available through the Marketelesse for one individual for one month	
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	3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of	
 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		
 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		
 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	• 2 people - \$5.352	
 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		
 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 		
Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If		
Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If	Chaved Beans shills Decement Workshoot	
	• • •	
everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during	· · · · · · · · · · · · · · · · · · ·	
ONLY I have been described as a self-self-self-self-self-self-self-self-		
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)	<u> </u>	
Complete Step 3 2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14) 2	l ' '	
	<u> </u>	
Complete Step 5 4. Enter the National Average Bronze Plan Premium (From Step 5, question 2 or 3) 4	1 ' '	ì
5. Enter the smaller of line 3 or line 4 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11. This is your shared responsibility payment 5		
This is your shared responsibility payment 5		

Schedule A - Net Operating Loss (NOL)

2016

Nam	9	Sc	ocial Security Number
DO	UGLAS T. & HEIDI A. COLE		
1	Enter the amount from your 2016 Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts,		
	•	1	-168,307.
2	Nonbusiness capital losses before limitation. Enter as a positive number 2	10.00 0 10.00	 _
3	Nonbusiness capital gains (without regard to any section 1202 exclusion) 3		
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0-		
5	If line 3 is more than line 2, enter the difference;		
	otherwise, enter -0-		
6	Nonbusiness deductions (see instructions) 6 12,600.		
7	Nonbusiness income other than capital gains		
	(see instructions) STATEMENT 3 7 134.		
8	Add lines 5 and 7 8 134.		
9		9	12,466.
10	If line 8 is more than line 6, enter the difference;	# K	
	otherwise, enter -0 But do not enter more		
	otherwise, enter ·0·. But do not enter more than line 510	102	
11	Business capital losses before limitation. Enter as a positive number 11		
12	Business capital gains (without regard to any	<i>34</i> .	
	section 1202 exclusion) 12		
13	Add lines 10 and 12		
14	Subtract line 13 from line 11. If zero or less, enter -0-		
15	Add lines 4 and 14	3.33	
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	M244	
	(Form 1041).) Enter as a positive number. If you do not have a sos on		
	that line (and do not have a section 1202 exclusion), skip lines 16 through		
	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	1	
		4	
17	Section 1202 exclusion. Enter as a positive number	17	
18	Section 1202 exclusion. Enter as a positive number Subtract line 17 from line 16. If zero or less, enter 0. Enter the loss, if any, from line 21 of Schedule D (Form 1640), (Estates and		
19	Enter the loss, if any, from line 21 of Schedule Q (Form 1640). (Estates and		
	[1.2. Sec.]	44/04	
	as a positive number 19 19 If line 18 is more than line 19, enter the difference; otherwise, enter -0- 20		
20			
21		21	W-MA
22	Subtract line 20 from line 15. If zero or less, enter -0-	22	
23		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		405 050
	<u> </u>	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

	nown on return S T. & HEIDI A. COLE		Social Security Number
1. Loss for	the current year		176,407.
2. Personal	exemptions	8,100.	
3. Net opera	ating loss deduction	18,588.	
	f nonbusiness deductions over less income:		
(A) AM	T nonbusiness itemized deductions and adjustments	i degli i gi sa megangan mendeli mende Magangan degli mendeli mendeli Magangan degli mendeli	en e
(B) AM	T nonbusiness income 134.		200 - 100 T
	nonbusiness capital gains (without regard to section 1202 exclusion)		STRUCT STRUCT NATIONAL PROPERTY.
(D) Tota	al nonbusiness income 134.		
(E) Diff	erence (line 4(A) less 4(D)) not less than zero	0.	entrick marketski t
	f nonbusiness capital loss over nonbusiness capital gain deduction for business		
(B) Line	iness capital loss 2 4(D) minus 4(A), not less than zero. not enter more than line 4(C)		
	iness capital gains (without regard ny section 1202 exclusion)		
(D) Tota	al (line 6(B) plus 6(C))		
(E) Diffe	erence (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		i fermine film
10. Line 8 mi	nus line 9		
11. Enter the	loss, if any, from AMT Schedule D, line 21	range de la company	
12. Line 10 m	ninus line 11, not less than zero	negar sentra e sentra e	
13. Line 11 m	ninus line 10, not less than zero		
14. Line 7 mi	nus line 12, not less than zero		
15 . Total adju	stment 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 y	ear alternative tax net operating loss - (line 1 less line 17)		90,819.

NOL Detail NOL Carryover/Carryback Worksheet 2016											
Name(s) DOUGLAS T. & HEIDI A. COLE											
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 2015		66,416.									
			142							Pozersky in S	******
1 4											
V. Sun	W P			J							
Totals	222,257.	66,416.									
Tota Less Less	al amount available for s total amounts used s total amounts expire emaining carryover	carryover	222,257. 66,416. 0. 155,841.								

AMT N	IOL			Det	ail AMT NOL Carr	yover Worksheet	t				2016
Name(s) DOUGLAS T. & HEIDI A. COLE Social Security Number											
Year Carried From	Amount Available for Carryover	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 2015	90,819. 557530.	0.0									1
1	£2.83										
			768	2	4 2 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
320			¥ is a second	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
						7.7					
			6								
Totals	146,349.	0.									
Less Less	amount available for total amounts used total amounts expired naining carryover	I	146,349. 0. 0. 146,349.								

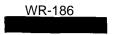
Election to Waive the Net Operating Loss Carryback Period

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

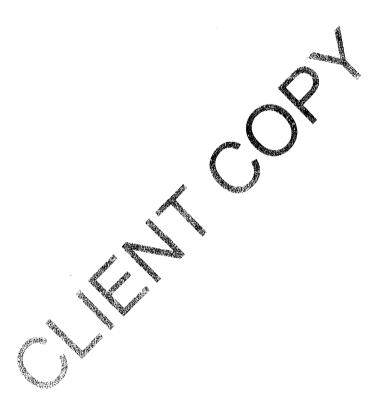
Taxpayer Identification Number:

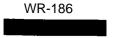
For the Year Ending December 31, 2016

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

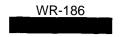


FORM 6251	DEPRECIATION	ON	ASSETS	PLACED	IN	SERVICE	AFTER	1986	STATEMENT	1
DESCRIPTION									AMOUNT	
	MARBLE MOUNTAIN MARBLE MOUNTAIN							•	23,1! 23,1!	
TOTAL TO FOR	RM 6251, LINE 1	L8						-	46,30	00.

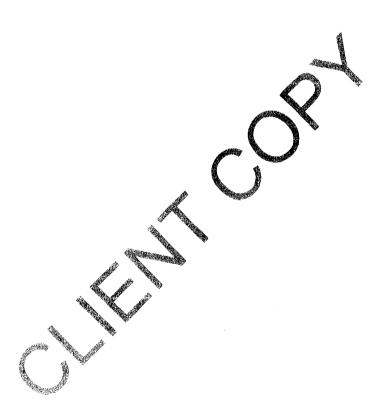




FORM 6251 ALTERNATIVE MINIMUM TAX NOL LIMITATION	STATEMENT 2
1A. ATNOL CARRYFORWARDS AND CARRYBACKS ATTRIBUTABLE TO QUALIFIED DISASTER LOSSES B. ATNOL CARRYFORWARDS AND CARRYBACKS OTHER THAN THOSE INCLUDED IN LINE 1A	55,530.
C. SUM OF LINE 1A AND LINE 1B	55,530.
ATNOLD LIMITATION:	
2A. SUM OF FORM 6251, 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-)	
3A. SMALLER OF LINE 1B OR 90% OF LINE 2D B. SMALLER OF LINE 1A OR LINE 2D MINUS 3A	0.
C. LINE 3A PLUS LINE 3B. TOTAL TO FORM 6.51, LINE 11	0.



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



022	DO NOT M	IAIL THIS FO	RM TO THE FTB
2016 California e-file Signature Authorization for Indi	vidual	s	FORM 8879
Your name	Your SS	iN or ITIN	
DOUGLAS T. COLE		-	
Spouse's/RDP's name	Spouse'	s/RDP's SSN	or ITIN
HEIDI A. COLE			
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;		^	0
or Short Form 540NR, line 121)		2	0.
Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125;		3	0.
or Short Form 540NR, line 125)		·	
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep	a copy of v	vour return.)	
electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic file my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Boald (FYB). If delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the r/ason(s) for sent. If I am filing a balance due return, I understand that if the FTB does not receive full and similarly payment or my tax liab applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent tax return. I have selected a personal identification number (PIN) as my signature for my electronic in ome tax return and, Consent.	deposit author unds withdranthe processing the delay or lity, I remain noluded on th	orization stated wal or direct de wal or direct de gof my return the date when liable for the taxe e copy of my el	on my return. If I posit. I authorize or refund is the refund was k liability and all ectronic income
	my PIN	Do not	ter all zeros
as my signature on my 2016 e-filed California individual acome taxoreturn.		Do not en	ter ali zeros
I will enter my PIN as my signature on my 2016 effect California individual income tax return. Check the PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	is box only	if you are ent	ering your own
	te 🕨	08/30/	2017
Spouse's/RDP's PIN: check one box only X authorize ALLAN K. DORFF CPA INC. to enter ERO firm name as my signature on my 2016 e-filed California individual income tax return.	my PIN	Do not en	ter all zeros
I will enter my PIN as my signature on my 2016 e-filed California individual income tax return. Check the PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	nis box only	if you are ent	ering your own
	te >	08/30/	2017
Practitioner PIN Method Returns Only - continue below Part III Certification and Authentication - Practitioner PIN Method Only		-	
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.			
		er all zeros	
I certify that the above numeric entry is my PIN, which is my signature for the 2016 California individual income tax return that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2 Providers.			
ERO's signature Da	te 🕨		
For Privacy Notice, get FTB 1131 ENG/SP.			TB 8879 C2 2016

|--|

Total dependent exemptions

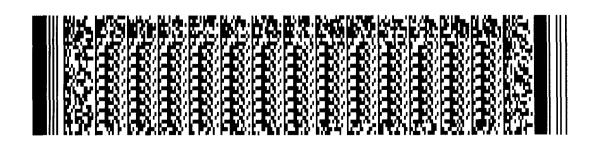
11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32

relationship to you

		DOLLAR B. GOLD	\neg	
You		ne: DOUGLAS T. COLE Your SSN or ITIN:	<u> </u>	
	12	State wages from your Form(s) W-2, box 16 • 12	.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
ē	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	-237,711 00
Taxable Income	16	California adjustments - additions. Enter the amount from Schedule CA (540), line 37, column C	• 16	20,388.00
xable		California adjusted gross income. Combine line 15 and line 16	• 17	-217,323.00
Ta	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 Married/RDP filing jointly, Head of household, or Qualifying widow(er) Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	• 18	8,258,00
	40		® 19	0.00
		Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	. • 19	U.[00]
	31	Tax. Check the box if from: X 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 is more than \$182,459, see instructions	● 32	222.00
Tax	33	Subtract line 32 from line 31. If less than zero, enter -0-		0.00
	34	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	• 34	
	35	Add line 33 and line 34	. ◎ 35	0.00
	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	• 40	.00
	43	Enter credit name	. • 43	.00
edits	44	Enter credit name code ● and amount	. • 44	:00
Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	• 45	.00
Spec	46	Nonrefundable renter's credit. See instructions	. • 46	.00
	47	Add line 40 through line 46. These are your total credits	• 47	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	. • 48	0.00
_			-	
	61	Alternative minimum tax. Attach Schedule P (540)	. • 61	.00
Taxes	62	Mental Health Services Tax. See instructions	. • 62	.00
Other Taxes	63	Other taxes and credit recapture. See instructions	. • 63	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	• 64	0.00

639003 03-20-17

Your	nan	ne: DOUGLAS T. COLE Your SSN or ITIN:]	
	71	California income tax withheld. See instructions	71	.00
	72	2016 CA estimated tax and other payments. See instructions	72	.00
Payments	73	Withholding (Form 592-B and/or 593). See instructions	73	.00
Рауг	74	Excess SDI (or VPDI) withheld. See instructions	74	.00
	75	Earned Income Tax Credit (EITC)	75	.00
	76	Add lines 71 through 75. These are your total payments. See instructions	76	.00
Use	91	Use Tax. See instructions • 91	.00	
	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	92	.00
×	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	93	.00
Overpaid Tax/ Tax Due	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	94	
Overp Tay	95	Amount of line 94 you want applied to your 2017 estimated tax	95	.00
	96	Overpaid tax available this year. Subtract line 95 from line	96	00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	97	0 00



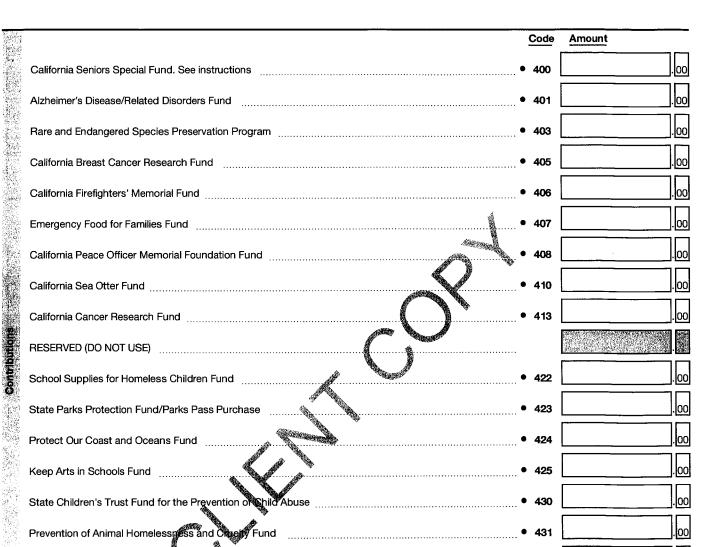
022

3103164

Form 540 C1 2016 Side 3

Your name: DOUGLAS T. COLE

Your SSN or ITIN:



• 431

California Domestic Violence Victims Fund • 433

110 Add code 400 through code 435. This is your total contribution • 110

Special Olympics Fund

Type 1 Diabetes Research Fund

Revive the Salton Sea Fund ..."

00

.[00

V		e: DOUGLAS T. COLE Your SSN or ITIN:
You	nam	e: DOUGLAS T. COLE Your SSN or ITIN:
Amount You Owe		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 Pay online - Go to ftb.ca.gov for more information.
and	112	Interest, late return penalties, and late payment penalties
Interest and Penalties	113	Underpayment of estimated tax. Check the box: ● FTB 5805 attached ● FTB 5805F attached ● 113 0.00
⊑	114	Total amount due. See instructions. Enclose, but do not staple, any payment
		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
sit		SACRAMENTO CA 94240-0001 • 115 000
Refund and Direct Deposit	See All o	n the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. Instructions. Have you verified the routing and account numbers? Use whole dollar only. In the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: Outing number Account number Account number Othecking
pun,	L_	Savings
Rei		remaining amount of my refund (line 115) is authorized for lirect deposit into the account shown below: Outing number Checking Shings Account number 117 Direct deposit amount .00
		NT: See the instructions to find out if you should attach a copy of your complete federal tax return.
ftb.c this t	a.gov	bout your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to 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 turn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Date Spouse's/RDP's signature (if a joint tax return, both must sign)
		Your email address. Enter only one email address.
Sig:		GUESTRANCH@MARBLEMOUNTAIN.COM
It is un	lawful t	
spous	e's/RDF ure.	Firm's name (or yours, if self-employed) • PTIN
Joint t		ALLAN K. DORFF, CPA INC.
return' (See in	structio	ons.) Firm's address • FEIN
		1181 PUERTA DEL SOL, #140 SAN CLEMENTE, CA 92673 Do you want to allow another person to discuss this tax return with us? See instructions Print Third Party Designee's Name ■ X Yes ■ No Telephone Number
		Print Third Party Designee's Name ALLAN DORFF, CPA 949 498-5585
		022 3105164 Form 540 C1 2016 Side 5

639011 12-08-16 SCHEDULE

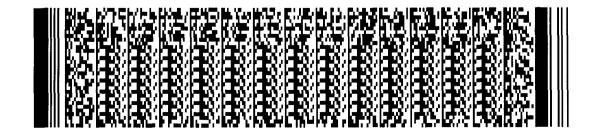
California Adjustments - Residents

CA (540)

2	016 California Adjustments	s - I	Residents		CA (540)
Impo	rtant: Attach this schedule behind Form 540, Side 5 as a supporting	Califo	rnia schedule.		"
Name	e(s) as shown on tax return				SSN or ITIN
	JGLAS T. & HEIDI A. COLE		A Federal Amounts		
	I Income Adjustment Schedule		(taxable amounts from your federal tax return)	B Subtractions	C Additions
	on A - Income		your tederal tax return)		
7	Wages, salaries, tips, etc. See instructions before making	~	•	•	•
0	an entry in column B or C			<u> </u>	<u> </u>
8 9	Taxable interest (b) Ordinary dividends, See instrs. (b)	. o(a) 9(a)		<u> </u>	<u> </u>
10	Taxable refunds, credits, offsets of state and local income taxes		-	<u> </u>	
11	Alimony received			<u> </u>	•
12	Business income or (loss)		<u> </u>	•	<u> </u>
13	Capital gain or (loss). See instructions			<u> </u>	<u> </u>
14	Other gains or (losses)			<u> </u>	<u> </u>
15	IRA distributions. See inst. (a)				•
16	Pensions and annuities. See inst. (a)	16(b)		0	•
17	Rental real estate, royalties, partnerships, S corporations, trusts, e	- ` '	 		1,800.
18	Farm income or (loss)			O	•
19	Unemployment compensation		•	8	
20	Social security benefits (a)®	20(b)	•		
21	Other income.		T	a 💿	a b ** 60 Cen plant
	a California lottery winnings 6 NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809			b 💿	
	b Disaster loss deduction from FTB 3805V f Other (describe):	21	● /-18,588.	C With the second section	° ● 18,588.
	C Federal NOL (Form 1040, line 21)	_		d ● 82,004.	d .
	d NOL deduction from FTB 3805V	_		e <u> </u>	0
		Á		f 🖲	f ●
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	20	● → -155,707.	82,004.	
Section	40: 40	COLUMN TO SERVICE STATE OF THE	4 -2'		North and an extensive state of the second sta
23	Educator expenses	23	•	<u> </u>	
24	Certain business expenses of reservists, performing artists and fee-basis government officials Health savings account deduction	*			
	fee-basis government officials	24		<u> </u>	0
25	Health savings account deduction	. 25			The second secon
26	Health savings account deduction Moving expenses Deductible part of self-employment to	. 26			46.0
27	Deductible part of self-employment text	. 27			Property of the second of the
28	Self-employed SEP, SilviPLE, and digalined plags	. 28			and the second second
29	Self-employed health insurance deduction	. 29 30		200 marks - 190 ma	Birth Control Control
30	Penalty on early withdrawal of savings	. 30			
212	Alimony paid. (b) Recipient's: SSN				
JIA	Last name	31a	•	1500.00 1000.000	•
32	IRA deduction	-			
33	Student loan interest deduction	•		Parties - Principal Carporal Carporal	•
34	Tuition and fees			•	C. A. Approximation
35	Domestic production activities deduction			<u> </u>	
36	Add line 23 through line 31a and line 32 through line 35 in				and the second of the second s
	columns A, B, and C	36	•	•	•
	· · · · · · · · · · · · · · · · · · ·				
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions	37	\odot -155,707.	82,004.	● 20,388.
					-

Part	II Ad	ljustments to	Federal	Itemized	Deductions
------	-------	---------------	---------	----------	------------

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 16	040), lines 4, 9, 15, 19, 20, 27, and 28	⊚ 38	4,000.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance,	and state and local income tax, or	⊚ 39	4,000.
	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	
71	Other adjustments including Gamornia lottery losses. See histi uctions, specify			
42	Combine line 40 and line 41		⑨ 42	·
43	Is your federal AGI (Form 540, line 13) more than the amount shown below fo	r vour filing status?		
70	Single or married/RDP filing separately			
	Head of household			
	Married/RDP filing jointly or qualifying widow(er)			
	No. Transfer the amount on line 42 to line 43.		Г	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Sched	ule CA (540), line 43	● 43	
4.4				
44	Enter the larger of the amount on line 43 or your standard deduction listed be Single or married/RDP filing separately. See instructions	WEAL AND		
	Married/RDP filing jointly, head of household, or qualifying wido		Г	
	Transfer the amount on line 44 to Form 540, line 18		© 44	8,258.



TAXABLE YEAR

639051 11-30-16 CALIFORNIA FORM

3805V

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

Attach to your California tax return.	SSN or ITIN
Names as shown on return	
	FEIN
DOUGLAS T. & HEIDI A. COLE	NO.
Part Computation of Current Year NOL for Individuals, Estates, and Trusts. If you do not have a current y	ear NUL, 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.	217 202
Estates and Trusts, begin on line 3	
2 Itemized deductions or standard deduction from 2016 Form 540, line 18	
3 a Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instructions.) If negative, use br	
If positive, enter -0- here and on line 25. Do not complete the rest of Section A. You do not have a curren	
Complete Part II and Part III if you have a carryover from prior years	
b 2016 declared disaster loss included in line 3a. Enter as a positive number	
c Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero or more, do not comp	
Part I. Enter the amount from line 3b, if any, in Part III, line 3, column (d) and complete Part II and Part III	Tas instructed 3c $<225,581.>00$
Enter amounts on line 4 through line 24 as if they were all positive numbers. See instructions.	
4 Nonbusiness capital losses 4 00	
5 Nonbusiness capital gains 5 5	
6 If line 4 is more than line 5, enter the difference; otherwise, enter -0-	00
7 If line 4 is less than line 5, enter the difference; otherwise, enter -0-	00
8 Nonbusiness deductions 8 8 , 25 0	
9 Nonbusiness income other than capital gains STMT 2 9 134 • Qa	104
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 12	
13 Business capital losses 00	
13 Business capital losses 13 00 14 Business capital gains 14 00 15 Add line 12 and line 14 15 15	
15 Add line 12 and line 14 15 16 If line 13 is more than line 15, enter the difference; otherwise, enter -0 16	00
16 If line 13 is more than line 15, enter the difference; otherwise, enter -0 16	00
17 Add line 6 and line 16	00
18 Enter the loss, if any, from line 8 of Schedule D (540). Estate and Tusts, 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	00
19 Enter the loss, if any, from line 9 of Schedule D (540), states and Trusts, enter the loss, if	
any, from line 10 of Schedule D (541) Enter as apositive number	. 00
20 If line 18 is more than line 19, enter the difference; otherwise, enter -0-	
21 If line 19 is more than line 18, enter the difference; otherwise, enter -0-	
22 Subtract line 20 from line 17. If zero or less, enter -0-	
23 NOL and disaster loss carryovers from prior years	
24 Add lines 11, 21, 22, and 23	
25 Current Year NOL. Combine line 3c and line 24. If more than zero, enter -0 You do not have a current year	
NOL to carryback or carryover	
If the Individual, Estate, or Trust is using the current year NOL to carryback to offset taxable income for taxable year	
complete Part IV, NOL Carryback, on Side 4 before completing Part I, Section A, lines 26-28 below. Enter lines 2	•
26 2016 NOL carryback used to offset 2014 taxable income. Enter the amount from Part IV, line 3, col. (e)	
	● 2700
28 2016 NOL carryover to 2017. Combine line 25, line 26, and line 27. See instructions.	
If more than zero, enter -0 You do not have a current year NOL to carryover	● 28 <u>135,453.00</u>

For Privacy Notice, get FTB 1131 ENG/SP.

	Enter total amounts as if you were a CA resident for entire year.	Enter amounts earned or received from CA sources if you were a nonresident for the entire year.	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 brackets1 _					
2 Itemized deductions or standard deduc-					
tion. See instructions 2 ()	()	()	()	(
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		<u> </u>	<u></u>		
ter amounts on line 4 through line 24 as if they we		3.			
Nonbusiness capital losses 4					
Nonbusiness capital gains 5				les.	
If line 4 is more than line 5, enter the					
difference; otherwise, enter -0- 6					
If line 4 is less than line 5, enter the					
difference; otherwise, enter -0- 7					
Nonbusiness deductions 8					
Nonbusiness income other than capital gains 9					
Add line 7 and line 9					
If line 8 is more than line 10, enter the					
difference; otherwise, enter -0-			-		
If line 8 is less than line 10, enter the					
difference; otherwise, enter -0- 12			_		
Business capital losses 13					
Business capital gains 14					
Add line 12 and line 14					
If line 13 is more than line 15, enter the					
difference; otherwise, enter -016					
Add line 6 and line 16 17					
B Enter the loss, if any, from line 4 of Schedule D (540NR) worksheet for nonresidents and part-year residents. See instructions					
Enter the loss, if any, from line 5 of Schedule D (540NR) worksheet for nonresidents and part-year residents. Enter as a positive number					
If line 18 is more than line 19, enter the	·				
difference; otherwise, enter -020		L			
If line 19 is more than line 18, enter the					
difference; otherwise, enter -0 21					
Subtract line 20 from line 17. If zero or					
less, enter -0- 22 _					
NOL & disaster loss carryovers from prior years 23					
Add lines 11, 21, 22, 23 24					
Gurrent Year NOL. Combine line 3c and	· · -				
line 24. If more than zero, enter -0 25		•	<u> </u>		●
ne Individual, Estate, or Trust is using the current Side 4 before completing Part I, Section B, lines				14 and/or 2015, comple	te Part IV, NOL Carryba
2016 NOI correspond to offeet 2014 touch to					
income. Enter the amount from Part IV, Inc 3, col. (e) 26	· · · · · · · · · · · · · · · · · · ·	•			<u> </u>
3 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 2016 NOL carryover to 2017. Combine line 25, line 26, and line 27. If more than zero, enter -0- 28		•			<u> </u>
ZOTO NOT CATIVOVET III ZOT / COMBINE IINE		(e)	I	I	•

(b) 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 Tayable Income (MTI) and Part III. NOI. Carryover and Disaster Loss Carryover Limitations. Do not complete Part

ntor amoi	unts on line 2 through line	S ac if the	word all nositive number	are		1	$-225,581{0}$
	ulloss deduction included		•			2	0
	ter loss carryover included						
4 NOL c	arryover included in line 1		***************************************			4	82,004.0
5 Adjust	tments to itemized deduct	ions. See in	structions			5	0
6 MTI. C	Combine line 1 through lin	e 5. If line 6	3 is zero or less, enter -0-			6	0.0
art III	NOL Carryover and Di	saster Loss	s Carryover Limitations.	See Instructions.		Á	
1 MTIfr	om Part II, line 6					(g) Available balance	
I WITTE	om rait ii, iiilo o			***************************************			
rior Year							
(a)	(b)	(C) Type of	(d)	(e)			(h)
Year of loss	Code See instructions	NOL See below *	Initial loss	Carryover from 2015	Amount used in 2016		Carryover to 2017 col. (e) - col. (f)
2015		⊙ GEN	82,004.	82,004	. 0	. 0.	82,004
)	Output	•	•	0	•		•
)	•	•	•		•		•
)		•	•		•		⊚
ırrent Ye	ar NOLs			•	N-1		col. (d) - col. (f) See Instructions
2016	●	● DIS		5. 1		J	<u>•</u>
2016		•ŒN	● 135,453.	1		N	● 135,453
2016		•	•	enter de la companya	2		<u> </u>
2016		•	•	the Court of the second by			<u> </u>
Type of N	VOL: General (GEN), New I	Business (N	NB), Eligible Small Busine	ess (ESB), or Disaster (I	DIS).		

Part IV NOL Carryback. See instructions.

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

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

(a)	(b)	(c)	(d)	20	014	20	015	(i)
Year of	Code - See	Type of	Initial loss - See	(e)	(f)	(g)	(h)	Carryover to
loss	instructions	NOL - See	instructions	Carryback used - See	After carryback col. (d) minus	Carryback used - See	After carryback col. (f) minus	2017 col. (d) minus (col. (e)
		below*		instructions	col. (e)	instructions	col. (g)	plus col. (g))
3								
2016		 			 		 -	
2016		<u> </u>		·				
2016							II	
2016				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			
2016								

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

2016 Income from Passthroughs	CA	
MARBLE MOUNTAIN RANCH INC I.D. NUMBER:		
TAXABLE INCOME (LOSS) SUMMARY:		
NONPASSIVE LOSS ALLOWED		-67,727
NET INCOME (LOSS) FOR ENTITY		-67,727
ACTIVITY INFORMATION:		······································
MARBLE MOUNTAIN RANCH INC		
ORDINARY INCOME (LOSS) -67	7,727	
TOTAL NONPASSIVE GAIN (LOSS)		-67,727
¥6		

2016 Income from Passthroughs	CA	
MARBLE MOUNTAIN RANCH INC I.D. NUMBER:	-	
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	7,726	
TOTAL NONPASSIVE GAIN (LOSS)		-67,726

DOUGLAS T. & HEIDI A. COLE

_WR	-186	

CA SCHEDULE CA	RENTS,	ROYALTIES,	PARTNERSHIPS,	ETC	STATEMENT 1
DESCRIPTION			CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
MARBLE MOUNTAIN R.			-67,727. -67,726.	-	
TOTAL TO SCHEDULE	CA(540),	LINE 17C			1,800.
CA 3805V		NONBUSI	NESS INCOME		STATEMENT 2
DESCRIPTION					AMOUNT
INTEREST INCOME			A		134.
TOTAL TO FORM 380	5V, LINE	9		=	134.

ALTERNATIVE MINIMUM TAX

TAXABLE YEAR

639051 11-30-16 CALIFORNIA FORM

3805V

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

Attach to your California tax return.	SSN or ITIN	
Names as shown on return		
	FEIN	
DOUGLAS T. & HEIDI A. COLE		
Part I Computation of Current Year NOL for Individuals, Estates, and Trusts. If you do not have a current year	ear 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.	<u> </u>	
Estates and Trusts, begin on line 3	1	<89,019.>00
2 Itemized deductions or standard deduction from 2016 Form 540, line 18		0 • 00)
3 a Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instructions.) If negative, use bra		<u></u>
If positive, enter -0- here and on line 25. Do not complete the rest of Section A. You do not have a current		
Complete Part II and Part III if you have a carryover from prior years	3a -	<89,019.>00
b 2016 declared disaster loss included in line 3a. Enter as a positive number		00
c Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero or more, do not comp		
Part I. Enter the amount from line 3b, if any, in Part III, line 3, column (d) and complete Part II and Part III		<89,019.>00
Enter amounts on line 4 through line 24 as if they were all positive numbers. See instructions.		
4 Nonbusiness capital losses 4 00		
5 Nonbusiness capital gains 5 00		
6 If line 4 is more than line 5, enter the difference; otherwise, enter -0-	00.	
7 If line 4 is less than line 5, enter the difference; otherwise, enter -0-	00	
8 Nonbusiness deductions 8		
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	0.00	
17 Add line 6 and line 16 17	00	
18 Enter the loss, if any, from line 8 of Schedule D (540) States 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 apositive number	00	
20 If line 18 is more than line 19, enter the difference; otherwise, enter -0-		
21 If line 19 is more than line 18, enter the difference; otherwise, enter -0-		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		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
If the Individual, Estate, or Trust is using the current year NOL to carryback to offset taxable income for taxable ye		
complete Part IV, NOL Carryback, on Side 4 before completing Part I, Section A, lines 26-28 below. Enter lines 26		
26 2016 NOL carryback used to offset 2014 taxable income. Enter the amount from Part IV, line 3, col. (e)	•	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
in more than 2010, enter for found not have a current year NOL to carryover	~~~	00,0100

639061 11-30-16

	(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.	ontho your	Tor the entire year.	OATESIGERE.	were a nomesident.	•
If negative, use brackets1					
2 Itemized deductions or standard deduc-					<u> </u>
tion. See instructions 2	()()	k)	اد باد	
3 a Combine line 1 and line 2. See instrs 3a	1	/	,		
b 2016 declared disaster loss included					
in line 3a, Enter as a positive number 3b					
c Combine line 3a and line 3b. If negative,					
use brackets and continue to line 4 3c					
nter amounts on line 4 through line 24 as if they	wara all nasitive number	1	<u> </u>]	
		s. T	1	1	
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			Allen		
7 If line 4 is less than line 5, enter the					
difference; otherwise, enter -0					
8 Nonbusiness deductions					
9 Nonbusiness income other than capital gains 9					
0 Add line 7 and line 910					
1 If line 8 is more than line 10, enter the					
difference; otherwise, enter -0 11			4		•
2 If line 8 is less than line 10, enter the					
difference; otherwise, enter -012					
3 Business capital losses 13					
4 Business capital gains 14					
5 Add line 12 and line 14 15		***			
6 If line 13 is more than line 15, enter the					
difference; otherwise, enter -016					
7 Add the Condition 40		*		 	
7 Add line 6 and line 16					
8 Enter the loss, if any, from line 4 of Schedule D (540NR) worksheet for nonresidents and part-year residents. See instructions 18					
9 Enter the loss, if any, from line 5 of Schedule D (540NR) worksheet for nonresidents and part-year residents. Enter as a positive number					
0 If line 18 is more than line 19, enter the	35-				
difference; otherwise, enter -0- 20					
1 If line 19 is more than line 18, enter the					
difference; otherwise, enter -0- 21]	
2 Subtract line 20 from line 17. If zero or					
less, enter -0- 22					
3 NOL & disaster loss carryovers from prior years 23				†	
A Add lines 11, 21, 22, 23 24		1		 	
5 Current Year NOL. Combine line 3c and	***	+			
line 24. If more than zero, enter -0 25		(1	14 1/ 00:15	• Down IV NO. 0
the Individual, Estate, or Trust is using the curre n Side 4 before completing Part I, Section B, line			-	14 and/or 2015, complet	e Part IV, NOL Carryba
2016 NOI combook used to effect 0014 to the					
6 2016 NOL carryback used to offset 2014 taxable income. Enter the amount from Part IV, line 3, col. (e)		•			<u> </u>
6 2016 NOL carryback used to offset 2014 taxable income. Enter the amount from Part IV, line 3, col. (e) 26 7 2016 NOL carryback used to offset 2015 taxable income. Enter the amount from Part IV, line 3, col. (g) 27 8 2016 NOL carryback used to offset 2015 taxable income. Enter the amount from Part IV, line 3, col. (g) 27 8 2016 NOL carryback used to offset 2017. Combine line 2017. Combine line 25, line 26, and line 27. If more than zero, enter -0- 28		•			•
2016 NOL carryover to 2017. Combine line 25 line 26 and line 27 If more than zero enter -0-		•			<u> </u>

Side 2 FTB 3805V 2016

022

Section	C -	Election to	Waive	Carr	yback
---------	-----	-------------	-------	------	-------

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

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

Part II			le Income (MTI). Be sure				-89,019.00
	le income. See instruction unts on line 2 through line		unoro all positivo numb		***************************************	1	-69,019.00
	al loss deduction included	-				. 2	Ö
	ter loss carryover included						00
	arryover included in line						00
5 Adjust	tments to itemized deduct	tions. See in	structions			5	00
6 MTI. 0	Combine line 1 through lir	ne 5. If line 6	is zero or less, enter -0-			6	0.00
Part III	NOL Carryover and D	isaster Loss	Carryover Limitations.	See Instructions.		4	
						(g) Available balance	1.4
1 MTI fr	om Part II, line 6						T Then
rior Year (a)	NOLs (b)	(c)	(d)	(e)			(h)
	1	Type of			Amount		
Year of loss	Code See instructions	NOL See below *	Initial loss	Carryover from 2015	Amount used in 2016	Angeles (Christian Co.)	Carryover to 2017 col. (e) - col. (f)
		20.011					鬼
2015	•	•GEN	52,532.	52,532		0.	. • 52,532
•	•	<u> </u>	(9	O	•		•
	•	<u> </u>	<u> </u>		•		•
	•	lacktriangle			•		•
							col. (d) - col. (f)
urrent Ye	ar NOLs			<i>y</i>			See Instructions
		8.00					
2016		● DIS	*	100	} • • • • • • • • • • • • • • • • • • •		<u>●</u>
4 2016	•	•ŒN	89,019				89,019
7 2010			05/025				03/023
2016	•	•					•
2016	_	(●				<u> </u>
Type of N	NOL: General (GEN), New	Business (N	IB), Eligible Small Busin	ess (ESB), or Disaster (DIS).		
E NO	Complete Add the		do la columna (la) de al com	mat the year-it of a 11	ator loop	A 5	1/11 551 -
5 NOL	. carryover. Add the carry	over amour	its in column (h) that are	not the result of a disa	ster IOSS	© 5	<u>141,551. o</u>

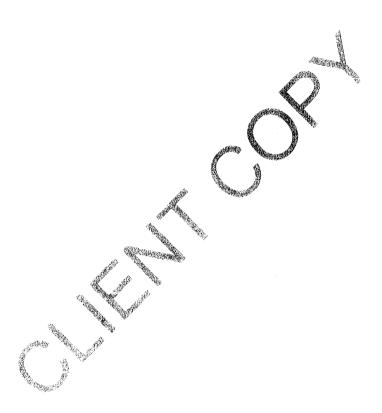
Part IV NOL Carryback. See instructions. 1 2014 Taxable Income - Enter the amount from 2014 Form 540, line 19; Form 540NR, line 35; or Form 541, line 20a. 2 2015 Taxable Income - Enter the amount from 2015 Form 540, line 19; Form 540NR, line 35; or Form 541, line 20a. 2014 (i) (a) (b) (c) (d) 2015 Year of Code - See Initial loss - See (e) (f) (g) (h) Carryover to Type of instructions Carryback Carryback After carryback 2017 col. (d) loss instructions After carryback NOL used - See col. (d) minus used - See col. (f) minus minus (col. (e) See instructions instructions col. (e) col. (g) plus col. (g)) below* 3 2016 2016 2016

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

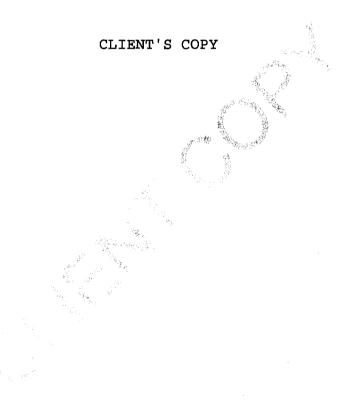


2016

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



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



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

August 30, 2017

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

Dear Doug & Heidi,

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

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

No payment is required.

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

No payment is required.

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

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

Very truly yours,

Allan K. Dorff, CPA Inc.

S CORPORATION Two-Year Comparison

2016

Name Employer Identification Number

MARBLE MOUNTAIN RANCH, INC.			
Description	Prior Year	CurrentYgar	ilmérease (Decrease)
ORDINARY BUSINESS INCOME (LOS	S):		
INCOME:			
GROSS RECEIPTS OR SALES LESS			
RETURNS AND ALLOWANCES	627,392.		
COST OF GOODS SOLD	4,179.		
GROSS PROFITS TOTAL INCOME	623,213. 623,213.		
TOTAL INCOME	023,213.	/49,250.	126,037.
DEDUCTIONS:			
SALARIES AND WAGES LESS			
EMPLOYMENT CREDITS	35,895	89,920.	
REPAIRS AND MAINTENANCE	58 40	63,669.	
TAXES AND LICENSES	15,766	21,139.	5,373.
INTEREST DEPRECIATION	16 853 186 804.	11,108. 314,341.	
ADVERTISING	186.804.	6,643.	
OTHER DEDUCTIONS	387,774.		-8,091.
TOTAL DEDUCTIONS	708,217.	886,503.	178,286.
ORDINARY BUSINESS INCOME (LOS:			-
S CORPORATION TAXES:			
PAYMENTS AND CREDITS:	And the second second		
BALANCE DUE OR REFUND:			
SCHEDULE K:			
INCOME:			
ORDINARY BUSINESS INCOME (LOS:	-85,004.	-137,253.	-52,249.
DEDUCTIONS:			
CHARITABLE CONTRIBUTIONS	6,592.	6,427.	-165.
INVESTMENT INTEREST:			
CREDITS:			
FOREIGN TAXES:			
<u> </u>			

Two-Year Comparison

MARBLE MOUNTAIN RANCH

Name

Employer Identification Number

MARBLE MOUNTAIN RANCH, INC.	P. 181.		100 80 80
Description	PriorYear	Current Yéar	Jnčroase (Decrease)
AMT ITEMS:			Marine
POST-1986 DEPRECIATION ADJUSTMENT	29,472.	46,300.	16,828.
OTHER SCHEDULE K ITEMS:			
NONDEDUCTIBLE EXPENSES INCOME (LOSS)	179. -91,596.	0. -143,680.	-179. -52,084.
SCHEDULE M-1:			
NET INCOME (LOSS) PER BOOKS TRAVEL & ENTERTAINMENT RECORDED ON	-111,715.	179,798.	-68,083.
BOOKS NOT INCLUDED ON SCHEDULE K OTHER EXPENSES RECORDED ON BOOKS	179	0.	-179.
NOT INCLUDED ON SCHEDULE K TOTAL EXPENSES RECORDED ON BOOKS	19,940	36,118.	16,178.
NOT INCLUDED ON SCHEDULE K TOTAL OF LINES 1 THROUGH 3 INCOME (LOSS)	20,119. -91,596. 91,596.	36,118. -143,680. -143,680.	-52,084.
SCHEDULE M-2:		!	
ACCUMULATED ADJUSTMENTS ACCOUNT	*		
BALANCE AT BEGINNING OF TAX YEAR LOSS FROM PAGE 1, LINE 21 OTHER REDUCTIONS COMBINE LINES 1 THROUGH 5 BALANCE AT END OF TAX YEAR OTHER ADJUSTMENTS ACCOUNT:	0. -85,004. 6,771. -91,775. -91,775.	6,427. -235,455.	-52,249. -344. -143,680.
SHAREHOLDERS' UNDISTRIBUTED TAXABLE INCOME PREVIOUSLY TAXED:			

8879-S

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization for Form 1120S

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

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

For calendar year 2016, or tax year beginning

, 2016, ending

2016

OMB No. 1545-0123

Name of Corporation	employer identification number
MARBLE MOUNTAIN RANCH, INC.	
Part L Tax Return Information (Whole dollars only)	
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)	
4 Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4
5 Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	142 600
Partil 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 examine income tax return and accompanying schedules and statements and to the best of my knowledge and be declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electron electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's relation (ERO), transmitter, or intermediate service provider to send the corporation's relation (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to (direct debit) entry to the financial institution account indicated in the tax preparation software for payment his return, and the financial institution to debit the entry to this account. To revoke a payment, I must consider that 2 business days prior to the payment (settlement) date. I also authorize the processing of the electronic payment of taxes to receive confidential information necessary to iswer the payment. I have selected a personal identification number (PIN) as my signature for the corporation electronic funds withdrawal. Officer's PIN: check one box only	elief, it is true, correct, and complete. I further nic income tax return. I consent to allow my eturn to the IRS and to receive from the delay in processing the return or refund, and o initiate an electronic funds withdrawal nt at the corporation's federal taxes owed on feat the U.S. Treasury Financial Agent at e final pial institutions involved in the purities and resolve issues related to the
X I authorize ALLAN K. DORFF, CPA INC. ERO firm name as my signature on the corporation's 2016 electronically file finance tax return. As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 electronically file finance.	to enter my PIN don't enter all zeros
	le ▶ PRESIDENT
Par III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. don't enter I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed incabove. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e	ome tax return for the corporation indicated
Pub. 4163, Modernized e-File (MeF) Internation for Authorized IRS e-file Providers for Business Returns. ERO's signature ► ALLAN K. DORFF, CPA INC.	•
ERO Must Retain This Form - See Instruction	s
Don't Submit This Form to the IRS Unless Requested	To Do So
For Panerwork Reduction Act Nation and instructions	Form 8879-S (201
For Paperwork Reduction Act Notice, see instructions.	1 oilii 007 9-0 (2010

610201 12-06-16

7004 (Rev. December 2016) Department of the Treasury

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

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

OMB No. 1545-0233

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

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

Form 7004 (Rev. 12-2016)

Fo	rm 7004 (Rev. 12-2016)		Page 2
I.	art 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 memb covered by this application.		
4 5a	If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here The application is for calendar year 2016, or tax year beginning		 ▶ □
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 ex		ation)
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.
			Form 7004 (Rev. 12-2016)

Form 1120S

Department of the Treasury Internal Revenue Service U.S. Income Tax Return for an S Corporation

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

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

OMB No. 1545-0123

2016

For calendar year 2016 or tax year beginning and ending A S election effective date D Employer identification number 02/02/2015 MARBLE MOUNTAIN RANCH, INC. **B** Business activity code number Number, street, and room or suite no. If a P.O. box, see instructions. E Date incorporated (see instructions) 713900 02/02/2015 92520 HIGHWAY 96 C Check if Sch. M-3 City or town, state or province, country, and ZIP or foreign postal code F Total assets (see instructions) attached SOMES BAR, CA 95568 2,445,250. Is the corporation electing to be an S corporation beginning with this tax year? Yes X No If "Yes," attach Form 2553 if not already filed Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) Selection termination or revocation Enter the number of shareholders who were shareholders during any part of the tax year 2 Caution; In clude only trade or business income and expenses on lines 1a through 21. See the instructions for more information. 750,637. b Return and allowances 750,637. 1,387. Cost of goods sold (attach Form 1125-A) Income 749,250. 3 Gross profit. Subtract line 2 from line 1c 3 Net gain (loss) from Form 4797, line 17 (attach Form 4797) 4 5 Other income (loss) (attach statement) 5 749,250. Total income (loss). Add lines 3 through 5 6 6 7 7 Compensation of officers (see instrs. - attach Form 1125-E) Deductions (See instructions for limitations) Salaries and wages (less employment credits) 89,920. 8 8 63,669. 9 9 Repairs and maintenance 10 10 11 11 TATEMENT 21,139. 12 12 11,108. 13 13 314,341. Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562) 14 14 Depletion (Do not deduct oil and gas depletion.) 15 15 6,643. 16 Constant Con 16 17 Pension, profit-sharing, etc., plans 17 18 Employee benefit programs 18 19 379,683. 19 Other deductions (attach statement) ... Total deductions. Add lines 7 through 19
Ordinary business income (loss). Subtract line 20 from line 6 20 886,503. 20 137,253. 21 21 Excess net passive income or LIFO recepture tax (see in structions) 22a 22 a Tax from Schedule D (Form 1720S) 22b 22c Add lines 22a and 22b 23 a 2016 estimated tax payments and 2015 overpayment credited to 2016. 23a Tax and Payments Tax deposited with Form 7004 23b Credit for federal tax paid on fuels (attach Form 4136) 23c Add lines 23a through 23c 23d Estimated tax penalty (see instructions). Check if Form 2220 is attached 24 24 25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed 26 26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid Enter amount from line 26 Credited to 2017 estimated tax 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 discusthis return with the preparer shown below (see instr.)? Sign PRESIDENT Here X Yes No Signature of officer Date Print/Type preparer's name Preparer's signature PTIN Date Check if self-employed P01061094 ALLAN K. DORFF, CPA INC. Firm's EIN 1181 PUERTA DEL SOL, #140 Phone no SAN CLEMENTE, CA 92673 949 498-5585 Form 1120S (2016) JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2016) MARBLE MOUNTA	IN RANCH, I	INC		Page 2
Schedule B Other Information (See	instructions)			Yes No
1 Check accounting method: (a) X Cash (b)	Accrual (c)	Other (specify)		
2 See the instructions and enter the:				
(a) Business activity ► RECREATION	(b)	Product or service ▶ GUEST	RANCH ADVEN	ĽUR .
3 At any time during the tax year, was any shareholder in	the corporation a disreg	garded entity, a trust, an estate, or a		
nominee or similar person? If "Yes," attach Schedule E	-1, Information on Certai	n Shareholders of an S Corporation	l	X
4 At the end of the tax year, did the corporation:				
a Own directly 20% or more, or own, directly or indirect	ly, 50% or more of the to	tal stock issued and outstanding of	апу	
foreign or domestic corporation? For rules of construc		uctions. If "Yes," complete (i) throug		X
(i) Name of Corporation	(ii) Employer Identification Number	(iii) Country of	(iv) Percentage of Stock	(v) If Percentage in (iv) is 100% . Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made
	(if any)	incorporation	Owned	Subsidiary Election Was Made
	<u> </u>			<u> </u>
				
	L	<u> </u>		
b Own directly an interest of 20% or more, or own, directly				
capital in any foreign or domestic partnership (includi		TA ##	est of a"	1
trust? For rules of constructive ownership, see instruc		(i) through (v) below	<u></u>	X
(i) Name of Entity	(ii) Employer Identification Number	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in
	(if any)			Profit, Loss, or Capital
	}			
	4000			
		<u> </u>		
5a At the end of the tax year, did the corporation have an	y outstanding strares of r	estricted stock?		X
If "yes" complete lines (i) and (ii) below			_	
(i) Total shares of restricted stock				F F
(ii) Total shares of non-restricted stock b At the end of the tax year, did the corporation have any				
b At the end of the tax year, did the corporation have an	y outstanding stock optic	ons, warrants, or similar instruments	s?	X
If "yes" complete lines (i) and (ii) below			_	
(i) Total shares of stock outstanding at the end of the				——
(ii) Total shares of stock outstanding if all instruments				etion? X
6 Has this corporation filed, or is it required to file, Form				
7 Check this box if the corporation issued publicly offers				
If checked, the corporation may have to file Form 828				
8 If the corporation: (a) was a C corporation before it el with a basis determined by reference to the basis of the	ected to be an 5 corpora e asset (or the basis of a	tion or the corporation acquired an inv other property) in the hands of a	asset LC	
with a basis determined by reference to the basis of the corporation and (b) has net unrealized built-in gain in	excess of the net recogn	ized built-in gain from prior years, e	nter	
the net unrealized built-in gain reduced by net recogni				——
9 Enter the accumulated earnings and profits of the corp		Lax year	Φ	
10 Does the corporation satisfy both of the following con		un ድርጀር በበበ		
a The corporation's total receipts (see instructions) for				77
b The corporation's total assets at the end of the tax year		00		A
If "Yes," the corporation is not required to complete So 11 During the tax year, did the corporation have any non-		ac cancelled was forgiven or had th	10	<u> </u>
The state of the s				x
terms modified so as to reduce the principal amount of				
If "Yes," enter the amount of principal reduction 12 During the tax year, was a qualified subchapter S subs	vidion, alastian ta!a-t-	d or revolved If Was I assissed	Ф	X
13a Did the corporation make any payments in 2016 that				
b If "Yes," did the corporation file or will it file all required	1 LOUIN 1098			Form 1120S (2016)

611711 12-22-16 JWA

Form 1	120S (2016)	MARBLE MOUNTAIN RANCH, INC	C		Page 3
Sch		Shareholders' Pro Rata Share Items			Total amount
	1 Ordinary	business income (loss) (page 1, line 21)		1	-137,253.
	2 Net rent	al real estate income (loss) (attach Form 8825)		2	
	3a Other gr	oss rental income (loss)	3a		
	b Expense	s from other rental activities (attach statement)	3b	186.5	
<u>@</u>		et rental income (loss). Subtract line 3b from line 3a		3c	
Income (Loss)		income			
-(L	5 Dividend	ds: a Ordinary dividends		5a	
Ē		b Qualified dividends	5b		
<u> </u>	6 Royaltie				
	7 Net shor	t-term capital gain (loss) (attach Schedule D (Form 1120S))		7	
		-term capital gain (loss) (attach Schedule D (Form 1120S))		8a	
	b Collectib	les (28%) gain (loss)	8b		
	c Unrecap	tured section 1250 gain (attach statement)	8c		
	9 Net sect	ion 1231 gain (loss) (attach Form 4797) me (loss) citions) Type		9	
	10 (see instru	ictions) Type			
2	11 Section	179 deduction (attach Form 4562)		11	
ţi	12 a Charitab	le contributions	STATEMENT 3	12a	6,427.
Deductions	b Investm	ent interest expense		12b	
ĕ	C expenditu	res (1) Type		<u>, </u>	
	(2) Amo	unt ▶ uctions ctions) Type ▶	······································	12c(2)	
	(see instru	ome housing credit (section 42(j)(5))		12d	
	13a Low-inc	ome housing credit (section 42(j)(5)) ome housing credit (other) rehabilitation expenditures (rental real estate) (attach Form 3468		13a	
	D Low-inc	ome nousing credit (other)			
Credits	C Qualified of the rental	renabilitation expenditures (rental real estate) (attach Form 3468 real estate instructions) Type ►)		
ဦ	credits (see	ostructions) Type	<u> </u>	13d	
•		credits Type >		- 101	
	Other cred	oroducer credit (attach Form 6478) itis rotions) Type		13g	
	14 a Name of	country or U.S. possession come from all sources come sourced at shareholder level gross income sourced at corporate level			
	h Gross in	nome from all courses		14b	
	e Gross in	come sourced at shareholder level		146	
	Foreign	come sourced at shareholder level gross income sourced at corporate level			
	d Passive	category		14d	
ons	e General	gross income sourced at corporate level category category ttach statement)		14e	
Transactions	f Other (at	ttach statement)		14f	
nsa	Daductic	ne allocated and apportionalist chareholder level			
Tra	g Interest	expense		14g	
gu	h Other			14h	
Foreign	Deductio	ons allocated and apportioned at corporate level to foreign source	income	77.675	· · · · · · · · · · · · · · · · · · ·
щ	I Passive	category		14i	
		category			
		tach statement)			
		formation		17,17,1	
	I Total for	eign taxes (check one): ▶		141	
		on in taxes available for credit (attach statement)			·
	n Other fo	reign tax information (attach statement)			
×	15 a Post-198	36 depreciation adjustment		15a	46,300.
Ta	b Adjusted	gain or loss		15b	
		n (other than oil and gas)			
Alternative Minimum Tax (AMT) Items		and geothermal properties - gross income			···
⋖ <u>∓</u> €		and geothermal properties - deductions			
	f Other Al	MT items (attach statement)	<u> </u>	15f	
Items Affecting Shareholder Basis		npt interest income			
ec Sisteman		k-exempt income			
s Af Ireh Bas		uctible expenses			
Sha J		ions (attach statement if required)			
₹"	e Kepaym	ent of loans from shareholders		16e	

Form 1120S	20.71.00.00.00	NTAIN RANCH,	INC.				Page 4
Schedu					47:	Total amount	
Other Information	Investment income				17a 17b		***
a the							
	Dividend distributions paid from accum				17c		alkes.
	Other items and amounts (attach stater	ment)		·····		i kedi <u>si de Spagosi, ji ja 10.68</u> 49.	£ \$ \$ \$
Recon- ciliation		nt range and con-	40 5 16 5 20 5 1 1 2 2 2				
ا <u>تا تا</u>	Income/loss reconciliation. Combine	•	•		40	112 6	٥.0
Schedu	From the result, subtract the sum of the Balance Sheets per Books	e amounts on lines 11 through Beginning o			18 End of ta	-143,6	ου.
Contout	Assets	(a)	(b)	(c)	Lilu or ta	(d)	
1 Cash	Audotto	(w)	500.	(0)	475 V (181)		99.
	otes and accounts receivable				ritik da hizi		
	owance for bad debts						PROTECT.
	ries		2,500.		(1980) (1980) (1980)	2,5	0.0
			4,500.	Aratasa (J U
	vernment obligations			18.28	-		
	mpt securities		,==-				
	urrent assets (att. stmt.)			4	-		
	o shareholders			100) L		
	ge and real estate loans	ing the second of the			- "- L	 -,	
	vestments (att. stmt.)	0 770 105	La della caritario i con sel sel segoni di proposici di se		366		Season C
	gs and other depreciable assets	2,778,105.	2,591,301	2,943,			
	cumulated depreciation	186,804.	2,591,301	5U1,	145.	2,442,2	SAME AND ADDRESS OF
1 a Depletal				*			
b Less ac	cumulated depletion	management of the second secon			***************	<u>.</u>	
2 Land (n	et of any amortization)						4-021400
3 a Intangib	le assets (amortizable only)				-1		
b Less ac	cumulated amortization						
4 Other as	ssets (att. stmt.)				L		
5 Total as			2,594,301.	8.5	4 K 1	2,445,2	50
Liabili	ties and Shareholders' Equity						
6 Account	ts payable		**	7 (1) (1) (1) (1) (1) (1) (1) (1			
	es, notes, bonds payable in less than 1 year		•		1		
8 Other cu	urrent liabilities (att. stmt.)				Maria I		
9 Loans fr	rom shareholders		23,219.			89,2	95
0 Mortgage	es, notes, bonds payable in 1 year or more						
1 Other lia	abilities (att. stmt.)	STANDANT 4	82,703.		i I	47,3	74
2 Capital s	stock		1,000.		T	1,0	00
3 Addition	stock nal paid-in capital		2,599,094.		201	2,599,0	94
	d earnings	STATEMENT 5	-111,715.			-291,5	
	ents to shareholders' equity (att. stmt)		<u> </u>	Maria Cara	/ t		
26 Less co:	st of treasury stock		· · · · · · · · · · · · · · · · · · ·		17		
	bilities and shareholders' equity		2,594,301.	e de Como de Piño de Tigo. Religio Tombo de Porto de La	" · · · · · · · · · · · · · · · · · · ·	2,445,2	50
JWA	and one or		=,==-,===	<u> Programma a Localidada de 19</u> 09	28 <u>21 126 2 2 3 1</u>	Form 1120S	_

Form 1120S (2016)	MARBLE MOUN'	rain Ranch,	INC.		Page 5
Schedule M-1	Reconciliation of In Note: The corporation may I	ncome (Loss) per l	Books With Income M-3 (see instructions)	(Loss) per Return	
1 Net income (loss) per			5 Income recorded on boo	ks this year not	T
2 Income included on Scheo			included on Schedule K,		
6, 7, 8a, 9, and 10, not rec			10 (itemize):		
(itemize):	oraca cir booke tine year		a Tax-exempt interest \$		
(NOTTIEG).					
3 Expenses recorded on	books this year not	· · · · · · · · ·	6 Deductions included on 5	Schedule K, lines 1	
included on Schedule	•		through 12 and 14l, not		
and 14I (itemize):	·		book income this year (it		
a Depreciation \$			a Depreciation \$	•	
b Travel and entertainment \$,		
STMT 6	36,118.	36,118.	7 Add lines 5 and 6		
4 Add lines 1 through 3		-143,680.	8 Income (loss) (Schedule K, lin	e 18). Line 4 less line 7	-143,680.
Schedule M-2	Analysis of Accum	ulated Adjustmen	ts Account, Other A	djustments Accou	nt, and
<u> </u>	Shareholders' Und	istributed Taxable	Income Previously	Taxed (see instructions)	_
			(a) Accumulated adjustments account	(b) Other adjustments	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning	of tax year		-91,775.		
	page 1, line 21				
					1.64 B. T. J.
4 Loss from page 1, line	21		(137,253		at Valation of the
5 Other reductions S	TATEMENT 7		(6.42)
6 Combine lines 1 throu			-235,455	*	
7 Distributions other tha	n dividend distributions				
8 Balance at end of tax y	ear. Subtract line 7 from line	6	/ -235,455.		
JWA					Form 1120S (2016)
		A			
				•	
			•		
			•		
	æ.	AND AND			

	A CONTRACTOR OF THE PARTY OF TH	<i>▶. №</i>			

Form 1125-A

(Rev. October 2016)

Department of the Treasury Internal Revenue Service **Cost of Goods Sold**

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

OMB No. 1545-0123

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

lar	ne		Employer Identification number
	MARBLE MOUNTAIN RANCH, INC.		
1	Inventory at beginning of year	1	2,500.
2	Purchases	2	1,387.
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5		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.
9 a	Check all methods used for valuing closing inventory:		
	(i) X Cost		
	(ii) Lower of cost or market		
	(iii) Uther (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 97		
d	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed		
	under LIFO	9d	
е	If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions		
f	Was there any change in determining quantities, cost, or valuations between opening and place in determining quantities, cost, or valuations between opening and place in determining quantities, cost, or valuations between opening and place in determining quantities, cost, or valuations between opening and place in determining quantities, cost, or valuations between opening and place in determining quantities, cost, or valuations between opening and place in determining quantities, cost, or valuations between opening and place in determining quantities, cost, or valuations between opening and place in determining quantities.		Yes X No
	If "Yes," attach explanation.		
or	Paperwork Reduction Act Notice, see separate instructions.		Form 1125-A (Rev. 10-2016)

4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

OTHER

Attach to your tax return.

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

Business or activity to which this form relates

OMB No. 1545-0172

Attachment Sequence No. 179 Identifying number

	BLE MOUNTAIN RANCI	•			RECIATION		
	Election To Expense Certain Pro	perty Under Section 17	9 Note: If you have any lis	ted property,	complete Par		you complete Part I.
	faximum amount (see instructions)						
	otal cost of section 179 property pla						
	hreshold cost of section 179 proper	•	***************************************			3	
	eduction in limitation. Subtract line					···· 	
	ollar limitation for tax year. Subtract line 4 from (a) Description of		0 If married filing separately, see (b) Cost (busing		(c) Electe		
6	(4, 5 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	роролу	(b) cost (cost)	300 000 01111/	(0) 21000		
	isted property. Enter the amount fro			7	6		
8 T	otal elected cost of section 179 pro	perty. Add amounts	in column (c), lines 6 and	7	A Parameter A	8	
9 T	entative deduction. Enter the small	er of line 5 or line 8				9	
	arryover of disallowed deduction fro				X	10	
11 B	usiness income limitation. Enter the	smaller of business	income (not less than zer	o) or line		11	
12 S	ection 179 expense deduction. Add	l lines 9 and 10, but	don't enter more than line		A	12	
13 C	arryover of disallowed deduction to	2017. Add lines 9 ar	nd 10, less line 12	▶ 13			
	Don't use Part II or Part III below for	or listed property. Ins	stead, use Part V.				
	Special Depreciation Allow	vance and Other De	preciation (Don't nclude	e listed prope	rty.)		
th	pecial depreciation allowance for que tax year			aced in servic	e during	14	
	roperty subject to section 168(f)(1)					15	F4 4 C F
	ther depreciation (including ACRS)					16	51,167.
	MACRS Depreciation (Don	rt include listed prop					
			Section A				000 665
	ACRS deductions for assets placed	ADE ADE	7 162MA			17	220,665.
18 If	you are electing to group any assets placed in s						
	Section B - Asse		(c) Basis for depreciation		neral Depreci	ation Syst	tem
	(a) Classification of property	(b) Monthland year place in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					000=	
b	5-year property		68,324.	5 YRS.		200DE	
С	7-year property		47,332.	7 YRS.		200DE	
d	10-year property		21,000.	10 YRS	HY	200DE	2,100.
е	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	<u> </u>
		Placed in Service	During 2016 Tax Year U	sing the Alte	rnative Depre		rstem
20a	Class life			46		S/L_	
b	12-year			12 yrs.	1414	S/L	
C	40-year	/		40 yrs.	MM	S/L	L
	Summary (See instructions	·				1 64	10 000
	isted property. Enter amount from li					21	19,980.
Е	otal. Add amounts from line 12, line nter here and on the appropriate lin	es of your return. Pa	rtnerships and S corpora	•		22	314,341.
	or assets shown above and placed ortion of the basis attributable to se	_	current year, enter the	23			
616251	12-21-16 LHA For Paperwork Red	duction Act Notice.	see separate instructio	ns.			Form 4562 (2016

14210830 795712 MARBLEMTN

	orm 4562 (2016)			TAIN R										Page :
	Part V Listed Proper recreation, or a		utomobiles, cert	ain other vel	hicles, cer	tain airc	raft, ce	ertain com	outers, a	nd prop	perty use	d for en	tertainme	ent,
_	Note: For any	vehicle for w	hich you are usi	ng the stanc	dard mileag	ge rate d	or dedu	ucting leas	e expens	e, com	plete on	ly 24a, 2	24b, colu	mns
	(a) through (c)	of Section A,	, all of Section B	, and Sectio	n C if app	icable.								
			on and Other In				nstruc	tions for lii	nits for p	asseng	ger autor	nobiles.)		
24	la Do you have evidence to s			use claimed?	XY		<u> No</u>	24b If "Y	es," is the	evide	nce writt	en? LX		Nc
	_ (a)	(b) Date	(c) Business/	(d)		(e) is for depr	onintion	(f)	(9			h)		(i)
	Type of property (list vehicles first)	placed in	investment	Cost o	Л [/bu	siness/inve		Recovery period	Meti Conve			ciation action		cted in 179
	(not vollolos ilist)	service	use percentage	Utilei ba	515	use only	/)	ponou	Conve	illion	ucut			st
25	Special depreciation allo	owance for q	ualified listed pr	operty place	ed in servi	e durin	g the t	ax year an	d	ļ	ļ		3.2	
	used more than 50% in	a qualified b	usiness use		<u></u>	<u></u>				25				
26	Property used more that	n 50% in a c	ualified busines	s use:										
_		<u> </u>	%											
	SEE STATE	MENT 8	%								19,	980.		
		:_:	%											
7	Property used 50% or le	ess in a quali	fied business us	se:										
			%					<u> </u>	S/L·					
_			%						S/L:				- 619	e e e e e e e e e e e e e e e e e e e
_		: :	%					-	S/L					100
8	Add amounts in column	(h), lines 25		er here and	on line 21	page 1				28	19,	980.		
	Add amounts in column								- County		,	29	CONTRACTOR SAME	
_	Add amounts in column	(I), III O ZO. L		ction B - Inf						· · · · · ·				
									, 		. 16			
	emplete this section for ve													3
)	your employees, first answ	wer the ques	stions in Section	C to see if	you meet a	ın excep	oti er i to	o continuida	ng this se	ection f	or those	vehicles	3.	
_							-							
				(a)	((b) (c)			(d)		(e)		(f)	
0	Total business/investment r	miles driven d	uring the	Vehicle	Vel	ni e e	4 V	ehicle	Vehi	cle	Veh	nicle	Veh	icle
	year (don't include commut	ting miles)				M.		_	L		}			
1	Total commuting miles of	driven during	the year											
	Total other personal (no													
	driven	_		.										
3	Total miles driven during			SEE P	RT V	STA	TEM	ENT						
	Add lines 30 through 32			A COURSE										
				Yes. No	Yes	No	Yes	No	Yes	No	Yes	No	Vaa	
4													I TES I	No.
4	Was the vehicle availabl	•	•		•				- 1				Yes	No
	Was the vehicle availabl during off-duty hours?		69a TV										res	No
	Was the vehicle availabl during off-duty hours? Was the vehicle used pr	rimarily by a	69a TV										res	No
5	Was the vehicle availabl during off-duty hours? Was the vehicle used pr than 5% owner or relate	rimarily by a ed person?	more										res	No
5	Was the vehicle availabl during off-duty hours? Was the vehicle used pr than 5% owner or relate Is another vehicle availa	rimarily by a ed person?	more										res	NC
5	Was the vehicle availabl during off-duty hours? Was the vehicle used pr than 5% owner or relate	rimarily by a ed person? ble for perso	more										res	No
5	Was the vehicle available during off-duty hours? Was the vehicle used prethan 5% owner or related is another vehicle available.	rimarily by a ed person? ble for perso	onal - Questions for						y Their E					
35 36	Was the vehicle availabl during off-duty hours? Was the vehicle used pr than 5% owner or relate Is another vehicle availa	rimarily by a ed person? ble for perso	onal - Questions for						y Their E					
35 36	Was the vehicle available during off-duty hours? Was the vehicle used prethan 5% owner or related is another vehicle available.	rimarily by a ed person? ble for perso	onal - Questions for						y Their E					
5 6	Was the vehicle available during off-duty hours? Was the vehicle used prepared than 5% owner or related is another vehicle available. Was these questions to commerce the same these duestions to commerce the same than the same t	rimarily by a ed person? ble for person Section C determine in	nal - Questions for	eption to co	ompleting :	Section	B for v	ehicles us	y Their E	nployee	es who a			5%
5 6 	Was the vehicle available during off-duty hours? Was the vehicle used protein than 5% owner or related is another vehicle available use? Sewer these questions to comers or related persons. Do you maintain a writte	rimarily by a ed person? ble for person Cection Cedetermine in en policy state	onal - Questions for you preet an exceptement that professions.	eption to co	ompleting s	Section of vehic	B for v	vehicles us Luding cor	y Their E ed by en	by you	es who a	ren't mo	re than 5	5%
5 6 	Was the vehicle available during off-duty hours? Was the vehicle used protein than 5% owner or related is another vehicle available use? Sewer these questions to comers or related persons. Do you maintain a writte	rimarily by a ed person? ble for person Section C determine in en policy state	onal - Questions for you meet an exceptement that professional	eption to co	ompleting s	Section of vehic	B for v	rehicles us	y Their E ed by en nmuting,	by you	es who a	ren't mo	re than 5	5%
5 6 7	Was the vehicle available during off-duty hours? Was the vehicle used protein than 5% owner or related is another vehicle available use? Sewer these questions to concers or related persons. Do you maintain a writte employees? Do you maintain a writte	rimarily by a sed person? ble for person Section C determine in policy staten policy staten	- Questions for you meet an exceptement that professional	eption to conibits all personibits person	sonal use of v	Section of vehic	B for ves, inc	vehicles us	y Their E ed by en nmuting,	by you	es who a	ren't mo	re than 5	5%
5 6 7	Was the vehicle available during off-duty hours? Was the vehicle used protein than 5% owner or related is another vehicle available. Sewer these questions to concers or related persons. Do you maintain a writte employees? Do you maintain a writte employees? See the institution of the protein service of the protein se	rimarily by a sed person? ble for person Section Cetermine in policy state on policy state tructions for	- Questions for you meet an exceptement that professement that pro	nibits all personibits person	sonal use of very officers, of	Section of vehic vehicles	es, inc es, or 1%	ehicles us cluding cor ct commut of or more	y Their E ed by en nmuting, ing, by yo	by you	es who a	ren't mo	re than 5	5%
5 6 n <u>*</u> 7	Was the vehicle available during off-duty hours? Was the vehicle used protein than 5% owner or related is another vehicle available. Swer these questions to concers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instance of your protein seems.	rimarily by a ed person? ble for person Section C determine in en policy state tructions for ehicles by en	- Questions for you met an exceptement that professement that prof	nibits all person oy corporate sonal use?	sonal use of the officers, constitution	Section of vehicles, lirectors	B for ves, incomes, except, or 19	cluding cor commut or more	y Their E ed by en nmuting, ing, by yo	by you	es who a	ren't mo	re than 5	5%
5 6 n <u>*</u> 7	Was the vehicle available during off-duty hours? Was the vehicle used protein than 5% owner or related is another vehicle available. Swer these questions to concers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instance of your pool of your provide more than the concern of your provide more than the concern of the concern	rimarily by a ed person? ble for person Cettermine in the policy state on poli	- Questions for you met an exceptement that professement that prof	nibits all person nibits person ny corporate sonal use? oyees, obta	sonal use of the officers, continuing information	of vehicles vehicles directors	es, inc es, inc , excep , or 19	cluding cor ot commut 6 or more employees	y Their E ed by en nmuting, ing, by yo owners	by you	es who a	ren't mo	Yes	5%
5 6 n <u>w</u> 7 8	Was the vehicle available during off-duty hours? Was the vehicle used pre than 5% owner or related is another vehicle available use? Sewer these questions to comers or related persons. Do you maintain a writted employees? Do you maintain a writted employees? See the instance of the vehicles, as the use of the vehicles.	rimarily by a ed person? ble for person Cetermine in the policy state on policy state tructions for ehicles by er an five vehicland retain the	- Questions for you meet an exceptement that professement that professement that professement that professement that professes as per less to your employees as per less to your employee information re	nibits all personibits person vy corporate sonal use?	sonal use of the officers, of the information	Section of vehicles directors	B for ves, inc	cluding cor commut or commut or more employees	y Their E ed by en nmuting, ing, by yo owners	by you	es who a	ren't mo	Yes	5%
5 6 n <u>w</u> 7 8	Was the vehicle available during off-duty hours? Was the vehicle used process than 5% owner or related is another vehicle available. Sewer these questions to concern or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instance of the vehicles, and the use of the vehicles, and po you meet the require	rimarily by a sed person? ble for person Cettermine in the policy state tructions for ehicles by er an five vehicle and retain the ments concerns.	- Questions for you meet an exceptement that professed by the professed of	nibits all personibits person vy corporate sonal use? oyees, obta ceived?	sonal use of the officers, of the information demonstrates	Section of vehicles, vehicles, lirectors tion fron	es, inc es, inc , excep , or 19 n your	chicles us cluding cor ot commut 6 or more employees	y Their E ed by en nmuting, ing, by yo owners	by you	es who a	ren't mo	Yes	5%
5 6 - n <u>w</u> 7 8	Was the vehicle available during off-duty hours? Was the vehicle used proceed than 5% owner or related is another vehicle available. Sewer these questions to concers or related persons. Do you maintain a writte employees? Do you maintain a writte employees? See the instance of your provide more that the use of the vehicles, a poyou meet the require note: If your answer to see the process.	rimarily by a sed person? ble for person Cettermine in the policy state tructions for ehicles by er an five vehicle and retain the ments concerns.	- Questions for you meet an exceptement that professed by the professed of	nibits all personibits person vy corporate sonal use? oyees, obta ceived?	sonal use of the officers, of the information demonstrates	Section of vehicles, vehicles, lirectors tion fron	es, inc es, inc , excep , or 19 n your	chicles us cluding cor ot commut 6 or more employees	y Their E ed by en nmuting, ing, by yo owners	by you	es who a	ren't mo	Yes	5%
5 6 - n <u>×</u> 7 8	Was the vehicle available during off-duty hours? Was the vehicle used protein than 5% owner or related is another vehicle available use? Is were these questions to concers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instance of the vehicles, and the use of the vehicles, and the use of the vehicles, and the use of the requirence. Note: If your answer to see that the requirence of the vehicles of the vehicles.	rimarily by a sed person? ble for person Cettermine in the policy state tructions for ehicles by er an five vehicle and retain the ments concerns.	ement that profuences as per les to your employees as per les information recerning qualified 0, or 41 is "Yes,	nibits all person y corporate sonal use? oyees, obta ceived?	sonal use of the officers, of the information demonstrately sections.	Section of vehicles, vehicles, lirectors tion fron	es, inc es, inc , excep , or 19 n your	rehicles us sluding cor to commut or more employees	y Their E ed by en nmuting, ing, by yo owners	by you	ır	ren't mo	Yes	5%
5 6 - n <u>×</u> 7 8	Was the vehicle available during off-duty hours? Was the vehicle used proceed than 5% owner or related is another vehicle available. Sewer these questions to concers or related persons. Do you maintain a writte employees? Do you maintain a writte employees? See the instance of your provide more that the use of the vehicles, a poyou meet the require note: If your answer to see the process.	section C determine in the policy state tructions for ehicles by er and five vehicles and retain the ments concess, 38, 39, 4	ement that professes to your employees as per less to your emplace information receiving qualified 0, or 41 is "Yes,"	nibits all personibits person vy corporate sonal use? oyees, obta ceived?	sonal use of very officers, community informations of the control	Section of vehicles vehicles lirectors tion fron attion use	es, inc es, inc , excep , or 19 n your	chicles us cluding cor ct commut 6 or more employees	y Their E ed by en nmuting, ing, by yo owners	by you	es who a	ren't mo	Yes (f) mortization	5%
5 6 n <u>×</u> 7 8 9 0 1	Was the vehicle available during off-duty hours? Was the vehicle used proceed than 5% owner or related is another vehicle available use? Sewer these questions to concers or related persons. Do you maintain a written employees? Do you maintain a written employees? Do you maintain a written employees? Do you meantain a written employees? Do you provide more that the use of the vehicles, and polyou meet the requirence wote: If your answer to concern that the use of the vehicles, and polyou meet the requirence wote: If your answer to concern that the use of the vehicles	section Control of the control of th	ement that professer to your employees as per les to your employee information receiving qualified 0, or 41 is "Yes,	nibits all person y corporate sonal use? oyees, obta ceived? automobile "don't com	sonal use of a officers, of the information demonstrate section (c)	Section of vehicles vehicles lirectors tion fron attion use	es, inc es, inc , excep , or 19 n your	rehicles us sluding cor to commut or more employees	y Their E ed by en nmuting, ing, by y owners	by you	es who a	ren't mo	Yes (f)	5% No
5 6 n n n n n n n n n n n n n n n n n n	Was the vehicle available during off-duty hours? Was the vehicle used presented by the second of the vehicle available use? Was the vehicle used presented by the second of the vehicle available use? We will be second of the vehicle of the vehicles, and the use of the vehicles of the vehicles.	section Control of the control of th	ement that professer to your employees as per les to your employee information receiving qualified 0, or 41 is "Yes,	nibits all person y corporate sonal use? oyees, obta ceived? automobile "don't com	sonal use of very officers, community informations of the control	Section of vehicles vehicles lirectors tion fron attion use	es, inc es, inc , excep , or 19 n your	chicles us cluding cor ct commut 6 or more employees	y Their E ed by en nmuting, ing, by y owners	by you	es who a	ren't mo	Yes (f) mortization	5%
5 6 n <u>w</u> 7 8 9 0 1 F	Was the vehicle available during off-duty hours? Was the vehicle used proceed than 5% owner or related is another vehicle available use? Sewer these questions to concers or related persons. Do you maintain a written employees? Do you maintain a written employees? Do you maintain a written employees? Do you meantain a written employees? Do you provide more that the use of the vehicles, and polyou meet the requirence wote: If your answer to concern that the use of the vehicles, and polyou meet the requirence wote: If your answer to concern that the use of the vehicles	section Control of the control of th	ement that professer to your employees as per les to your employee information receiving qualified 0, or 41 is "Yes,	nibits all person y corporate sonal use? oyees, obta ceived? automobile "don't com	sonal use of very officers, community informations of the control	Section of vehicles vehicles lirectors tion fron attion use	es, inc es, inc , excep , or 19 n your	chicles us cluding cor ct commut 6 or more employees	y Their E ed by en nmuting, ing, by y owners	by you	es who a	ren't mo	Yes (f) mortization	5%
5 6 n n n n n n n n n n n n n n n n n n	Was the vehicle available during off-duty hours? Was the vehicle used proceed than 5% owner or related is another vehicle available use? Sewer these questions to concers or related persons. Do you maintain a written employees? Do you maintain a written employees? Do you maintain a written employees? Do you meantain a written employees? Do you provide more that the use of the vehicles, and polyou meet the requirence wote: If your answer to concern that the use of the vehicles, and polyou meet the requirence wote: If your answer to concern that the use of the vehicles	section Control of the control of th	ement that professer to your employees as per les to your employee information receiving qualified 0, or 41 is "Yes,	nibits all person y corporate sonal use? oyees, obta ceived? automobile "don't com	sonal use of very officers, community informations of the control	Section of vehicles vehicles lirectors tion fron attion use	es, inc es, inc , excep , or 19 n your	chicles us cluding cor ct commut 6 or more employees	y Their E ed by en nmuting, ing, by y owners	by you	es who a	ren't mo	Yes (f) mortization	5%

44 Total. Add amounts in column (f). See the instructions for where to report 616252 12-21-16

2016 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

		Date			С		Unadjusted	Bus	Costian 170	Doductice to	Doein For	Designing	Courses	0	F. J.
Asset No.	Description	Acquired	Method	Life	Corv	Line No.	Cost Or Basis	% 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	200DB	7.00	нх	19C	1,200.				1,200.			172.	172.
70	STOCK - SEDONA	03/01/16	200DE	7.00		190	1,200.				1,200.			172.	172.
71	STOCK - DARTANJION	08/01/16	200DB	7.00	НУ	19c	1,200.	ter calculation		(1,200.			172.	172.
	* OTHER TOTAL OTHER					4	3,600.			5	3,600.	ó.	Steen Holl	1516.	516.
	BUILDINGS		enikonia, kom				F 1 Hard 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			X					
43	Cabin #1	02/02/15	SL	27.50			67,2001				67,2002	2,240.		2,444.	4,684.
44	CABIN #2	02/02/15	SL	27.50	ММ	16	106,400.	(106,400.	3,547.		3,869.	7,416.
45	CABIN:#3	02/02/15	ST	27.50	1	16	67 ,200				67,200,	2,240.		2,444.	4,684.
46	CABIN #4	02/02/15	SL	27.50	ММ	16	67,000.	No.	ر المراجع المر	1712 timbre i e	67,200.	2,240.	December 1997	2,444.	4,684.
47	CABIN #5 & 6 - DUPLEX	02/02/15	SL.	27.50	3	19	IN 500.				108,500.	3,617.		3,945,	7,562.
48	CABIN #7 & 8 - DUPLEX	02/02/15	SL	27.50	N.	4	80,640.	No 11 Less 145			80,640.	2,688.		2,932.	5,620.
49	CABITY #9	02/02/15	SL	47 .50		A W	98,560.				98,560.	3,285,		3,584.	6,869,
50	CABIN #10	02/02/15	SI	27 50	4	16	87,360.		MI		87,360.	2,912.		3,177.	6,089.
54	QUAILS NEST HOUSE	02/02/15	SL	50,		16	225,400.				225,400.	7,513.		8,196.	15,709.
52	SLEEPY HOLLOW HOUSE	02/02/15	SL	27.50	мм	16	109,200.				109,200.	3,640.		3,971.	7,611.
53	RIVER VIEW HOUSE	02/02/15	SL	27.50	1	16	347,200.				347,200.	11,573.		12,625.	24,198,
54	COVERED RIDING ARENA	02/02/15	200DB	10.00	нч	17	157,000.		£7:		157,000.	15,700.		28,260.	43,960.
55	ARENA TACK BUILDING	02/02/15	200DE	10.00	НУ	17	77,740.			grading.	77,740.	7,774.		13,993.	21,767.

628111 04-01-16

(D) - Asset disposed

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

8.1

OTHER DEPRECIATION OTHER

Asset No.	Description	Date Acquired	Method	Life	C 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
	LODGE/MESS HALL	02/02/15			ну17	230,580.				230,580.	8,647.		16,645.	25,292.
Relation and agents	TACK HOUSE	02/02/15 02/02/15	ersza.nvan	Smith shirter	ну17	120,000. 22,100.				120,000. 22,100.	12,000. 2,210.		3 ,978.	3 1,600 . 6,188.
59	CUPT: SHOP	02/02/15			E-0.7	62,8604			0	62:860.	2,358,	178	43598	6-896
3	LAUNDRY/SHOWER HOUSE	02/02/15 02/02/15		10.00	HAT 1	78,842. 25,000				78,842.	2,957. 2,500		5,691.	8,648. 7,0003
100	POWER HOUSE	02/02/15		39.00 20.00	мм16	10,000. 10,000				10,000.	235. 458 .		256. 500	491.
S.48-149-7490	SHOP BUILDING	02/02/15	B#(4837)3252-8	10.00	ну17	156,000.	N			156,000.	15,600.		28,080.	958. 43,680.
E-17-17-58	ARENA ETUDIO HOUSING HAY BARN (REBUILD SNOW DAMAGE COLLAPSE)	05/01/16 05/01/16	GREAT AND SE	27.50 10.00	HY	21,000.				28;635; 21,000.			2,100.	694. 2,100.
	5 other equal buildings	**				2,364,617.				2,364,617.	115,934;		.180,466.	296,400.
í	furniture & fixtures Furnishings - Cabins/Houses	02/02/15	200	1	P B	522,				522.	75.		128	203.
	* OTHER TOTAL FURNITURE & FIXTURES					522.	10,700			522.	75.	, n	128.	203.
2	MACHINERY & EQUIPMENT RANGE FIREARMS	02/02/15	SL	7,00	16	600.				600.	79.		86.	165.
. a	GET: BÖAT	02/02/15	.200DE	7,00	HV177	10,392,			1. 1. A.	10;392	1,485.		2,545;	4,030,

628111 04-01-16

(D) - Asset disposed

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

OTHER DEPRECIATION OTHER

Asset No.	Description	Date Acquired	Method	Life	C Lins	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
4	SANTA FE BBQ	04/01/15	200DB	7.00	ну17	2,775.	seconomical	ma	BANKEYS OF THE SHOOTER	2,775.	397.		679.	1,076.
\$	ZERG VURN MOWER	03/15/15	200be	7,00	#17	9,800.				9,800.	1,400.		2,400.	3,800.
13	2015 KUBOTA L3560 TRACTOR	02/15/15	200DB	7.00	HY11.7	42,000.	Eschesios			42,000.	6,000.	Example contribution	10,286.	16,286.
4	2015, HUSOVARIA MOWER	02/15/15	200DE	7,00	44. 7	9,000				9,000;	1,286.		2,204.	19,490.
15	2009 JOHN DEERE MOWER	02/02/15	200DB	7.00	HY17	4,000.	en sen seg	SELECTION OF SEC	X	4,000.	572.	Maria de la composición della	979.	1,551.
16	1941 JOHN-DEERE MOWER	02/02/15	20000	7,00	4 7	1,500				1,500.	215.		167	5823
17	6 SOTAR RAFTS	03/15/15	200DB	7.00	HY17	24,000.	BAGETURAGET		RESIDENCE SANDA	24,000.	3,429.	Militaria, un acto de designa	5,877.	9,306.
18	B SÖTAR TÜPLATABLE KAYAKS	02/02/15	200DE	7,00	13. 7	16,000				16,000.	2,286.		3,918,	6,204,
19	MISC RAFTING EQUIPMENT	02/02/15	200DB	7.00	HY1.7	24,000.	2419 (4.2.2.0)	CONTRACTOR STORES	P & Lof Part 2005 FeVal	24,000.	3,429.	tiskus valeda situ	5,877.	9,306.
+ 20	rapo traider #1	02/02/15	200DE	7.00	1	\$ 70 mg				2;000.	286.	4.4	490.	776.
21	RAFT TRAILER #2	02/02/15	200DB	7.00	нулд	2,000.	Falk cases	Fan Selstakija	Paragonal and and	2,000.	286.	(Pass, by the delicati	490.	776.
22	2 AXI:R TRAILER	02/02/15	200DE	X 00		3,5004				3,500.	500,	Super New	857.	1,357.
23	STOCK TRAILER	02/02/15	200DB	7.00	1 17	4,000.	en e	1862 × 215.4 may 200	BBA TARONIA	4,000.	572.	Ne na mer vista	979.	1,551.
24	HYDE DRIFT BOAT #1	02/02/15	200_		H217	8,000;				8,000.	1,143.		1,959.	3,102.
25	HYDE DRIFT BOAT #2	02/02/15	200DB	7.00	ну17	7,000.	Mary Lab	i Na atla Nasa sa B		7,000.	1,000.	Ber ver des	1,714.	2,714.
26	WILLIE DRIFT BOAT	02/02/15	200DB	7.00	8 21 7	3,500.		9 .		3,500.	500.		857.	1,357.
27	MISCELLANEOUS FISHING GEAR	02/02/15	200DB	7.00	HY17	12,000.	at nes sove	機能をなった Shart Niet wit	Spilitarian di Chili Mariata	12,000.	1,715.	18801 ayr 44 + 198	2,939.	4,654.
28	1997 WATER PURIFICATION SYSTEM	02/02/15	200DB	7,00	H Y1 7	500.		1		500.	72,		:122;	194.

628111 04-01-16

(D) - Asset disposed

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

OTHER DEPRECIATION

OTHER

THER I	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
	2015 WATER PURIFICATION														
29	SYSTEM (UPGRADED) HOOK TAUCH AG LINES &	03/02/15	200DB	7.00	HY	17 8534	32,000.	8276.)52 36	lienteka produki	NESSONAL A CONTRACT	32,000.	4,572.	ba cs now consider	7,837.	12,409.
-10	SPRINKLERS	03/01/15	200DE	7,00	m	17	8,600.			1	8,000)	1,143.		1,959.	3,102,
31	20' CARGO CONTAINERS	02/02/15	200DB	7.00	нч	17	8,000.			•	8,000.	1,143.		1,959.	3,102.
	ecrop panels pencing								4						
	HORBE PARE STANCING	02/02/15	2000	7 (00	20		11,000)			(7)	10,000	1,572.		2,694	4/266
33	TACK FOR 25 HORSES	02/02/15	200DB	7.00	HY	17	12,000.	arond-the	THE STATE OF THE S	N. S.	12,000.	1,715.	Sakala da arang da Sakala	2,939.	4,654.
34	John Deere 160km Genset	02/02/15	2000	7.00			9,500			7	9,500+	1,357,		2,327	1,6842
2444C 12622W 2240W	Brancher 2 2270 Control of the Second	tolk ingesterrise same	960 to 45 (000)	BSF Del Hopke	E-M-STR	- Marie		4		The state of the s	F70. 1447 7 ABB 25780 28	Brea. Lectures San Conspication	2000 perior out and word		E2100 102 4 1010 1000 1010
35 35	IVECO 60KW GENSET	02/02/15	200DB	7.00	HY	17 23	8,000.	Frank side	V2205457 MAG	ista en lementañ	8,000.	1,143.	R240 ursacción	1,959.	3,102.
36	ENDROPLANT 40 KW GENERATOR	09/15/15	200DB	7.00	10	17/2	50,000				50,000,	7,143.		12,245,	19,388.
37	HONDA PORTABLE GENSET	03/01/15	200DB	7,00	нч	17	3,036.	A DECEMBER OF THE PERSON OF TH			3,936.	563,		964.	1,527.
			to and				24 - 45 E	,							
38	SOIL PAMPER	02/02/15	20008	7,00		7	A TOTAL				3,500,	500		857.	1,357.
39	WELDING EQUIPMENT	02/02/15	200DB	7.00	нХ	W.	3,500.				3,500.	500.		857.	1,357.
73. 34 TAX	MUSC CONSTRUCTION TOOLS &	02/02/15	20000	2.00			20 000				20,000,	2,857.	,	4 898	7,755.
	500 GAL CONTAINMENT FUEL	147/17/51			SAN	aana P	20,700.6	in de	Pr. 218, 23				學人名罗克克德	7/13/01	19/17
41	TANK	02/02/15	200 DB	7.00	A.	17	5,000.				5,000.	715.		1,224.	1,939.
42	650 gal condainment fuel Cank	02/02/15	200	00	HY	17	7 000.				7,000.	1,000.		1,714	2,714.
	1,000		8501124.0 <u>0</u>		(1995) (1995)	1498		2 - 2.3	Stor Andrestant	riger for the started by		15. 5. 15. 15. 15. 15. 15. 15. 15. 15. 1	gg i ment lagtige	re in Adamstral	acetylesingen
66 	MINI EXCAVATOR	05/06/16	200DB	7.00	HY	19C	3,478.	Bertari. B	lista ne ar veda saza	Late and for client	3,478.	Kasulianèssets	British di Terresi	497.	497.
677	WATER FILTRATION SYSTEM	02/24/16	200DB	7.00	ну	19c	33,503.		150 - 151		33,503.			4,786	4,786.
-2	* OTHER TOTAL MACHINERY &				10 miles (10 miles)		404 004	mar agreem affilial			404 004	En 525		05 242	447 010
	EQUIPMENT	Brogowski	MCC-54	5021G	\ \{\bar{2}\)		404,984.	realtai	W as (22.08)		404,984.	52,575.		95,341.	147,916.
	TRANSPORTATION EQUIPMENT			\$25 M											

628111 04-01-16

(D) - Asset disposed

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

OTHER DEPRECIATION

OTHER

HEK I	DEPRECIATION							OTHER							
Asset No.	Description	Date Acquired	Method	Life	Corv	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	нл	21	32,598.				32,598.	3,160.		5,100.	8,260.
ij	2011 TOYOTA RAV4	02/02/15	20000	5.00	100	21	5,000;				5,0001	1,000.		1,600.	2,600
8	2011 FORD VAN	02/02/15	200DB	5.00	нл	21	19,000.			1	19,000.	3,460.		5,600.	9,060
9	2008 FORD VAN	02/02/15	200DB	5,00		21	16,000.			人	16,000.	3,200.		5,120	8,320
10	2006 FORD VAN	02/02/15	200DB	5.00	нл	21	8,000.			Y	8,000.	1,600.		2,560.	4,160
ŭ	2015 Honda Arv	02/02/15	20000	5.00		4,	7,5000			3,750.	3,750.	750.		1,200.	1,950
12	2013 HONDA ATV	02/02/15	200DB	5.00	н	7	6,500.	(6,500.	1,300.		2,080.	3,380
65	KAWASAKI: ATV	07/09/16	200DB	7.00		190	6,75		V		6,751.			965.	965
68	2017 GMC 3500	02/12/16	200DB	5.00	ня	d 9B	68,024.	A A A A A A A A A A A A A A A A A A A			68,324.			13,665.	13,665
	* OTHER TOWAL TRANSPORTATION EQUIP * GRAND TOTAL OTHER									3,750.	165,923,	14,470.		37,890]	52,360
6 3 3	DEPRECIATION	Mensalal in rank M	Description	Service of the		M	2,943 ,3 396.	F K (*1811 1.24)	Decision (25, o.17)	3,750.	2,939,646.	183,054.	Harriston of the control of	314,341.	497,395
	Maria de la companya		, E												
	CURRENT YEAR ACTIVITY	D			100			2 5 5 6 5 E	i, see				ista sera	859	
1.44	BEGINNING BALANCE						2,778,105		0.	3,750.	2,774,355.	183,054.			474,172
	ACQUISITIONS	to the start					165,291.		0.	0.	165,291.	0.			23,223
	dispositions						.0,		0.	0.	6.	0.			0
	ENDING BALANCE						2,943,396.		٥.	3,750.	2,939,646.	183,054.			497,395
						K.	the solid			4.16.95					

628111 04-01-16

(D) - Asset disposed

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

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

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

Employer Identification Number:

For the Year Ending December 31, 2016

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

١	WR	-186	
			 1

FORM 1120S	TAXES AND LICENSES	STATEMENT 1
DESCRIPTION		AMOUNT
вое		682.
BUSINESS LICENSES & SPECIAL	PERMITS	742.
COUNTY BED TAX		912.
PAYROLL TAXES		10,512.
REAL PROPERTY TAXES - RANCH STATE FIRE TAX		5,174. 117.
CALIFORNIA TAXES - BASED ON	INCOME	3,000.
TOTAL TO FORM 1120S, PAGE 1,	LINE 12	21,139.
FORM 1120S	OTHER DEDUCTIONS	STATEMENT 2
	OTHER DEDUCTIONS	
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 FISHING EXPENSES		800. 946.
FOOD/LODGING/SUPPLIES-DAY TR	TPS	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 OUTSIDE SERVICES		1,204. 15,350.
PARKING		3.
POSTAGE		515.
RAFTING EXPENSES		12,017.
RANCH ACTIVITIES & ENTERTAIN	IMENT	1,315.
RANCH UNIFORMS		1,058.
RANCH UTILITIES		26,843.
SMALL SPORTING EQUIPMENT EXP	PENSES	561.
SOCIAL MEDIA COSTS	NT 14	465.
SPECIAL USE PERMITS - USFS/B	2TTM	5,199. 26,348.
STOCK FEED		∠0,340 .
STIDDITES & SMATT TOOLS		3 077
SUPPLIES & SMALL TOOLS TELEPHONE EXPENSES		3,077. 5,372.

MARBLE MOUNTAIN RANCH, INC.				WR-186	
TRAILER RIGGING TRAVEL VEHICLE INSURANCE VEHICLE MAINTENANCE & UPKEEP VEHICLE REPAIR VETERINARY EXPENSES WEBSITE DEVELOPMENT/MAINTENANCE WORKERS COMP INSURANCE TOTAL TO FORM 1120S, PAGE 1, LINE	19			1,49 2,81 6,31 6,20 9,37 3,22 5,33 12,41	15. 13. 11. 74. 22. 35. 14.
SCHEDULE K CHARI	TABLE (CONTRIBUTIO	ONS	STATEMENT	3
DESCRIPTION	NO LIMIT	50% / 100 LIMIT	30% LIMI	T 20% LIMI	
CHARITABLE CONTRIBUTIONS		6,42	27.		
TOTALS TO SCHEDULE K, LINE 12A		6,42	APP 1		<u> </u>
SCHEDULE L OTH	ER LIAE	BILITE		STATEMENT	4
DESCRIPTION			BEGINNING OF TAX YEAR	END OF TAX YEAR	<u> </u>
OTHER LIABILITIES		-	82,703.	47,37	14.
TOTAL TO SCHEDULE L, LINE 21		=	82,703.	47,37	74.
SCHEDULE L ANALYSIS OF TOTAL	RETAIN	NED EARNING	GS PER BOOKS	STATEMENT	5
DESCRIPTION				AMOUNT	
BALANCE AT BEGINNING OF YEAR NET INCOME PER BOOKS DISTRIBUTIONS				-111,71 -179,79	
OTHER INCREASES (DECREASES)					

SCHEDULE M-1		S RECORDE T INCLUDE			YEAR	STATE	MENT	6
DESCRIPTION						AM	OUNT	
INTEREST EXPENSE	- RESTDENCE	APPORTION	MENT				32	26.
OTHER NON-DEDUCT:		0111101					4,00	
REAL PROPERTY TAX	KES - RESIDEN	ICE APPORT	CIONMENT					50.
SHAREHOLDERS HEAD							20,12	
UTILITIES EXPENS	E - RESIDENCE	E APPORTIO	NMENT				11,50)4.
TOTAL TO SCHEDULI	E M-1, LINE 3	3					36,11	L8.
		TT C MY TIN C	1 GGOTTUTE			ONTG GM2 MT		
SCHEDULE M-2 ACC	CUMULATED ADJ	USTMENTS	ACCOUNT-		%	ONS STATE	MENT	7
DESCRIPTION						AM(OUNT	
CHARITABLE CONTR	IBUTIONS				,		6,42	27.
TOTAL TO SCHEDULI	E M-2. LINE 5	5 – COLUMN	J (A)				6,42	27.
1011111 10 1011111	,							
FORM 4562, PART V				ON-MORE 7	rhan 50	% STATE	MENT	8
FORM 4562, PART V	/ LISTED PR	ROPERTY I	FORMATIO					
	/ LISTED PF		FORMATIO	(F)	(G)		(I) 17	79
FORM 4562, PART V (A) (B) DESCRIPTION DAY (J) (K)	/ LISTED PF (C) FE BUS. % (L) USINESS COMM	OPERTY IN COPERTY IN C	(E) BASIS (N) RSONAL	(F)	(G) PH/CV :	(H) DEDUCTION (Q) ANOTHER V	(I) 17 ELECTI	79
(A) (B) DESCRIPTION DAY (J) (K) AUTO TOTAL BU NO MILES 2014 JEEP 02/02	/ LISTED PROCESS COMMENTALES MILES MI	OPERTY I	(E) BASIS (N) RSONAL	(F) LIFE M (O) WAS VEH. AVAIL.? Y N	(G) TH/CV (P) > 5% OWNER? Y N	(H) DEDUCTION (Q) ANOTHER V AVAILABL Y N	(I) 17 ELECTI	79
(A) (B) CESCRIPTION DATE (J) (K) AUTO TOTAL BU NO MILES 2014 JEEP 02/02 GRAND CHEROKEE	U LISTED PROCESS COMMILES MILES 100.00	OPERTY IN COPERTY IN C	(E) BASIS (N) RSONAL	(F) LIFE M (O) WAS VEH.	(G) TH/CV (P) > 5% OWNER? Y N	(H) DEDUCTION (Q) ANOTHER V	(I) 17 ELECTI	79
(A) (B) DESCRIPTION DATE (J) (K) AUTO TOTAL BU NO MILES 2014 JEEP 02/02 GRAND CHEROKEE 2011 TOYOTA 02/02 RAV4	USINESS COMMILES 100.00	OPERTY I	(E) BASIS (N) RSONAL MILES 32,598.	(F) LIFE M (O) WAS VEH. AVAIL.? Y N	(G) PH/CV (P) > 5% OWNER? Y N ODB-HY X	(H) DEDUCTION (Q) ANOTHER V AVAILABL Y N	(I) 17 ELECTI	79
(A) (B) DESCRIPTION DATE (J) (K) AUTO TOTAL BU NO MILES	USINESS COMMILES 100.00	OPERTY IN COPERTY IN C	(E) BASIS (N) RSONAL MILES 32,598.	(F) LIFE MT (O) WAS VEH. AVAIL.? Y N 5.00 200	(G) PH/CV (P) > 5% OWNER? Y N ODB-HY X	(H) DEDUCTION (Q) ANOTHER V AVAILABLE Y N 5,100. X 1,600.	(I) 17 ELECTI	79

MARBLE MOUNTAIN RANCH, INC.

2006 FORD 02/02/15

VAN

100.00

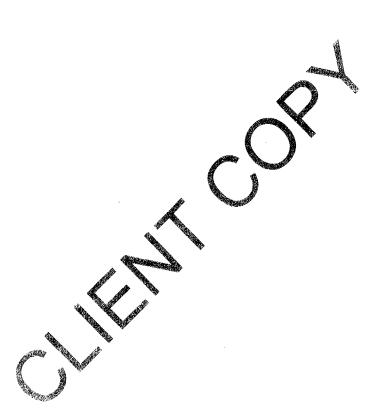
8,000. 8,000. 5.00 200DB-HY X Х

2,560. Х

WR-186

TOTAL TO FORM 4562, PART V, LINE 26

19,980.



ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	STOCK - STARDUST	030116			1,200.	0.	172.	172.	0
	STOCK - SEDONA	030116			1,200.		172.	172.	
	STOCK - DARTANJION CABEN #1	080116 020215		27.50	1,200. 67,200 .			172. 2,444 .	U m eriodo de la compansión de la
	CABIN #2	0.20.21.5		27.50	106,400.		2,444. 3,869.	3,869.	
	CADIN #2	020215		27.50		2 240	2,444.		
100	CABIN #4			27.50	67,200.		2,444.	2,444.	Č
47	CABIN #5 & 6 - DUPLEX	020215 020215		27.50	108,500.		3,945.	3,945.	
	CABIN #7 & 8 - DUPLEX	020215	Carrier - I-ac	27.50	80,640	2,688.	2,932.	2,932.	Č
	CABIN®#9			27.50	9875608	3,285.	3,584.	3,584.	er to draw M
	CABIN #10	020215	Balantin (22 Bust 1970)	27.50	87/360.	2,912.		3,177.	(
> P 1 1 2	QUATES NEST HOUSE	030311		27.50	225 400 209, 200	7,513.	8,196.	8,196.	N. 125 (16)
	SLEEPY HOLLOW HOUSE	020215	Paringa (1979)	27.50	209, 2 00	3,640.		3,971.	Million and SA (180) 43 48
13339543	COVERED RIDING ARENA	020215	15000	27.50	347,000. 57,000.	11,573. 11,775.	12,625. 28,260.	12,625. 21,784.	6,47
	COVERED RIDING ARENA	020215			77,740.	5,8 31.			3,20
2.0	LODGE/MESS HALL	020215			230,580.			16,645.	
	HAV BARN	020215	150DE	0.200	120,000.	9,000.		16,650.	4,95
58	TACK HOUSE	020215	150 DE	10,00	22,100.	1,658.	3,978.	3,066.	91
	GIFT SHOP	020215	300	240m00	62,860.	2,358.	4,538.		发音图解影 题
	LAUNDRY/SHOWER HOUSE	02021	150 DE	30.00	78,842.				
	erbanhouse	0200		10.00	25,000.	1,875.			1,03
	POWER HOUSE	0202	V	39.00	10,000.	235.		256.	to the state of th
	SHOP BUILDING	0 0 2 1	1 5 0 0 5	20.00	10,000.				
	SHOP BUILDING	OE C		27.50	156,000. 28,635.		28,080. 694.	21,645. 694 .	6,43
	HAY BARN (REBUILD-SNOW DAMAGE			P. 1	40,000		427.	V2#*	Dan et et felle kerze
	COLLARSE)		150DE	10.00	21,000.	0.	2,100.	1,575.	52!
	FURNISHINGS - CABINS/HOUSES	020215			522.	56.		100.	2
	RANGE FIREARMS	020215		7.00	600.				ស្មារ ស្រួនស៊ីធី
3	JET BOAT	020215	150DE	7.00	10,392.		2,545.	1,988.	55
	SANTA FE BBQ	040115	150DE	7.00		298.	679.		14
	ZERO TURN MOWER	031515			9,800.				52
13	2015 KUBOTA L3560 TRACTOR	021515	150DE	7.00	42,000.	4,500.	10,286.	8,036.	2,25

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	2015 HUSQVARNA MOWER	021515			9,000.	965.	2,204.	1,722.	482.
4.54.42	2009 JOHN DEERE MOWER 1941 JOHN DEERE MOWER	$020215 \\ 020215$	300 200 000 0000	25/20/20/20 11	4.000. 1,500.	429. 161.	979. 367.	765. 287.	.214. 80.
11	6 SOTAR RAFTS	031515	エキルスト 日子 フスト かまた		24,0004	2,572.	5,877.	4,592;	1,,285.
18	8 SOTAR INFLATABLE KAYAKS	020215 020215	1200E	7.00	16,000.	1,715.	3,918. 5.877 .	3,061. 4.592	857. 1.285.
	RAFT TRAILER #1	020215	150DB	7.00	2,000.	215.	490.	383.	107.
A PROPERTY OF THE PARTY OF THE	AMPT TRAILER #2 2 AXLE TRAILER	020215	150DB	7.00	2,000 3,500	375.	490 € 857.	388. 670.	197. 187.
2	HYDE DRIFT BOAT #1	9202	1 5 0 5 5	7.00		429	979		214.
24	HIDE DRIFT BOAT #1	020215	120 DE	7.00	8/000.	857.	1,959. 1,714.	1,531. 1,339.	428. 375.
26	WILLIE DRIFT BOAT	020215	150DB	7.00	3,500	375.	857.	670.	187.
44	ISCELIANBOUS FISHING GEAR 1997 WATER PURIFICATION		1307(11915	7.00	11/2 / 100 /	1,286.	2,939.	2,296.	643.
29	SYSTEM 2015 WATER PURIFICATION	020215	150DB				122	96.	26.
29	ZUIS WATER PURIFICATION SYSTEM (UPGRADED)	030215	150D£	700	32,000.	3,429.	7,837.	6,122.	1,715.
	HOOK LATCH AG LINES &			A					
2,000	20' CARGO CONTAINERS	020213	150DE	227, 300, 200, 200, 200, 201	8,000. 8,000.	857: 857.	1,959. 1,959.		428. 428.
	HORSE PANELS FENCING TACK FOR 25 HORSES	0202		7.00	11,000.				589:
	JOHN DEERE 60KW GENSET	020215 02021	1500B		12,000. 9,500 :	1,286. 1,018.	2,939. 2,327 .		643. 509.
	IVECO 60KW GENSET		150DB		8,000. 50.000 .	857.	1,959. 12.245 .		428. 2.679.
	HONDA PORTABLE GENSET	1997 HOSE STREET	150DB	88.434.555.350	3,936.	5,357. 422.	964.	753.	2,6,3.
1 五色像	SOIL TAMPER	020215 020215	150DB	THE RESERVE OF THE PARTY OF THE	3,500.	375. 375.		670. 670.	187. 187.
	WELDING EQUIPMENT MISC CONSTRUCTION TOOLS &	040413	TOUR	/ • 00 [10]	3,500.	j 3/3•	65/•	0/0.	18/.
	EQUIPMENT	020215			20,000.	2,143.			1,071.
	500 GAL CONTAINMENT FUEL TANK 650 GAL CONTAINMENT FUEL TANK				5,000. 7,000.	536. 750.			267. 375.
	MINI EXCAVATOR	050616			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
111	2014 JEEP GRAND CHEROKEE	022416 02021 5 020215	150DB	5.00	33,503. 32,598 5,000.	0. 3,160. 750.	4,786. 5,100 . 1,600.	4,786. 5,100. 1,275.	0. 0. 325.
TO THE	2011 FORD VAN 2008 FORD VAN 2006 FORD VAN		150DB 150DB 150DB	5.00	19,000. 16,000. 8,000	2,850. 2,400. 1,200.	5,600. 5,120. 2,560.	4,845. 4,080. 2,040.	755. 1,040. 520.
11 1	L2015 HONDA ATV 22013 HONDA ATV	020215	200DB 150DB	5.00 5.00	7,500. 6,500 6,751	750.	1,200. 2,080 . 965.	1,200. 1,658. 965.	0. 422. 0.
		021216		5.00	2,943,396	004	13,665. 314.341.		46,300.
	MACRS AMT ADJUSTMENT						-4.37634 ;	46,300.	30,200.
35/5/A				X				Á	
			7)					
[(V (7)									
			2.200	Hije iy is					

628104 04-01-16

Schedule K-1	2016	Final K-1	Amended K-1		OMB No. 1545-0123
(Form 1120S) Department of the Treasury	ZU IU P	art III	Shareholder's Share Deductions, Credits		urrent Year Income, Other Items
Internal Revenue Service For calendar year 2016, or tax	1	Ordinary bu	usiness income (loss) -68,627.		Credits
year beginningending	2	Net rental r	eal estate inc (loss)		
Shareholder's Share of Income, Deduction Credits, etc. See separate instructions.	s, 3	Other net re	ental income (loss)		
Part I Information About the Corpora	ation 4	Interest inc	come		
A Corporation's employer identification number	5a	Ordinary di	vidends		
B Corporation's name, address, city, state, and ZIP code	5b	Qualified di	ividends	14	Foreign transactions
MARBLE MOUNTAIN RANCH, INC. 92520 HIGHWAY 96	6	Royalties	4		
SOMES BAR, CA 95568	7	1	erm capital gain (loss)		
C IRS Center where corporation filed return E-FILE	8a	Net long-te	rr capital gain (loss)		
Part II Information About the Shareho	older 8b	Collectibles	nain (loss)		
D Shareholder's identifying number	86	tinre optur	redisec 1250 gain		
E Shareholder's name, address, city, state and ZIP code		Net section	1231 gain (loss)		
DOUGLAS T. COLE 92520 HIGHWAY 96	10	Other inco	me (loss)	15 A	Alternative min tax (AMT) items 23,150.
SOMES BAR, CA 95568					
F Shareholder's percentage of stock ownership for tax year 50	00000%				
		<u> </u>			
	11	Section 17	9 deduction	16	Items affecting shareholder basis
	12 A	Other dedu	3,214.		
<u></u>	· -				
For IRS Use Only	-			<u> </u>	
Par R	-			17	Other information
		-		-	
	<u></u>				
			- 10		
	F	*	See attached statemen	t for a	dditional information.
611271 11-16-16 JWA For Paperwork Reduction Act Notice, see In:	structions for Form 1120S.	IR	S.gov/form1120s		Schedule K-1 (Form 1120S) 2016

Schedule K-1	2016		Final K-1	Amended K-1		OMB No. 1545-0123
(Form 1120S)	2016	Pa	irt III			urrent Year Income,
Department of the Treasury Internal Revenue Service		<u> </u>	la	Deductions, Credits		
	For calendar year 2016, or tax	1	Ordinary bu	siness income (loss) $-68,626$.	13	Credits
	year beginning ending	2	Net rental re	al estate inc (loss)		
	e of Income, Deductions, ee separate instructions.	3	Other net re	ntal income (loss)		
Part I Informa	ation About the Corporation	4	Interest inco	ome		
A Corporation's employer	r identification number	5a	Ordinary div	ridends		
B Corporation's name, ad	dress, city, state, and ZIP code	5b	Qualified div	ridends	14	Foreign transactions
MARBLE MOUNT 92520 HIGHWA	AIN RANCH, INC.	6	Royalties	á		
SOMES BAR, C		7		rm capital gain (loss)		
C IRS Center where corpo	oration filed return	8a		capital gain (loss)		
Part II Informa	ation About the Shareholder	8b		(38%) gain (loss)		
D Shareholder's identifyin	g number	8c		ed sec 1250 gain		
E Shareholder's name, ad	ldress, city, state and ZIP code	9	Net section	1231 gain (loss)		
HEIDI A. COI 92520 HIGHWA SOMES BAR, C	Y 96	10	Other incom	ne (loss)	15 A	Alternative min tax (AMT) items 23,150.
F Shareholder's percenta ownership for tax year	- 400 400 760				!	
		11	Section 179	deduction	16	Items affecting shareholder basis
		12 A	Other deduc	otions 3,213.		
-						
Ose						
For IRS Use Only					17	Other information
		}				
					<u> </u>	
611271	Deduction And Notice and Later 1997			See attached statemen	t for a	
611271 11-16-16 JWA For Paper	work Reduction Act Notice, see Instructions for Form 112	JS.	IRS	S.gov/form1120s		Schedule K-1 (Form 1120S) 2016

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

FORM **100S**

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

92520 HIGHWAY 96 SOMES BAR

2016

CA 95568

Sch	nedule Q Questions: (continued on Side 3)		
A 1.	FINAL RETURN? • Dissolved Surrendered (withdrawn) Memed/Reorganized	IRC Section 338 sale	QSub election
	Enter date (mm/dd/yyyy)		•
2.	Is the S corporation deferring any income from the disposition of assets?		• Yes X No
	If "Yes" enter the year of disposition (yyyy)		•
3.	Is the S corporation reporting previously deferred income from Installment sale	D31 • 🔲	IRC §1033 • Other
	During this taxable year, did another person or legal entity against control or majority ownership (more than a 50% interest corporation or any of its subsidiaries that owned California had property (i.e., land, buildings), leased such property for a tay of years or more, or leased such property from a government agency for any term?	term of	• Yes X No
2.	During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or leased such property from a government agency for any term?	50% interest) s or more,	• Yes X No
	During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax runder Revenue and Taxation Code Section 62(a)(2) and it was not reported on a previous year's tax return? (Yes requires filing of statement, penalties may apply - see instructions)	eassessment	• Yes X No
s	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	• 1	-137,253.00
State Adjustments	Form 1120S, page 1, and supporting schedules 2 Foreign or domestic tax based on income or profits and California franchise or income tax deducted	····· _ 	3,000.00
ıstı	3 Interest on government obligations		00
Adji	4 Net capital gain from Schedule D (100S), Section A & Section B. Attach Schedule D (100S). See instructions		00
ate,	5 Depreciation and amortization adjustments. Attach Schedule B (100S)		-1,200.00
Š	6 Portfolio income		00
	7 Other additions. Attach schedule(s)		125 452
	8 Total. Add line 1 through line 7	• 8	-135,453.00

199

3611164

Form 100S c1 2016 Side 1

হ	9	Dividends received deduction. Attach Schedule H (100S)	9	00		
men	10	Water's-edge dividend deduction. Attach Schedule H (100S)	10	00		
Adjustı (con't)	11	Contributions. See instructions SEE STATEMENT 1	11	00		
Adj Co	12	Other deductions. Attach schedule(s)	12	00		
State Adjustments (con't)	13	Total. Add line 9 through line 12		•	13	00
Ś	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 incor	ne .	•	15	-135,453.00
ae	16	R&TC Section 23802(e) deduction. See instructions	16	00		
∀ 0 0	17	Net operating loss deduction. See instructions	17	00		
CA Net Income	18	Pierce's disease, EZ, LARZ, TTA, or LAMBRA NOL carryover deduction	18	00		
ž	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. 1.5000 % x line 20 (at least minimum franchise tax, if applicable). See insti	ructio	ons•	21	800.00
	22	Credit name code no. ● and amount ▶:	22	. 00	数17分 数17分	The state of the s
	23	Credit name code no. • and amount	23	00		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
က္က	24	To claim more than two credits, see instructions	24	00		
Taxes	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	ann	ual (ax(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
	29	Total tax. Add line 26 through line 28		•	29	800.00
	30	Overpayment from prior year allowed as a credit	1	800.00		
뚩	31	2016 Estimated tax/QSub payments. See instructions	21	00		
Payments	32	2016 Withholding (Form 592-B and/or 593)	2	00		
Pa	33	Amount paid with extension of time to file tax return	33	00	* (II	
	34	Total payments. Add line 30 through line 33		•	34	800.00
	35	Use tax. This is not a total line. See instructions Payments balance. If line 34 is more than line 35, subtract line 35 from line 34	35	00		14 (B) (1
	36	Payments balance. If line 34 is more than line 35, subtract line 34 from line 34		•	36	800.00
σ,	37	Use tax balance. If line 35 is more than line 34, subtraction 54 month line 35			37	,
ă	38	Franchise or income tax due. If line 29 is more than line 36 subtract line 36 from line			38	0.00
Ĕ	39	Overpayment. If line 36 is more than line 29, subtract line 29 from line 36		•	39	00
ĕ	40	Amount of line 39 to be credited to 2017 estimated tax			40	
ξ	41	Refund. Subtract line 40 from line 39			41	00
Refund or Amount Due		See instructions to have the refund directly deposited. Checking Savings 41a. • Routing number 41b. • Type 41c. • Account number				
	42	a Penalties and interest		•	42a	00
		b • Check if estimate penalty computed using Exception B or C on form FTB 58	06. S	ee instructions.		
	43	Total amount due. Add line 37, line 38, line 40, and line 42a. Then, subtract line 39 from		_	43	00

	ule Q Questions (continu						
C Princi	pal business activity code. Do not l	eave blank.					• <u>713900</u>
Busin	ess activity RECREATION	· · · · · · · · · · · · · · · · · · ·	Product or se	rvice <u>GUEST</u>	RANCH A	DVEN.	TUR
D Is this	S corporation filing on a water's-e	dge basis pursuant to R&TC s	ections 25110 and 251	13 for the current to	axable year?		• Yes X No
E Does	this tax return include Qualified Sul	ochapter S Subsidiaries?				•	• Yes X No
F Date i	ncorporated (mm/dd/yyyy) 02/	02/2015	Wh	nere: ● State <u>CA</u>	Country		
G Maxin	num number of shareholders in the	S corporation at any time dur	ing the year. Do not leav	ve blank.	•	2	
H Date b	usiness began in California or date	income was first derived from	n California sources (mn	n/dd/yyyy)	02/02/2	2015	
I is the	S corporation under audit by the IF	RS or has it been audited in a p	rior year?				• Yes X No
J Effect	ve date of federal S election (mm/c	d/yyyy)			• _02	/02/2	015
L Accou	nting method				• (1) X Cas	sh (2) 🗀	Accrual (3) Other
M Locati	on of principal accounting records				SEE ST	ATEME	NT 2
N "Doing	business as" (DBA) name:			.() *			
	ill required information returns (e.ç iled with the Franchise Tax Board?					X N/	A Yes No
P Is this	S corporation apportioning or allo	cating income to California us	ng Schedule R?				• Yes X No
	e S corporation included a reporta ,"complete and attach federal Forn		ction within this return?	See instructions f	or definitions	•••••••	• Yes X No
R Did th	s S corporation file the federal Sch	edule M-3 (Form 1205)?	*				• Yes X No
S Is form	n FTB 3544A, List of Assigned Credule J Add-On Taxes or Reca	dit Received and/on Claimed by	/ an Assignee, attached	to the return?		<u></u>	• Yes X No
	capture due to S corporation elect)	•	1	00
2 Interes	computed under the look-back 🐧	ethod for completed long-term	contracts (Attach form	FTB 3834)	•	2	00
3 Interes	on tax attributable to installment	a) Sales of certain timesha	res and residential lots		•	3a	00
		b) Method for nondealer in				3b	00
	ction 197(f)(9)(B)(ii) election					4	00
	ecapture name				······································	5	00
	e line 1 through line 5. Revise the amount. Write "Schedule J" to the l		me 39, whichever applie	····	•	6	00
	Under penalties of perjury, I declare to it is true, correct, and complete. Declared	nat I have examined this tax return,	including accompanying sc	hedules and statemen	ts, and to the best o	f my knowle	dge and belief,
Please	Signature	aration of preparer (other than taxps Title	iyer) is based on all informat	tion of which preparer	nas any knowledge. I Date		ephone
Sign Here	of officer	1	SIDENT		Date		469-3322
	Officer's email address (optional				<u> </u>		
	Preparer's			Date	Check if se	lf-	● PTIN
Paid	signature >				employed l		
Preparer	s Firm's name (or yours, ALL)	AN K. DORFF, O	CPA INC.		● FEIN		
Use Only	I i sell-ellipioyeu)	l PUERTA DEL :			Telepho	ne	
	and address SAN	CLEMENTE, CA	92673			949	498-5585
May the F	TB discuss this return with the pre	parer shown above? See instr	uctions				• X Yes No
					<u></u>		
	39391 / 12-21-16	199	3613164		Fori	n 100S c1	2016 Side 3

	:hedule F Computation of Trade or Busine	ess Income See instructions.				
			allowances	Balance •	1c	750,637.00
	2 Cost of goods sold from Schedule V, line 8				2	1,387.00
ē					3	749,250.00
Income	l			al al	4	00
Ě	5 Other income (loss). Attach schedule				5	00
	6 Total income (loss). Combine line 3 throug				6	749,250.00
	7 Compensation of officers. Attach schedule.				7	00
	8 Salaries and wages				8	89,920.00
	9 Repairs and maintenance				9	63,669.00
	10 Bad debts				10	00
					11	00
s	11 Rents	SEE STATEME	NT 3		12	21,139.00
ᅙ	13 Interest				13	11,108.00
Deductions	14 a) Depreciation ● 314,341			c) _{Balance} •	14c	314,341.00
e	15 Depletion				15	00
_					16	6,643.00
	17 Pension, profit-sharing, plans, etc.			- Al	17	00
					18	00
	18 Employee benefit programs	2 815 ND	duotible amount		19b	2,815.00
	19 a) Total travel and entertainment 20 Other deductions. Attach schedule	CEE CTATEME			20	376,868.00
ı	24 Tetal deductions. Add line 7 through line 9	ODD DIVIDUE	17.1 T	<i>.</i>	21	886,503.00
	21 Total deductions. Add line 7 through line 2				22	-137,253.00
ᆜ	22 Ordinary income (loss) from trade or busing					
	corporation may not be required to complete S hedule L Balance Sheet		g of taxablemear	Instructions for repor		of taxable year
		(a)	(b)	(c)		(d)
Ass	~ .	(4)	500.	V (9)	C CONTRACTOR	• 499.
	a Trade notes and accounts receivable		300.		enobale.	400 ·
2	b Less allowance for bad debts	\(\frac{1}{\cdot \cdot \		/		/ \
			2,500.		81388128	• 2,500.
_	Inventories		Z,300.			®1♥ ∠. JUU.
		2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	***	i de la companya de l		(6) <u> </u>
5	Federal and state government obligations				oki ti.	
_	Other current assets. Attach schedule(s)		>		un () Ngjir	
	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s)	12	>			
7	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans		•			
7 8	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s)		•		ligat Mili	•
7 8	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets	2778,105.		2,943,	396	•
7 8 9	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation	2.778,105. (186,804.		2,943,	396	• • • • • 2,442,251.
7 8 9	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets			2,943,	396	•
7 8 9	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion			2,943,	396	• • • • • 2,442,251.
7 8 9 10	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization)		• 2,591,301. •	2,943, (501,	396	• • • • • 2,442,251.
7 8 9 10	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only)			2,943,	396	• • • • • 2,442,251.
7 8 9 10 11 12	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization		• 2,591,301. •	2,943, (501,	396	• • • • • 2,442,251.
7 8 9 10 11 12	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s)		• 2,591,301. •	2,943, (501,	396	• • • • • • • • • • • • • • • • • • •
7 8 9 10 11 12 13 14	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s) Total assets		• 2,591,301. •	2,943, (501,	396	• • • • • 2,442,251.
7 8 9 10 11 12 13 14 Lial	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s) Total assets billities and shareholders' equity		• 2,591,301. •	2,943, (501,	396	• 2,442,251. • 2,442,251. • 2,445,250.
7 8 9 10 11 12 13 14 Lial	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s) Total assets bilities and shareholders' equity Accounts payable		• 2,591,301. •	2,943, (501,	396	• • • • • • • • • • • • • • • • • • •
7 8 9 10 11 12 13 14 Lial 15 16	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s) Total assets billities and shareholders' equity Accounts payable Mortg, notes, bonds payable in less than 1 yr.		• 2,591,301. •	2,943, (501,	396	• 2,442,251. • 2,442,251. • 2,445,250.
7 8 9 10 11 12 13 14 Lial 15 16 17	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s) Total assets bilities and shareholders' equity Accounts payable Mortg, notes, bonds payable in less than 1 yr. Other current liabilities. Attach schedule(s)		• 2,591,301. • • 2,594,301.	2,943, (501,	396	• • • • • • • • • • • • • • • • • • •
7 8 9 10 11 12 13 14 Lial 15 16 17 18	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s) Total assets bilities and shareholders' equity Accounts payable Mortg, notes, bonds payable in less than 1 yr. Other current liabilities. Attach schedule(s) Loans from shareholders. Attach schedule(s)		• 2,591,301. •	2,943, (501,	396	• 2,442,251. • 2,442,251. • 2,445,250.
7 8 9 10 11 12 13 14 Lial 15 16 17 18	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s) Total assets bilities and shareholders' equity Accounts payable Mortg, notes, bonds payable in less than 1 yr. Other current liabilities. Attach schedule(s) Loans from shareholders. Attach schedule(s) Mortg, notes, bonds payable in 1 year or more	(• 2,591,301. • 2,594,301. • 23,219.	2,943, (501,	396	• 2,442,251. • 2,445,250. • 89,295.
7 8 9 10 11 12 13 14 Lial 15 16 17 18 19 20	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s) Total assets bilities and shareholders' equity Accounts payable Mortg, notes, bonds payable in less than 1 yr. Other current liabilities. Attach schedule(s) Mortg, notes, bonds payable in 1 year or more Other liabilities. Attach schedule(s)		• 2,591,301. • 2,594,301. • 23,219. • 82,703.	2,943, (501,	396	• 2,442,251. • 2,445,250. • 89,295. • 47,374.
7 8 9 10 11 12 13 14 Lial 15 16 17 18 19 20 21	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s) Total assets bilities and shareholders' equity Accounts payable Mortg, notes, bonds payable in less than 1 yr. Other current liabilities. Attach schedule(s) Mortg, notes, bonds payable in 1 year or more Other liabilities. Attach schedule(s) Capital stock	(• 2,591,301. • 2,594,301. • 23,219. • 82,703. • 1,000.	2,943, (501,	396	• 2,442,251. • 2,442,251. • 2,445,250. • 89,295. • 47,374. • 1,000.
7 8 9 10 11 12 13 14 Lial 15 16 17 18 19 20 21 22	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s) Total assets bilities and shareholders' equity Accounts payable Mortg, notes, bonds payable in less than 1 yr. Other current liabilities. Attach schedule(s) Loans from shareholders. Attach schedule(s) Mortg, notes, bonds payable in 1 year or more Other liabilities. Attach schedule(s) Capital stock Paid-in or capital surplus	(• 2,591,301. • 2,594,301. • 23,219. • 82,703. • 1,000. • 2,599,094.	2,943, (501,	396	• 2,442,251. • 2,442,251. • 2,445,250. • 89,295. • 47,374. • 1,000. • 2,599,094.
7 8 9 10 11 12 13 14 Lial 15 16 17 18 19 20 21 22 23	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s) Total assets bilities and shareholders' equity Accounts payable Mortg, notes, bonds payable in less than 1 yr. Other current liabilities. Attach schedule(s) Loans from shareholders. Attach schedule(s) Mortg, notes, bonds payable in 1 year or more Other liabilities. Attach schedule(s) Capital stock Paid-in or capital surplus Retained earnings	(• 2,591,301. • 2,594,301. • 23,219. • 82,703. • 1,000.	2,943, (501,	396	• 2,442,251. • 2,442,251. • 2,445,250. • 89,295. • 47,374. • 1,000.
7 8 9 10 11 12 13 14 Lial 15 16 17 18 19 20 21 22 23 24	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s) Total assets bilities and shareholders' equity Accounts payable Mortg, notes, bonds payable in less than 1 yr. Other current liabilities. Attach schedule(s) Loans from shareholders. Attach schedule(s) Mortg, notes, bonds payable in 1 year or more Other liabilities. Attach schedule(s) Capital stock Paid-in or capital surplus Retained earnings Adjustments. Attach schedule(s)	(• 2,591,301. • 2,594,301. • 23,219. • 82,703. • 1,000. • 2,599,094.	2,943, (501,	396	• 2,442,251. • 2,442,251. • 2,445,250. • 89,295. • 47,374. • 1,000. • 2,599,094. • -291,513.
7 8 9 10 11 12 13 14 Lial 15 16 17 18 19 20 21 22 23 24	Other current assets. Attach schedule(s) Loans to shareholders. Attach schedule(s) Mortgage and real estate loans Other investments. Attach schedule(s) a Buildings and other fixed depreciable assets b Less accumulated depreciation a Depletable assets b Less accumulated depletion Land (net of any amortization) a Intangible assets (amortizable only) b Less accumulated amortization Other assets. Attach schedule(s) Total assets bilities and shareholders' equity Accounts payable Mortg, notes, bonds payable in less than 1 yr. Other current liabilities. Attach schedule(s) Loans from shareholders. Attach schedule(s) Mortg, notes, bonds payable in 1 year or more Other liabilities. Attach schedule(s) Capital stock Paid-in or capital surplus Retained earnings	(• 2,591,301. • 2,594,301. • 23,219. • 82,703. • 1,000. • 2,599,094.	2,943, (501,	396	• 2,442,251. • 2,442,251. • 2,445,250. • 89,295. • 47,374. • 1,000. • 2,599,094. • -291,513.

Side 4 Form 100S c1 2016 639392 / 01-10-17

199

Schedule M-1 Reconciliation of Income (If the S corporation comple	(Loss) per Books With Income (Loeted federal Schedule M-3 (Form	• •	
1 Net income per books		• 5 Income recorded on books this year not included	
2 Inc included on Sch K, lines 1 - 10b, not rece	THE RESIDENCE OF THE PROPERTY	on Schedule K, line 1 through line 10b (itemize)	to the second second
on books this yr (itemize)	ordod .	a Tax-exempt interest \$	
OH BOOKS this yr (Itemize)		b Other\$	-
3 Expenses recorded on books this year not in	ool on	υ Ouiei φ	-
•		Total Add line to and line th	_
Schedule K, line 1 through line 12e (itemize)		c Total. Add line 5a and line 5b	
a Depreciation \$		6 Deductions included on Sch K, line 1 through line 12e, not charged against book income this year (itemize)	4.1
b State taxes \$ 3,000	<u>J•</u> (Secondary Secondary	this year (itemize)	
C entertainment ⊅		a Depreciation \$ 1,200	
d Other \$ 36,118	<u>B.</u>	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	
		7 Total. Add line 5c and line 6d	1,200.
4 Total. Add line 1 through line 3e		• 8 Income (loss) (Sch K, In 19, col Ln 4 less In 7	• −141,880 .
		A STATE OF THE STA	
		Account, and Other Retained Ennings. See instruction	
Important: Use California figures and federal p		ed adjustments account (b) Other adjustments account	(c) Other retained earnings
1 Balance at beginning of year		-88,77	•
2 Ordinary income from Form 100S, Side 1, lin			
3 Other additions STMT 7	⊚	3-00	
4 Loss from Form 100S, Side 1, line 1		137,253	
5 Other reductions STMT 6	⊚ (10,621.) (
		0 − 233 76 3 5 •	
7 Distributions other than dividend distribution		<u> </u>	
8 Balance at end of year. Subtract line 7 from I		233,655.	
9 Retained earnings at end of year. Add line 8,			-233,655.
		ox and enter the amount. See instructions	•
			<u> </u>
Schedule V Cost of Goods Sold			
1 Inventory at beginning of year		O 1	2,500. oo
2 Purchases			
3 Cost of labor		• 2	
4 Other IRC Sec. 263A costs. Attach schedule			
F Other costs. Attach schedule	.	• 4 • 5	<u> </u>
5 Other costs. Attach schedule			
6 Total. Add line 1 through line 5			3,667.00
7 Inventory at end of year			
8 Cost of goods sold. Subtract line 7 from line 6		• 5	1,387.00
		ning and closing inventory?	Yes X No
If "Yes," attach an explanation. Enter CA seller's p			
Method of inventory valuationCOS!	<u>r</u>		
	•		
		f checked, attach federal Form 970	
If the LIFO inventory method was used for this ta	xable year, enter the amount of cl	osing inventory computed under LIFO	

639393 / 12-21-16

3615164

004421

Form 100S c1 2016 Side 5

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

	Р	(a) ro-rata share items		(b Amount fro Schedule K	m federal		(c) California djustment	То	(d) tal amounts using California law
	1 Ordinary business inco	me (loss) STMT 10	1	-13	7,253.	•	1,800.	•	-135,453.
	2 Net rental real estate inc	come (loss). Att fed Form 8825	2					•	
	3 a Other gross rental incom	me (loss)	За					lacksquare	
		ntal activities. Attach schedule						\odot	
		(loss). Subtract line 3b from line 3a				_		•	
ē 😁								•	·
Income (Loss)	E Distributed							•	
<u>ਨ</u> ਦ	0 Danielia							•	
		pain (loss). Attach Schedule D (100S)				o		•	
		ain (loss). Attach Schedule D (100S)	··· —	•		O	-	•	
		ain (loss)	··· 9	O		0		•	-
7 g &	10 a Other portfolio income	(loss). Attach schedule	10a			•		•	
Other Income (Loss)		tach schedule				0		•	
		recovery property (IRC Section 179)				8	_		
		(S)	11					•	
<u>s</u>		S			6,427		<u> </u>	•	6,427.
ΪÖ		ense			<u> </u>	1	*	•	0,1276
Deductions		expenditures				y		È-	
ğ					A Victor	5/80 AS 45			(6)
_		Attach schedule				Self-M			<u> </u>
	e Other deductions. Attac					0		•	
						Market Chil	Transa LAC 31		
	13 a Low-income housing combined to rental	***************************************	13a		P. 1	7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		-	
र्घ			ا		ea i				
Credits			- AL	An Section State			10 PM 10 PM		
Ö		al activities. See instructions. Attach schedu			200			-	
	d Other credits. Attach so	***	130	12.1	200	King yang	223		
		ted to all shareholders	14				201		F1 000
. × o	15 a Depreciation adjustment on	property placed in service after 12/3/1/86							51,893.
ternative imum Tax AT) Items	b Adjusted gain or loss. S	see instructions	15b						
E E	c Depletion (other than o	l and gas)	150	Landa Length					
골등도		il, gas, and geothermal properties	15d1	4	e nave a set	About it.	4.00		
⋖≣ౖ⋖		to oil, gas, and geothernal properties			2.4				
	e Other AMT items.	428	15e						·
e ∰	16 a Tax-exempt interest inc	ome				<u> </u>		<u> </u>	
ffecting holder sis	b Other tax-exempt incon	1e 👢 🥻 🕺	16b					•	-
Items aff Shareh Basi		s SEE STATEMENT 9	16c			<u> </u>	3,000.	<u> </u>	3,000.
Sha Bha	d Total property distribut	ions (including cash) other than				Ì			
<u> </u>	dividends distribution r	eported on line 17c						•	
Ē	17 a Investment income. See	e instructions	17a					<u> </u>	
Other Information	b Investment expenses. S	See instructions	17b			ļ			
Other ormati	C Total dividend distributions	paid from accumulated earnings and profits	17c	1				•	
٥ڦ	d Other items and amnts not	included in lines 1 through 17b and lines 18a	:-е			Marin.	n de de la composition della c		
	that are required to be repo	rted separately to shareholders. Attach sched	_{lule} 17d					<u> </u>	
S	18 a Type of income		18a						
Other State Taxes	b Name of state		18b		. 137.1				W. S. J. San W. S. S. S.
Other ate Tax	c Total gross income from	n sources outside California. Att sch	18c	To a visit well		W. 1. X	Miller . The se		
tat	d Total applicable deduct	ions and losses. Attach schedule	18d			Y MARK			
Ø	e Total other state taxes.		d 18e			\$20.48.0 44.0		•	
<u></u>		if Schedule M-1 must be completed).		production in the State of Sta		10000	<u></u>		
C)	, , , , , , , , , , , , , , , , , , , ,	·	ĺ	ĺ		1		1	
Reconcili- ation	Combine line 1, line 2, and	line 30 through line 100. From the				1			

Side 6 Form 100S c1 2016

199 3616164

639394 / 12-21-16

S Corporation Depreciation and Amortization

CALIFORNIA SCHEDULE

B (100S)

For use by S corporations only.	Attach to Form 100S.						
Corporation name							a corporation number
	MARBL	E MOUNTAIN	RANCH, INC.		[37	<u> 752</u>	657
Part I Depreciation.	Use additional sheets	if necessary.					
1 Enter federal depreciation fr	om federal Form 4562	line 22.	-			1	
IRC Section 179 expense do	eduction is not included	d on this line. Get federa	Form 4562 instructions	. <u></u>		1	<u>314,341.00</u>
California depreciation:							
(a) Description of	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable	(e) Depreciation Method	(f) Life or rate		(g) Depreciation
property	(mm/dd/yyyy)	Dasis	in earlier years	ivietiloa	Ullate		for this year
SEE STATEMENT	111			<u> </u>		_	
						_	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					24 = =
3 Add the amounts on line 2,	(0)				····· [3	315,541.00
			applicable line of Form 100S, Side			4	-1,200.00
			line 12. Do not enter more than \$	25,000		5	00
Part II Amortization.	Use additional sheets	if necessary.					
1 Enter federal amortization fr	om federal Form 4562,	line 44				1	00
California amortization:				The same of the sa			
(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(C) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(&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 adjustmen	nt. Subtract line 3 from line	1. If negative, use brackets	Enter here and on the applicable line of	Form 100S , Side (5, Sch K	4	00
Part III Depreciation	and Amortization	on Adjustment					
1 Combine the amounts on Pa	art I, line 4 and Part II,	ine 4. Enter here (If ne	ative, use brackets) and on				
Form 100S, Side 1, line 5. Fo		` W	**************************************			1	-1,200.00
					1		

Schedules B/C/D/H (100S) 2016 Side 1

TAXABLE YEAR 2016

S Corporation Tax Credits

CALIFORN	NΙΑ	SCH	EDU	LE
				_

C (100S)

For use by S corporations only. Attach to Forn	n 100S.				
Corporation name					corporation number
M	ARBLE MOUNTA	AIN RANCH,	INC.	3752	657
 Complete and attach all supporting credit forms to Form 100S. To claim more than seven credits, attach schedule. 	(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	en e service de la companya de la c	100 T 100		800.	t transport
2 Minimum franchise tax plus QSub annual tax(es), if applicable	gath.			800.	
3 Subtract line 2 from line 1. If zero or less, enter -0-			아니다 수업하는 시간 없었다. 시간 중요한 경기 경험하는 사람	0.	
4 Code:					
Credit name:	,,	· · · · · ·		15	
Credit name: 6 Code:					
Credit name:		·····		,	
Credit name:					
Credit name:					
9 Code:					
name:					
Credit name:			_		

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

Important Information

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

Purpose

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

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

Schedules C (100S) 2016	
-------------------------	--

WR-186 CALIFORNIA FORM

3805Q

201	6 1	IOL and Dis	aster Loss Limit	ations - Corpora	tions		3805Q
		0W, Form 100S,	or Form 109.				
Corporation na	me			· -		Califo	ornia corporation number
MADDI I	י אור זותות	אר או דאו	U TNC			2-	752657
		IN RANC		on was a(n):	Corneration (X C		134037
				cting to be taxed as a corp		Corporation	
				corporate name, enter the		alifornia corporation nun	nber:
•							_
If the corpor	ation is include	d in a combined	report of a unitary group	, see instructions, Gene	ral Information C, Comb	ined Reporting.	
			does not have a current				
		•		line 15; or Form 109, line		4	105 450
Enter as	a positive numb	er	r og a positive number			1	135,453. o
				etions			135,453.00
				led in line 3		00	233, 433 • 0
				iess included in line 3 4		0.00	
c Add	ine 4a and line 4	łb				4c	0
5 General	NOL. Subtract lii	ne 4c from line 3			4	5	135,453. o
			line 5. See instructions			● 6	135,453. o
				et income for taxable yea	rs 2014 and 7 201 co	mpletě	
			oleting Part I, lines 7-9 b			© 7	_
	-			ount from Part III, line 3, ount from Part III, line 3,	Mar AMP	● ₈ ——	0
	•			he result from line 6. See	1 (0)	<u> </u>	135,453.0
	aive carryback			no recent mont into or			
or Form	109, line 2; (but	mount from Form not less than -0-		line 12 form 100S, lin	e 15 less line 16;	(g) Available balance	•
Prior Year N (a)		(c)		(e)	(f)		(h)
Year of	(b) Code - See instructions	Type of NOL -	Initial loss	Carryover	Amount used	40	Carryover to 2017
loss	HISTRUCTIONS	See below *	Initial loss See instructions	from 2015	in 2016		col. (e) minus col. (f)
		A					
2 2015		GEN	82,004.	82,004.	0.	0	82,004
•		76	And the second	•			•
			· · · · · · · · · · · · · · · · · · ·				
•		Į Į		•			
+							
•				<u> </u>			<u> </u>
Current Year	NOLs	·				Part and Section 2	coi. (a) minus coi: (f)
				ar an an ann an			See instructions.
3 2016		DIS		1 THE RESERVE OF THE		Section Colors	<u> </u>
4 2016		GEN	135,453.				135,453
7 2010		ULI.	133,133.		A second second	\$ 17 P S	
2016							
			1 14.		CAN SERVICE SERVICES		
2016			<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		/ A
2016	I · Canaral (CEM) New Rusiness	(MR) Fligible Small Pusi	ness (ESB), or Disaster (I	nië)		<u> </u>
i ype oi No	ב, עפוופומו (עבוע	, ivew business	(145), Eligibie Siliali DUSI	ااناعة (دنات), با تااهمة الاا	JiO).		
	639271 / 12-07	-16	199	7521164		FTB 3805	5Q 2016 Side 1
	000611/12*0/					1.15.0000	

	NOL carr			14 F 100 P 00 F	40018/ 15 00- 5 4	000		
				e 9; (but not less than -0-	m 100W, line 22; Form 10			
)			
(a)	(b)	(c)	(d)		114	201		(i)
Year of	Code -	Type of NOL-	Initial loss -	(e)	(f)	(g)	(h)	Carryover to 2017
Loss	See Instruct-	See below*	See Instructions	Carryback used -	After carryback col. (d) minus	Carryback used -	After carryback col. (f) minus	col. (d) minus (col.
	ions			See instructions	col. (e)	See instructions	col. (g)	(e) plus col. (g))
3 2016								
2010								
2016						 		
2016								
2010		_						
2016								
2016								
* Type o	f NOL ; Ge	neral (GE	N), New Business (NB)	, Eligible Small Business	(ESB), or NOL attributab	le to a qualified disaster los	ss (DIS).	
				,,				
Part IV	2016 NOI	_ deducti	on					
1 Tota	I the amo	unts in Pa	art II, line 2, column (f)		· ·		⊚ 1	00
2 Ente	r the total	amount	from line 1 that represe	ents disaster loss carryov	er deduction here and on	Form 100, line 21:	· <u></u>	
Forn	100W, I	ine 21; or	Form 100S, line 19. Fo	orm 109 filers enter -0-			2	00
3 Sub	ract line 2	2 from lin	e 1. Enter the result he	re and on Form 100, line	19; Form 100W, line 19;			
line	17; or For	m 109, li	ne 7				3	0.00
				4				
				(9 4)				
					•			
					,			

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
2017	FURNISHINGS - CABINS/HOUSBS RANGE FIREARMS	020215 020215	Section 2017	7 .00 7.00	522. 600.	561	522. 600.	128. 86.	100. 86.	()
10000	JOT BOAT SANTA FE BBQ JORN: MOWER	040115	150DB 150DB 150DB	7.00	10,392. 2,775. 39%800	1,114, 298. 1,050	10,392. 2,775. 9,800	2,545. 679. 2,400:	1,988. 531. 1,875	.0. 0. 0.
10 T	2014 JEEP GRAND CHEROKEE 2011 TOYOTA RAV4 2011 FORD VAN	020215 020215 020215	125(0)510	5.00	32,598. 5,000. 19,000.	3,166 2,859.	32,598. 000. 19,000.	5,100. 1,600. 5,600.	5,100. 1,275. 4,845.	0. 0. 0.
10	2008 FORD VAN 2006 FORD VAN 2005 HONDY ATV	020215	150b) 150DB	5.00 5.00 5.00	16,000 8,000 7,500	1,300.	464000 8,000. 7,4500	5,120 2,560 2,400	2,040. 2,040. 1,913.	0. 0.
12	2013 HONDA ATV 2015 KUROTA 13560 TRACTOR 2015 HUSQVARNA MOWER	020215 021515 021515	(LT(OE)E	7.700	6,500. 42.000 9,000.	975. 4. 500 965.	6,500. 42,000 9,000.	2,080. 10,286. 2,204.	1,658. 8.036. 1,722.	0. 0. 0.
16	2009 John Deere Mower 1941 John Deere Mower 6 Soter Parts	020215 020215	150DB 180DB	7,00	1,500. 0,00	429. 161. 2,572.	4,000. 1,500. 24,000.	979. 367. 5,877.	765. 287. 4,592.	0. 0. 0.
20	MISC RAFTING BOULPMENT *** RAFT TRAILER #1	020215 020215 020215	125(1)(1)	TA THE	16,000. 24,000 2,000.	1,715. 2,572, 215.	16,000. 2 4,000 . 2,000.	3,918. 5,877 490.	3,061. 4,592. 383.	0. 0. 0.
22	SPOCK TRAFLER	020215 020	15 V JE	200 1.00	2,0004 3,500. 4,000.	215 375. 429.	2,000. 3,500. 4,000 :	2017/10/2017 19:00	383. 670. 765 :	0. 0. 0.
25 26	HYDE DRIFT BOAT #1 HYDE DRIFT BOAT #2 WILLIE DRIFT BOAT	SOUR PRODUCT SERVE 1	150DB 150DB 150DB	7.00	8,000. 7,000 3,500.	857. 7750 . 375.	8,000. 7,000 . 3,500.	1,959. 1,714. 857.	1,531. 1, 339. 670.	0. 10. 0.
27	Miscellaneous Fishing Gear 1997 Water Purification	020215		(4) A	12,000.	1,286.	12,000.	2,939.	2,296.	0.
	SYSTEM 2015 WATER PURIFICATION (SYSTEM (UPGRADED)	020215 030215		医线线	500. 32,000.	54. 3,429.	500. 32,000.	122. 7,837.	96. 6,122.	0. 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
77	HOOK LATCH AG LINES & SPRINKLERS	030115	TEN TEN TO A SECURITY	200	.8,000	3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4			1,531.	0.
33	20' CARGO CONTAINERS HORSE PANELS FENCING TACK FOR 25 HORSES	020215 020215 020215	150DE	7.00	8,000. 11,000 12,000.		8,000. 11,000. 412,000.	2,694.	1,531. 2,105. 2,296.	0. 0.
34	TOUN DEERE 60KW GENSET IVECO 60KW GENSET	020215	150DE	7.00	9,500 8,000.		9,500. 8,000.	2,327.	1,818. 1,531.	0.
36	EMPROPLANT 40 KW GENERATOR	031515	150DB	7.00	50,000.	5. 957 .	50,000.	12,245.		0.
	JONDA PORTABLE GENSET SOIL TAMPER	020215	150DB	7.00	3,500.	73.	3,500.	964. 857. 857.	7538 670. 670	0. 0.
en en el marzo	MISC CONSTRUCTION TOOLS &	020215	1450 DT	7:00	20, 600	2,1432	20,000	4,898.	3,827.	0.
41		02 02 15	150pe	7.00%	25 (000) F	×5364	5,000.	1,224.	957.	0.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	650 GAL CONTAINMENT FUEL CABIN #1	020215 020215	TO CONTRACT OF THE PARTY.		0000 67,200.	750. 2,240.	7; 000 ;	1,714. 2,444.	1,339; 2,444.	0.
45	ABIN #2 CABIN #3	020215 020215	SIL SL		67,200.	3,547. 2,240.	106,400. 67,200.	3,869. 2,444.	3,869. 2,444.	. O.
47	CABIN #4 CABIN #5 & 6 - DUPLEX CABIN #7 & 8 - DUPLEX	020215 020215	SL	7.50	67,200. 108,500. 80,640.	3,617.	67,200. 108,500. 80,640.	3,945.	3,945.	0. 0.
49		02021		27.50 27.50	98,560.	3,285.	98,560.	3,584.	3,584.	0. 0.
51 52	QUAILS NEST HOUSE SLEEPY HOLLOW HOUSE	0	SL SL	27.50 27.50	225,400. 109,200.	7,513. 3,640 .	225,400. 109,200 .	8,196. 3,971 .	8,196. 3,971 .	0. 0.
54	RIVER VIEW HOUSE COVERED RIDING ARENA ARENA TACK BUILDING	020215 02021 5 020215	150DB		157,000.	11,775;	347,200. 157,000. 77,740.	28,260.	21,784.	0. 9.
56	LODGE/MESS HALL HAY BARN		150DB	20.00	230,580.	8,647.	230,580.	16,645.		0. 0.
		020215				L	I		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
60	GIFT SHOP MAUNDRY/SHOWER HOUSE GREENHOUSE		150DB 150DB 150DB	20.00	62,860. 78,842. 25,000.	2,358. 2,957. 1,875.	62,860. 78,842. 25,000.	4,538. 5,691 . 4,500.	4,538. 5,691 3,469.	0. 0.
62	POWER HOUSE GAME ROOM SHOP BUILDING	020215 020215	SL	3 9.00 20.00	10,000. 10,000.	235. 458. 11.700.	10,000. 10,000. 56,000	256. 500. 28.080	256. 500. 21.645	0. 0. 0.
65 66 67	KAWASAKI ATV MANUEKKAVATOR	070916	150DB 150DB	7.00 7.00	6,751. 3,478. 33,503.		6,751. 478. 33,503.	965. 497. 4,786.	724.	0. • • • • • • • • • • • • • • • • • • •
69	2017 GMC 1500 STOCK - STARDUST	0301216 030116	150DF	5.00 7.00	68,324. 1,200. 1,200.		68,324 1,200. 1,200	13,665. 172. 172.	10,249 129.	0. 0.
71 72	STOCK - DARTANJION ARENA STUDIO HOUSING HAY BARN (REBUILD-SNOW	080116 050116 050116	150DB SL	7.00 27.50	1,200. 28,35) ō.	1,200. 28,635.	172.	129. 694.	0. 0.
1	ROTALS	<i>0.3</i>		10.00	231 ; 000 (07) 23 (3) 396;		21,000°.	BATHA NOT PARAMENTAL AND	1,575. 263,648.	0,
	MACRS AMT ADJUSTMENT			N					51,893.	r.
	S SE STEEL OF STEEL STE									
	kantalia kantalia (1997) bilan dis Manadana kantalia kantalia			podá Nacia				Keris ser Postavat e		

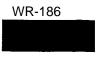


Computation of Trade or Business Income for California Purposes

	Т.	750 637	1.	750,637.
		a Gross receipts or sales 750,637 ⋅ b Less returns and allowances Batance ►	1c	
	2	Cost of goods sold	2	1,387.
Income		Gross profit, Subtract line 2 from line 1c	3	749,250.
	4	Net ordinary gain (loss)	4	
	1 -	Other income. Attach schedule	5	
	6	TOTAL income (loss). Combine lines 3 through 5	6	749,250.
	7	Compensation of officers. Attach schedule	7	
	8	Salaries and wages	8	89,920.
	9	Repairs	9	63,669.
	10	Bad debts	10	
	11	Rents	11	
	12	Taxes SEE STATEMENT 12	12	18,139.
	13	Interest	13	11,108.
Deduc-	14	a Depreciation 14a 315,541.		
tions	ĺ	a Depreciation 14a 315,541. b Depreciation reported elsewhere on return 14b		
		c Subtract line 14b from line 14a	14c	315,541.
	15	Depletion	15	
	16	Advertising	16	6,643.
	17	Pension, profit-sharing, etc. plans	17	
	18	Employee benefit programs	18	
	19	a) Total travel and entertainment 2,815. b) Deductible amount	19	2,815.
	20	Other deductions. Attach schedule SEE STATEMENT 13	20	376,868.
	21	TOTAL deductions Add lines 7 through 20	21	884,703.
	22	Ordinary income (loss) from trade or business activities. Subtract line 21 from limes.	22	-135,453.
	22	Ordinary income (1055) from trade or business activities, Subtract line 21 from page.		100,4000

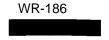
Cost of Goods Sold

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	V	7	2,500.
7 Inventory at end of year 8 Cost of goods sold. Subtract line 7 from the 6.		8	1,387.



CA FORM 100S	CONTRIBUTIONS	STATEMENT 1
CARRYOVER OF PRIOR YEARS UNUSE	ED CONTRIBUTIONS:	
FOR TAX YEAR 2011	0	
FOR TAX YEAR 2012	0	
FOR TAX YEAR 2013 FOR TAX YEAR 2014	U	
FOR TAX YEAR 2014 FOR TAX YEAR 2015	6,592	
MOMAL CARRYOVER		
TOTAL CARRYOVER CURRENT YEAR CONTRIBUTIONS	6,592 6,427	
TOTAL AVAILABLE CONTRIBUTIONS	5	13,019
NET INCOME AFTER STATE ADJUST	PMENTS -135,453	
DEDUCTION FOR DIVIDENDS RECEI	(VED 0	
NET INCOME FOR CONTRIBUTION E	PURPOSES	-135,453
CONTRIBUTIONS LIMITATION : THE INCOME AS ADJUSTED	EN PERCENT OF NET	0
ALLOWABLE CONTRIBUTIONS		0
		

STATEMENT



CA FORM 100S	LOCATION C	F PRINCIPAL	ACCOUNTING	RECORDS	STATEMENT	2
				· · · · · · · · · · · · · · · · · · ·	.	

92520 HIGHWAY 96 SOMES BAR, CA 95568

CA SCHEDULE F

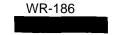
CA SCHEDULE F TAXES DEDUCTED ON FEDERAL RETURN	STATEMENT 3
DESCRIPTION	AMOUNT
BOE BUSINESS LICENSES & SPECIAL PERMITS COUNTY BED TAX PAYROLL TAXES REAL PROPERTY TAXES - RANCH STATE FIRE TAX CALIFORNIA TAXES - BASED ON INCOME	682. 742. 912. 10,512. 5,174. 117. 3,000.
TOTAL TAXES DEDUCTED ON FEDERAL RETURN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

OTHER DEDUCTIONS

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.

MARBLE MOUNTAIN RANCH, INC.		WR-186
RANCH UNIFORMS		1,058.
RANCH UTILITIES		26,843.
SMALL SPORTING EQUIPMENT EXPENSES SOCIAL MEDIA COSTS		561. 465.
SPECIAL USE PERMITS - USFS/BLM		5,199.
STOCK FEED		26,348.
SUPPLIES & SMALL TOOLS		3,077.
TELEPHONE EXPENSES		5,372.
TOOLS - OTHER TRAILER RIGGING		1,246. 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	FEGINNING 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 AA OTHER REDUCT:	IONS	STATEMENT 6
DESCRIPTION		AMOUNT
ORDINARY INCOME ADJ - SEE CA SCH K ORD INCOME I	RECON STMT	1,200.
CHARITABLE CONTRIBUTIONS		6,427.
FOREIGN/DOMESTIC TAXES BASED ON INCOME AND PROP	FITS	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	3,0	00.
TOTAL TO SCHEDULE M-2, LINE 3, COLUMN A	3,0	00.
CA SCHEDULE M-1 EXPENSES ON BOOKS, NOT INCLUDED ON SCHED. K	STATEMENT	8
DESCRIPTION	AMOUNT	
INTEREST EXPENSE - RESIDENCE APPORTIONMENT OTHER NON-DEDUCTIBLE EXPENSE REAL PROPERTY TAXES - RESIDENCE APPORTIONMENT SHAREHOLDERS HEALTH INSURANCE UTILITIES EXPENSE - RESIDENCE APPORTIONMENT	4,0	60. 28.
TOTAL TO SCHEDULE M-1, LINE 3	36,1	18.
CA SCHEDULE K NONDEDUCTIBLE EXPENSES	STATEMENT	9
DESCRIPTION	ATTRIBUTAB TO CALIFOR	
FOREIGN/STATE INCOME TAX DEDUCTED	3,0	00.
TOTAL TO SCHEDULE K, LINE 16C	3,0	00.



CA	CALIFORNIA ORDINARY INCOME RECONCILIATION	STATEMENT 10
	(B) (C) FEDERAL CALIFORNIA AMOUNTS ADJUSTMENTS	(D) CALIFORNIA AMOUNTS
2 3 4	GROSS SALES	750,637 1,387 749,250
6	TOTAL INCOME (LOSS). ADD LINES 3 - 5	749,250
8 9 10	COMPENSATION OF OFFICERS 89,920 REPAIRS	89,920 63,669
12 13 14	RENTS	18,139 11,108 315,541
16 17	ADVERTISING	6,643
19	DEDUCTIBLE TRAVEL/ENTERTAINMENT 2,815 OTHER DEDUCTIONS	2,815 376,868
21	TOTAL DEDUCTIONS (ADD LNS 720) 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, INE 1, COLUMN D	-135,453

ASSET NO./ DATE IN COST OR PRIOR METHOD LIFE CIATION BONUS	CA	DEPRECIA	TION			STATEME	ENT 11
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 7.00 5,100. 0. 7. 2011 TOYOTA RAV4 02/02/15 5,000. 1,000. 200DB 5.00 5,100. 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 5,600. 0. 10. 2006 FORD VAN 02/02/15 8,000. 600 200DB 5.00 2,560. 0. 11. 2015 HONDA ATV 02/02/15 6,500 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 02/2/15 1,500. 215. 200DB 7.00 979. 0. 16. 1941 JOHN DEERE MOWER 02/02/15 16,000. 3,429. 200DB 7.00 3,918. 0. 19. MISC RAFTING EQUIPMENT 02/02/15 24,000. 3,429. 200DB 7.00 5,877. 0. 18. 8 SOTAR INFLATBLE KAYAKS 02/02/15 24,000. 3,429. 200DB 7.00 3,918. 0. 19. MISC RAFTING EQUIPMENT 02/02/15 24,000. 3,429. 200DB 7.00 5,877. 0. 21. RAFT TRAILER #1 02/02/15 2,000. 286. 200DB 7.00 490. 0. 22. 2 AXLE TRAILER #2 02/02/15 3,500. 500. 200DB 7.00 490. 0.				METHOD	LIFE		BONUS
2. RANGE FIREARMS 02/02/15 600. 79. SL 7.00 86. 0. 3. JET BOAT 02/02/15 10,392. 1,485. 200B 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. 2/0D 5.00 1,600. 0. 8. 2011 FORD VAN 02/02/15 16,000. 3,460 200DB 5.00 5,600. 0. 9. 2008 FORD VAN 02/02/15 8,000. 600 2/0DB 5.00 5,600. 0. 10. 2006 FORD VAN 02/02/15 8,000. 600 2/0DB 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 2,400. 0. 13. 2015 KUBOTA L3560 TRACTOR 02/15/15 12,000. 6,000. 200DB 7.00 10,286. 0. 14. 2015 HUSQVARNA MOWER 02/15/15 9,00. 1,286. 200DB 7.00 2,204. 0. 15. 2009 JOHN DEERE MOWER 02/02/15 1,500. 215. 200DB 7.00 3,918. 0. 16. 1941 JOHN DEERE MOWER 02/02/15 16,000. 2,286. 200DB 7.00 3,918. 0. 18. 8 SOTAR INFLATABLE KAYAKS 02/02/15 24,000. 3,429. 200DB 7.00 5,877. 0. 18. RAFT TRAILER #1 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 #1 02/02/15 2,000. 286. 200DB 7.00 490. 0. 22. 2 AXLE TRAILER 02/02/15 3,500. 500. 200DB 7.00 490. 0.			75	200DB	7.00	128	
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 JEEF 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 200B 5.00 5,600. 0. 9. 2008 FORD VNN 02/02/15 16,000. 3,460 200B 5.00 5,600. 0. 10. 2006 FORD VAN 02/02/15 8,000. 600 200DB 5.00 2,560. 0. 11. 2015 HONDA ATV 02/02/15 7,500 1,500. 200DB 5.00 2,560. 0. 12. 2013 HONDA ATV 02/02/15 6,50 1,300. 200DB 5.00 2,400. 0. 13. 2015 KUBOTA L3560 TRACTOR 02/15/15 42,000. 6,000. 200DB 7.00 10,286. 0. 14. 2015 HOSQVARNA MOWER 02/02/15 4,000. 572. 200DB 7.00 2,204. 0. 15. 2009 JOHN DEERE MOWER 4,000. 572. 200DB 7.00 979. 0. 16. 1941 JOHN DEERE MOWER 02/02/15 1,500. 215. 200DB 7.00 367. 0. 27/22/15 15 6,000. 3,429. 200DB 7.00 3,918. 0. 27/22/15 16,000. 3,429. 200DB 7.00 5,877. 0. 18. 8 SOTAR INFLATABLE KAYAKS 02/02/15 24,000. 3,429. 200DB 7.00 5,877. 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 #1 02/02/15 2,000. 286. 200DB 7.00 490. 0. 22. 2 AXLE TRAILER #2 02/02/15 3,500. 500. 200DB 7.00 490. 0.	2. RANGE FIREARMS						
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 CHERCKEE 02/02/15 5,000. 1,000. 200DB 5.00 5,100. 0. 7. 2011 TOYOTA RAV4 02/02/15 19,000. 3,460 100B 5.00 5,600. 0. 9. 2008 FORD VAN 02/02/15 16,000. 3,460 100B 5.00 5,600. 0. 10. 2006 FORD VAN 02/02/15 8,000. 600 200DB 5.00 5,120. 0. 11. 2015 HONDA ATV 02/02/15 7,500 1,500. 200DB 5.00 2,560. 0. 12. 2013 HONDA ATV 02/02/15 6,50 1,300. 200DB 5.00 2,400. 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 1,500. 215. 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 02/02/15 16,000. 3,429. 200DB 7.00 5,877. 0. 18. 8 SOTAR INFLATABLE KAYAKS 02/02/15 24,000. 3,429. 200DB 7.00 5,877. 0. 18. 8 SOTAR INFLATABLE KAYAKS 02/02/15 24,000. 3,429. 200DB 7.00 5,877. 0. 20. RAFT TRAILER 10 02/02/15 2,000. 286. 200DB 7.00 5,877. 0. 21. RAFT TRAILER 12 02/02/15 2,000. 286. 200DB 7.00 490. 0. 22. 2 AXLE TRAILER 12 02/02/15 3,500. 500. 200DB 7.00 490. 0. 23. STOCK TRAILER		600.	79.	SL	7.00	86.	0.
04/01/15 2,775. 397. 200DB 7.00 679. 0. 5. ZERO TURN MOWER		10,392.	1,485.	200DB	7.00	2,545.	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. 20DD 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. 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 2,400. 0. 13. 2015 KUBOTA L3560 TRACTOR 02/15/15 1,300. 200DB 5.00 2,080. 0. 14. 2015 HUSQVARNA MOWER 02/15/15 1,500. 1,286. 200DB 7.00 10,286. 0. 15. 2009 JOHN DEERE MOWER 02/15/15 1,500. 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 02/02/15 1,500. 215. 200DB 7.00 367. 0. 18. 8 SOTAR INFLATABLE KAYAKS 02/02/15 24,000. 3,429. 200DB 7.00 5,877. 0. 18. 8 SOTAR INFLATABLE KAYAKS 02/02/15 24,000. 3,429. 200DB 7.00 5,877. 0. 20. RAFT TRAILER #1 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 7.00 490. 0. 23. STOCK TRAILER		0 775	207	20000	7 00	670	•
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. 200D 5.00 1,600. 0. 8. 2011 FORD VAN 02/02/15 19,000. 3,460 200B 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. 600 200DB 5.00 2,560. 0. 11. 2015 HONDA ATV 02/02/15 6,50 1,500. 200DB 5.00 2,400. 0. 12. 2013 HONDA ATV 02/02/15 6,50 1,300. 200DB 5.00 2,080. 0. 13. 2015 KUBOTA L3560 TRACTOR 02/15/15 42.00. 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 02/15/15 9,000. 1,286. 200DB 7.00 979. 0. 16. 1941 JOHN DEERE MOWER 02/15/15 24,000. 572. 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 24,000. 3,429. 200DB 7.00 5,877. 0. 19. MISC RAFTING EQUIPMENT 02/02/15 24,000. 3,429. 200DB 7.00 490. 0. 21. RAFT TRAILER #1 02/02/15 2,000. 286. 200DB 7.00 490. 0. 22. 2 AXLE TRAILER 02/02/15 3,500. 500. 200DB 7.00 490. 0. 23. STOCK TRAILER		4,//5.	39/.	200DB	7.00	6/9.	0.
02/02/15 32,598. 3,160. 200DB 0.00 5,100. 0.7. 2011 TOYOTA RAV4 02/02/15 5,000. 1,000. 200D 5.00 1,600. 0.8. 2011 FORD VAN 02/02/15 19,000. 3,460 200B 5.00 5,600. 0.9. 200B FORD VAN 02/02/15 16,000. 3 208 200DB 5.00 5,120. 0.10. 2006 FORD VAN 02/02/15 8,000. 600 200DB 5.00 2,560. 0.11. 2015 HONDA ATV 02/02/15 7,500 1,500. 200DB 5.00 2,400. 0.11. 2015 HONDA ATV 02/02/15 6,500 1,300. 200DB 5.00 2,400. 0.11. 2015 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. 0.15. 2009 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 2,000. 2,286. 200DB 7.00 5,877. 0.18. RAFT TRAILER #1 02/02/15 2,000. 286. 200DB 7.00 490. 0.200DB 7.00 490.	03/15/15		1,400.	200DB	7.00	2,400.	0.
7. 2011 TOYOTA RAV4			3 160.	200DB	5 .00	5 100.	0
8. 2011 FORD VAN 02/02/15 19,000. 3,460 200B 5.00 5,600. 0. 9. 2008 FORD VAN 02/02/15 16,000. 3 200 200B 5.00 5,120. 0. 10. 2006 FORD VAN 02/02/15 8,000. 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 2,400. 0. 13. 2015 KUBOTA L3560 TRACTOR 02/15/15 12,000. 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 02/02/15 16,000. 3,429. 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 24,000. 3,429. 200DB 7.00 5,877. 0. 21. 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 7.00 490. 0. 23. STOCK TRAILER	7. 2011 TOYOTA RAV4					•	
02/02/15 19,000. 3,460 200B 5.00 5,600. 0. 9. 2008 FORD VAN		5,000.	1,000.	2.00 DB	5.00	1,600.	0.
02/02/15 16,000. 3 20 200DB 5.00 5,120. 0. 10. 2006 FORD VAN		19,000.	3,460	2000B	5.00	5,600.	0.
10. 2006 FORD VAN		16 000	2 20	2000	F 00	F 120	•
02/02/15 8,000. 600. 200DB 5.00 2,560. 0. 11. 2015 HONDA ATV		16,000.	3 200	ZAUDB	5.00	5,120.	0.
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 2,000 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 COWER 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.	02/02/15	8,000.	1,600.	200DB	5.00	2,560.	0.
12. 2013 HONDA ATV		7.500	1 500-	200DB	5.00	2.400.	0.
13. 2015 KUBOTA L3560 TRACTOR 02/15/15 12.000. 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 5,877. 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	12. 2013 HONDA ATV	A **					
02/15/15			300.	200DB	5.00	2,080.	0.
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 24,000. 3,429. 200DB 7.00 5,877. 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		42,000.	6,000.	200DB	7.00	10,286.	0.
15. 2009 JOHN DEERE MOWER 02/02/15			1 200	20055	7 00	2 204	0
02/02/15 4,000. 572. 200DB 7.00 979. 0. 16. 1941 JOHN DEERE HOWER 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		9,000.	1,280.	200DB	7.00	2,204.	0.
02/02/15 1,500. 215. 200DB 7.00 367. 0. 17. 6 SOTAR RAFTS	02/02/15		572.	200DB	7.00	979.	0.
03/15/T5 24,000. 3,429. 200DB 7.00 5,877. 0. 18. 8 SOTAR INFLATABLE KAYAKS	16. 1941 JOHN DEERE MOWER 02/02/15		215.	200DB	7.00	367.	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 16,000. 2,286. 200DB 7.00 3,918. 0. 19. MISC RAFTING EQUIPMENT			3,429.	200DB	7.00	5,877.	0.
02/02/15 24,000. 3,429. 200DB 7.00 5,877. 0. 20. RAFT TRAILER #1	02/02/15	16,000.	2,286.	200DB	7.00	3,918.	0.
20. RAFT TRAILER #1			2 420	200DB	7 00	E 077	0
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		24,000.	3,429.	20008	7.00	5,677.	0.
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		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		2.000.	286.	200DB	7.00	490.	0.
23. STOCK TRAILER	22. 2 AXLE TRAILER						
		3,500.	500.	200DB	7.00	857.	0.
		4,000.	572.	200DB	7.00	979.	0.

1,11,111		difficility files						
24.	HYDE DRIFT BO		0.000	4 4 4 4 9	000==	7 00	4 050	
25.	HYDE DRIFT BO	02/02/15 DAT #2	8,000.	1,143.	200DB	7.00	1,959.	0.
	(02/02/15	7,000.	1,000.	200DB	7.00	1,714.	0.
26.	WILLIE DRIFT	BOAT 02/02/15	3,500.	500.	20000	7.00	857.	0.
27.	MISCELLANEOUS			500.	20000	7.00	657.	0.
	(02/02/15	12,000.	1,715.	200DB	7.00	2,939.	0.
28.		JRIFICATION D2/02/15	SYSTEM 500.	72	200DB	7.00	122.	0.
29.					20000	7.00	122.	0.
	(03/02/15	32,000.	4,572.	200DB	7.00	7,837.	0.
30.	HOOK LATCH AG			1 1 4 2	20000	7 00	1 050	0
31.	20' CARGO CON)3/01/15 NTATNERS	8,000.	1,143.	700DR	7.00	1,959.	0.
J		02/02/15	8,000.	1,143.	200DB	7.00	1,959.	0.
32.	HORSE PANELS					4		
33.)2/02/15	11,000.	1,572.	200DB	7.00	2,694.	0.
33.		10K5E5)2/02/15	12,000.	1,715.	200DB	0.0	2,939.	0.
34.			•			*		
		02/02/15	9,500.	1,357.	200DB	7.00	2,327.	0.
35.	IVECO 60KW GE	ENSET 02/02/15	8,000.	1,148.	200DB	7.00	1,959.	0.
36.	HYDROPLANT 40				. A	7.00	1,939.	0.
	(3/15/15	50,000.	,143.	200DB	7.00	12,245.	0.
37.	HONDA PORTABI		2 026 🎄		00055	T 00	0.54	•
38.		03/01/15	3,936	563 .	200DB	7.00	964.	0.
50.		02/02/15	3,500.	500.	200DB	7.00	857.	0.
39.	WELDING EQUIE			•				
4.0		02/02/15	3 500		200DB	7.00	857.	0.
40.	MISC CONSTRUC	2/02/15 *	EQUIPMENT	2,857.	200DB	7.00	4,898.	0.
41.	500 GAL CONTA			2,05,0	LUUDD	, , , ,	1,050	•
		02/02/15	3 ,000.	715.	200DB	7.00	1,224.	0.
42.	650 GAL CONTA	AINMENT FUE	TANK 7,000.	1 000	20000	7 00	1,714.	0
43.	CABIN #1	02/02/15	, ,,,,,,,,	1,000.	2000	7.00	1,/14.	0.
	(02/02/15	67,200.	2,240.	SL	27.50	2,444.	0.
44.	CABIN #2		105 100	0 545	~-	05 50	2 252	•
45	CABIN #3	02/02/15	106,400.	3,547.	SL	27.50	3,869.	0.
43.		02/02/15	67,200.	2,240.	SL	27.50	2,444.	0.
46.	CABIN #4		•					
4 ==		02/02/15	67,200.	2,240.	\mathtt{SL}	27.50	2,444.	0.
47.	CABIN #5 & 6	- DUPLEX 02/02/15	108,500.	3,617.	ST.	27.50	3,945.	0.
48.	CABIN #7 & 8		100,500.	3,017.	DI	27.50	3,543.	•
	(02/02/15	80,640.	2,688.	SL	27.50	2,932.	0.
49.	CABIN #9)	00 560	2 205	CT	27 EA	2 504	^
50.	CABIN #10	02/02/15	98,560.	3,285.	ъп	27.50	3,584.	0.
•		02/02/15	87,360.	2,912.	SL	27.50	3,177.	0.

MADDIE	MOUNTAIN	DANGII	TATO
MARDLE	MOONTAIN	RANUH.	LINU

51.	QUAILS NEST HOUSE						
	02/02/15	225,400.	7,513.	SL	27.50	8,196.	0.
52.	SLEEPY HOLLOW HOUSE	100 000	2 5 4 2			0 074	•
E 2	02/02/15	109,200.	3,640.	SL	27.50	3,971.	0.
55.	RIVER VIEW HOUSE 02/02/15	347,200.	11,573.	CT.	27.50	12,625.	0.
:4 .	COVERED RIDING ARENA	347,200.	11,575.	рП	47.50	12,025.	0.
, _ •	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.
· 7 •	HAY BARN	100 000	10 000	20055	10 00	21 600	0
- 0	02/02/15 TACK HOUSE	120,000.	12,000.	700DB	10.00	21,600.	0.
, .	02/02/15	22,100.	2,210.	200DB	10.00	3,978.	0.
9.	GIFT SHOP	22,100.	2,210.	20000	10.00	3,370.	0.
, , ,	02/02/15	62,860.	2,358.	150DB	20.00	4,538.	0.
50.	LAUNDRY/SHOWER HOUSE	,			7	-,	• • •
	02/02/15	78,842.	2,957.	150DB	20.00	5,691.	0.
i1.	GREENHOUSE				*		
	02/02/15	25,000.	2,500.	200DB	10.00	4,500.	0.
2.	POWER HOUSE	10.000	2.2		20.00	056	•
2	02/02/15	10,000.	235.	SL	39.00	256.	0.
.3.	GAME ROOM 02/02/15	10,000.	458.	SL	20.00	500.	0.
. 1	SHOP BUILDING	10,000.	450.	ъп	20.00	500.	0.
T •	02/02/15	156,000.	15,600.	200DB	10.00	28,080.	0.
5.	KAWASAKI ATV	_30,000	20,000				
	07/09/16	6,751.	0.	200DB	7.00	965.	. 0.
56.	MINI EXCAVATOR						
	05/06/16	3,470	0.	200DB	7.00	497.	0.
57.	WATER FILTRATION SYST	EM	•		= 00	4 506	•
- 0	02/24/16	33,503.	0 •	200DB	7.00	4,786.	0.
·8•	2017 GMC 3500	224	0	20000	E 00	12 665	0
59.	02/12/16 STOCK - STARDUST	68,324.	0.	200DB	5.00	13,665.	0.
33.	03/04/16	1,200.	0.	200DB	7.00	172.	0.
70.	STOCK - SEDONA	1,200.	0.	20000	7.00	1/2•	•
, , ,	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.		\mathtt{SL}	27.50	694.	0.
73.	HAY BARN (REBUILD-SNO			0.00==	40.00	0 400	•
	05/01/16	21,000.	0.	200DB	10.00	2,100.	0.
דגר	DEPRECIATION	2,943,396.	183 804		=	315,541.	0.
TUT	DELVECTALION				_		
					=		

WR	-186	3	

CA	CALIFORNIA TRADE OR BUSINESS INCOME - TAXES	STATEMENT	12
DESCRIPTION		AMOUNT	
BOE	$oldsymbol{\cdot}$		82.
BUSINESS LICENS	ES & SPECIAL PERMITS		42.
COUNTY BED TAX		9	12.
PAYROLL TAXES		10,5	
REAL PROPERTY TO	AXES - RANCH		74.
STATE FIRE TAX			.17.
CALIFORNIA TAXES	S - BASED ON INCOME	3,0	00.
	COME/FRANCHISE TAX	-3,0	00.
TOTAL TO CALIFOR	RNIA TRADE OR BUSINESS INCOME SCHEDULE, LINE 12	18,1	.39.
CA	OTHER TRADE OR BUSINESS DEDUCTIONS	STATEMENT	13
	OTHER TRIBE OR BOSTNESS BESTEVEN		
DESCRIPTION		AMOUNT	
AMMUNITION & RAN	NGE EXPENSES	17,2	238.
AUTO FEES & REG	ISTRATION		792.
BANK FEES			322.
CASUAL LABOR			166.
COMMISSIONS & RI	3.47 659	27,7	
DUES & SUBSCRIPT	and the second s		123.
FISH FOR STOCKING FISHING EXPENSES			300. 946.
FOOD/LODGING/SUI	AN AN AN	65,1	
FUEL	FFLIES-DAI IRIES		36.
HORSE TACK/GEAR			234.
INSURANCE - OTHE	ER &	16,6	
LEGAL AND PROFES		75,3	
TIMENO C CHIDDLE	고면		83.
MISCELLANEOUS EX	KPENSE	2,9	966.
OFFICE EXPENSE			206.
OFFICE SUPPLIES			204.
OUTSIDE SERVICES	S	15,3	
PARKING		-	3.
POSTAGE	~		515.
RAFTING EXPENSES		12,0	
	S & ENTERTAINMENT		315.)58.
RANCH UNIFORMS RANCH UTILITIES		1,0 26,8	
	EQUIPMENT EXPENSES		561.
SOCIAL MEDIA COS			165.
SPECIAL USE PERM			L99.
STOCK FEED		26,	
SUPPLIES & SMALI	L TOOLS	_	77.

	WR-186
MARBLE MOUNTAIN RANCH, INC.	
TELEPHONE EXPENSES	5,372.
TOOLS - OTHER	1,246.
TRAILER RIGGING	1,499.
VEHICLE INSURANCE	6,313.
VEHICLE MAINTENANCE & UPKEEP	6,201.
VEHICLE REPAIR	9,374.
VETERINARY EXPENSES	3,222.
WEBSITE DEVELOPMENT/MAINTENANCE	5,335.
WORKERS COMP INSURANCE	12,414.
TOTAL OTHER TRADE OR BUSINESS DEDUCTIONS	376,868.



TAXABLE YEAR 2016

TYB

01-01-2016

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

12-31-2016

TYE

CALIFORNIA SCHEDULE

K-1 (100S)

B Reportable transaction or tax shelter registration number(s): C Check here if this is: (1) A final Schedule K-1 (2) An amended and amended the shareholder? (2) An amended the shareholder? (3) Qualified exempt organization (4) Singular than the shareholder a resident of California? (4) Yes Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return. (a) (b) (c) (c) (dd) Total amounts using CA law. Combine col. (b) and col. (c) where applicable and col. (c) where applicable and	
MARBLE MOUNTAIN RANCH INC 92520 HIGHWAY 96 SOMES BAR CA 95568 A Shareholder's percentage of stock ownership for the tax year • 50. B Reportable transaction or tax shelter registration number(s): C Check here if this is: • (1)	
A Shareholder's percentage of stock ownership for the tax year	
B Reportable transaction or tax shelter registration number(s): C Check here if this is: • (1) A final Schedule K-1 (2) An amende D What type of entity is this shareholder? • (1) A final Schedule K-1 (2) An amende D What type of entity is this shareholder? • (1) A final Schedule K-1 (2) An amende D What type of entity is this shareholder? • (1) A final Schedule K-1 (2) An amende C Unable of exempt organization (4) Sing E Is this shareholder a resident of California? • X Yes Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return. (a)	
B Reportable transaction or tax shelter registration number(s): C Check here if this is: • (1) A final Schedule K-1 (2) An amende D What type of entity is this shareholder? • (1) A final Schedule K-1 (2) An amende D What type of entity is this shareholder? • (1) A final Schedule K-1 (2) An amende D What type of entity is this shareholder? • (1) A final Schedule K-1 (2) An amende C Unable of exempt organization (4) Sing E Is this shareholder a resident of California? • X Yes Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return. (a)	
B Reportable transaction or tax shelter registration number(s): C Check here if this is: • (1) A final Schedule K-1 (2) An amende D What type of entity is this shareholder? • (1) X Individual Estate/trust (3) Qualified exempt organization (4) Sing E Is this shareholder a resident of California? • X Yes Caution: Refer to the shareholder's instructions for Schedule K-T (100S) before entering information from this schedule on your California tax return. (a) Pro-rata share items Amount from federal Schedule K-1 (C) California adjustment (C) (C) Where applicable col. (b) and col. (c) where applicable and col. (c) where applicable and col. (c) where applicable and col. (d) Total amounts using CA law. Combine col. (b) and col. (c) where applicable and col. (c) where applicable and col. (d) Total amounts using CA law. Combine col. (b) and col. (c) where applicable and col. (c) where applicable and col. (d) Total amounts using CA law. Combine col. (d) and col. (e) where applicable and col. (form 1120S) and col. (c) where applicable and col. (d) Total amounts using CA law. Combine col. (b) and col. (c) where applicable and col. (d) Total amounts using CA law. Combine col. (d) and col. (e) where applicable and col. (form 1120S) and col. (form 11	.000000%
D What type of entity is this shareholder? • (1) X Individual (x Estate/trust (3) Qualified exempt organization (4) Sing Estate/trust (3) Qualified exempt organization (4) Sing California are sident of California? • X Yes Caution: Refer to the shareholder's instructions for Schedule K-7 (100S) before entering information from this schedule on your California tax return. Amount from federal Schedule K-1 (Form 1120S) 1 Ordinary business income (loss) —68,627 • 900 • -67,727 • -70 • -68,627 • 900 • -67,727 • -70 • -68,627 • 900 • -67,727 • -70 •	
Caution: Refer to the shareholder's instructions for Schedule K-T (100S) before entering information from this schedule on your California tax return. (a) Pro-rata share items Amount from federal Schedule K-1 (California adjustment (Form 1120S) 1 Ordinary business income (loss) Net rental real estate income (loss) 3 Other net rental income (loss) 4 Interest income	ed Schedule K-1 gle member LLC
(a) Pro-rata share items Amount from federal Schedule K-1 (Form 1120S) 1 Ordinary business income (loss) 2 Net rental real estate income (loss) 3 Other net rental income (loss) 4 Interest income	; ▶ □ No
1 Ordinary business income (loss) 2 Net rental real estate income (loss) 3 Other net rental income (loss) 4 Interest income	
2 Net rental real estate income (loss) 3 Other net rental income (loss) 4 Interest income	(e) Ilifornia e amounts I credits
6 Royalties • • • • • • • • • • • • • • • • • • •	-67,727.
8 Net long-term capital gain (loss) 9 Net IRC Section 1231 gain (loss)	
10 a Other portfolio income (loss). b Other income (loss)	

For Privacy Notice, get FTB 1131 ENG/SP. 639811/12-21-16

199 787116**4**

Schedule K-1 (100S) 2016 Side 1



Shareholder's name

DOUGLAS T. COLE

Shareholder's identifying number

Cau	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 b Investment interest expense c 1 IRC Section 59(e)(2) expenditures 2 Type of expenditures d Deductions - portfolio e Other deductions	3,214.		3,214.				
Credits	13 a Low-income housing credit. See instructions. Attach schedule b Credits related to rental real estate activities other than on line 13(a). Attach schedule c Credits related to other rental activities. See instructions. Attach schedule d Other credits. Attach schedule 14 Total withholding (equals amount on Form 592-B if calendar year)			•	> > > > >			
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed in service after 12/31/86 b Adjusted gain or loss c Depletion (other than oil and gas) d Gross income from oil, gas, and geothermal properties Deductions allocable to oil, gas, and geothermal properties e Other AMT items. Attach schedule	7		25,947.				
Items Affecting Shareholder Basis	16 a Tax-exempt interest income b Other tax-exempt income c Nondeductible expenses STMT Total property distributions (include cash) other than dividends distribution reported on line 17c e Repayment of loans from shareholders		1,500	0. 1,500.				
Other Information	Investment income. See instructions Investment expenses. See instructions Total taxable dividend distribution paid from c accumulated earnings and profits. See instructions			•	> Swar			
Other State Taxes	b Name of state c Total gross income from sources outside California. Attach schedule d Total applicable deductions and losses. Attach schedule e Total other state taxes. Check one: Paid Accrued			•				

	older's name GLAS T. COLE			Shareholder	's identifying number
FC Ta	OR USE BY SHAREHOLDERS ONLY. able 2 - Shareholder's pro-rata share . Shareholder's share of the S corp	Roya Capit SEE INSTRUCTIONS. of business income and facto pration's business income \$ siness income from real and ta Rents/Ro Other	Ities \$ Ital Gains/Losses	o California:	\$\$ \$
Other	Factors	Total within and outside California	Total within California		
	Property: Beginning	\$	\$		
	Ending	\$	\$		
-	Annual Rent Expense	\$	\$		
	Payroll	\$	\$		
	Sales	\$	<u> </u> \$		

199

7873164

Schedule K-1 (100S) 2016 Side 3

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

TAXABLE YEAR 2016

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

CALIFORNIA SCHEDULE

K-1 (100S)

	TYB 01-01-2016 TYE 12	2-31-2016			
	HEIDI A COLE				
	92520 HIGHWAY 96 SOMES BAR CA 9	95568			
	3752657 MARBLE MOUNTAIN RANCH IN	ic.			
	92520 HIGHWAY 96 SOMES BAR CA 9	95568			
			~O		
A Sł	nareholder's percentage of stock ownership for the tax	year		•	50.000000%
B Re	eportable transaction or tax shelter registration numbe	r(s):			
C Ch	neck here if this is:		• (1) A final	Schedule K-1 (2)	An amended Schedule K-1
D W	hat type of entity is this shareholder? ● (1) X	Individual (2 Estat	te/trust (3) Qualifie	ed exempt organization (4	Single member LLC
E Is	this shareholder a resident of California?				• X Yes • No
Caut	tion: Refer to the shareholder's instructions for Sched	ule K-1 (100S) before enterin	ng information from this sc	hedule on your California ta	x return.
	(a) Pro-rata share items	Amount from federal Schedule K-1 (Form 1120S)	(c) California adjustment	(d) Total amounts using CA law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
	1 Ordinary business income (loss)	-68,626.	900.	−67,726.	► -67,726.
	2 Net rental real estate income (loss)			•	>
~	3 Other net rental income (loss)	1		•	⊙

For Privacy Notice, get FTB 1131 ENG/SP. 639811/12-21-16

4 Interest income5 Dividends. See instructions

6 Royalties

9 Net IRC Section 1231 gain (loss)

10 a Other portfolio income (loss).

b Other income (loss)

199

7871164

Schedule K-1 (100S) 2016 Side 1

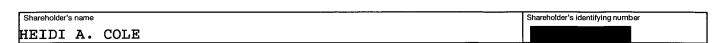
▶

•

•

•

•



Caut	aution; 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		
s	11 Expense deduction for recovery property (IRC Section 179). Attach schedules						
Deductions	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						
	13 a Low-income housing credit. See instructions.						
	Attach schedule			2_1	>		
	b Credits related to rental real estate activities						
	other than on line 13(a). Attach schedule)	_		
Credits	c Credits related to other rental activities. See						
홋	instructions. Attach schedule			k	>		
٥ ا	d Other credits. Attach schedule			•	•		
	14 Total withholding (equals amount on Form 592-B						
	if calendar year)			•	▶		
	15 a Depreciation adjustment on property placed						
mar Si	in service after 12/31/86						
inin	b Adjusted gain or loss						
Alternative Minimum Tax (AMT) Items	c Depletion (other than oil and gas) d 1 Gross income from oil, gas, and f 1 geothermal properties Deductions allocable to oil, gas, and geothermal properties						
s	e Other AMT items. Attach schedule		P P P				
ing Sasi	16 a Tax-exempt interest income			0.			
ffect der F	b Other tax-exempt income		1,500.		1,500.		
Items Affecting Shareholder Basis	c Nondeductible expenses STMT Total property distributions (include cash) other than dividends distribution reported on line 17c		1,500.	• 1,500.	→		
TH C	e Repayment of loans from share polders			•			
O.	17 a Investment income. See instructions						
Other Information	b Investment expenses. See instructions Total taxable dividend distribution paid from C accumulated earnings and profits. See instructions			•			
Ξ	d Other information. See instructions				STMT		
	18 a Type of income						
	b Name of state						
Other State Taxes	c Total gross income from sources outside		and the second second				
e Ta	California, Attach schedule						
Stat	d Total applicable deductions and losses.						
Jer ;	Attach schedule						
₹	e Total other state taxes. Check one:						
	Paid Accrued			•	>		
			NAME OF THE PARTY		- Luis		

Sha	rehol	der's name	•			 -		Shareholder	's identifying number	
HE	ID	I A. COLE								
	Inte	erest \$	nare of no	onbusiness income from intang Royalti Capital	es	ee instructions. \$ osses \$		_ Dividends _ Other	\$ \$	
	FO.	R USE BY SHAREHOLDERS	ONLY. S	EE INSTRUCTIONS.						
=	Tal	Table 2 - Shareholder's pro-rata share of business income and factors. See instructions.								
aţi	A.									
Ę	В.	3. Shareholder's share of the nonbusiness income from real and tangible property sourced or allocable to California;								
hoider In		Capital Gains/Losses \$ IRC Section 1231 Gains/Losses \$		Rents/Roya Other	ties	\$ \$				
Other Shareholder Information	C.	C. Shareholder's share of the S corporation's property, payroll, and sales:								
₹		Factors		Total within and outside California		Total within California				
		Property: Beginning		\$		\$		12.		
ı		Ending		\$	\$					
	١.	Annual Rent Expe	ense	\$	\$					
		Payroll		\$	\$					
		Sales		\$	\$					
	I					<i>2</i>				

199

7873164

Schedule K-1 (100S) 2016 Side 3

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

DO	NOT	MAII	THIS	FORM	TO TH	E CTO
ω	MILI	WIAII	ппо	FURIN	11111	

022 Date Accept	ted					DO N	OT M	AIL TI	HIS	FORM T	O THE FTE
TAXABLE YE 2016 Corporation name	-	California	e-file F	Return Author	rization	for Co	rpor		_	ing number	FORM 8453-C
•		TAIN RANC	и тис					"	Jenny	ing number	
		Information (whole					_				
		<u>`</u>		, Form 100W, line 9 or F	orm 100X. Line	6)			1	-13	5,453. ₀
											$\frac{5,453.0}{6}$
 Taxable income (Form 100, line 22, Form 100S, line 20, Form 100W, line 22 or Form 100X, Line 10) Total tax (Form 100, line 30, Form 100S, line 29, Form 100W, line 30 or Form 100X, Line 18) 											800. ₀
				orm 100W, line 36 or Fo							
				39, Form 100W, line 37	or Form 100X,	Line 27)			5		0
		Account Electron					···				
	ect deposit of ctronic funds	refund (For Forms 100,				16					
			avments for	Taxable Year 2017 (The	drawal date (mm/dd ese are NOT insta	illment paymo	ents for t	he curre	nt am	ount the cor	poration owes.)
		First Payı		Second Paymer		Third Pay		T			Payment
8 Amount											<u> </u>
9 Withdray						. Siese					
Part IV Ba	nking Info	ormation (Have yo	ou verified the	corporation's banking in	nformation?)			-			
10 Routing	-						`	•	_	-	
11 Account					12 Type of	account. L	Ch	ecking			
authorize the agrees with the	corporate a e authorizat	of Officer account to be settled ion stated on my ret n line 8 from the acc	urn. If I check P	n Part II. If I check Part II, E art II, Box 7, I authorize an	Box 6, I declare to electronic flods	nat the accou with drawal fo	nt specif or the am	ied in Pa ount list	rt IV : ed on	or the direct line 7a and	deposit refund any estimated
reason(s) for Sign Here	the delay o	r the date when the	refund was ser	yment of the corporation's accompanying schedules are nor refund is de layed, at.	PRESID						·
Part VI De	claration	of Electronic Ret	turn Originat	(ERO) and Paid Prep	arer.						
I declare that I only an interm reflects the dat corporate offic Handbook for return is filed, examined the	have review ediate servi ta on the re eer with a co Authorized whichever i above corpo	ved the above corpo ce provider, I under turn.) I have obtained py of all forms and i e-file Providers. I will s later, and I will mal	ration return a stand than amount d the corporate information that I keep form FTE ke a copy availa accompanying	and that the entries on form fot responsible for reviewir officer's signature on form It will file with the FTB, and 3 8453-C on file for four yea ble to the FTB upon reques schedules and statements,	FTB 8453-C are ig the corporation FTB 8453-C beful I have followed ars from the due t. If I am also the	n's return. I core transmitti all other requi date of the re paid prepare	leclare, h ng this re irements turn or f er, under	nowever, eturn to t describe f our years penalties	that fine F1 d in life from from of p	orm FTB 845 B; I have pro TB Pub. 134 I the date the erjury, I decl	53-C accurately ovided the 45, 2016 e-file e corporation are that I have
ERO signa	's ature				Date	Check if also paid	X	Check if self- employe	.a [ERO's P	TIN
	's name (or yo	urs AT.T.AN	K. DOR	FF, CPA INC.	L	preparer		employe	FEIN		
if sel	f-employed) address			DEL SOL, #14		_			ZIP c	ode	
<u> </u>			LEMENTE							<u>9</u> 26	73
				above corporation's return eclaration based on all infor				tements,	and	to the best o	my knowledge
Paid	Paid	Date		Check	k		Paid preparer's PTIN				
Preparer	preparer's signature				if self- employe		red]]			
Must	Firm's name								FEIN		
Sign	and addres			-					ZIP d	ode	
		· · · · · · · · · · · · · · · · · · ·			···-			_	<u> </u>	<u></u>	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-C 2016

EXHIBT B



July 20, 2017

Ms. Kerry Fuller

kerry@churchwellwhite.com

Churchwell White LLP

1414 K Street, 3rd Floor

Sacramento, CA 95814

7777 Greenback Lane Suite 104

Citrus Heights, CA

95610

Tel. 916/722-1800 Fax 916/722-4595

Principal:

John C. Scroggs

Subject:

Proposal for Engineering and Land Surveying Services, Marble

Mountain Ranch Discharge Project, Siskiyou County

Ms. Fuller:

The following is our proposal to provide engineering and surveying services to design a piped intake on the Stanshaw Creek and to design a piped replacement of an existing open ditch discharge from the existing Stanshaw Creek point of diversion to the irrigation, domestic water, fire suppression and hydro power manifold at the Marble Mountain Ranch. Based on my discussions with you and Jeff Meyer at ECORP Consulting, we understand that:

- Approximately ¾ mile of open ditch is to be replaced with a pipeline
- The existing hand constructed gravel and cobble dam that now diverts flow from Stanshaw Creek to the open ditch system is to be replaced with a diversion structure that will be suitable to the owners of Marble Mountain Ranch and be acceptable to the California Department of Fish and Wildlife, North Coast Water Quality Control Board and State Water Resources Control Board. We will review with the owners and with Fish and Wildlife and Water Quality Control Board representatives screened and/or slotted intake facilities. The new intake structure shall have capacity to divert up to 3 cubic feet per second (cfs) but must also be suitable for low creek flow periods when the flow diverted may be as low as 0.3 cfs.
- Flow through the new pipeline will be metered. We will review with you and with the Marble Mountain Ranch owners how these flows are to be recorded and if the meter is to provide a feedback signal to an automatic control valve for flow control.
- Much of the area to be replaced with piped improvements and the existing and proposed point of diversion at Stanshaw Creek are located on Klamath National Forest Land. We understand that the Marble Mountain Ranch point of diversion and discharge ditch pre-date the establishment of the Klamath National Forest and are not subject to forest land lease requirements or a special use permit.
- Point of diversion improvements may modify the bed, bank or channel of Stanshaw Creek and, therefore, will likely require a California Fish and

CIVIL
WATER RESOURCES
SURVEYING



Wildlife Section 1602 Streambed Alteration Permit. For the purpose of this proposal, we have not included application for the Section 1602 Permit in the scope of our work. We will, however, assist your office with the preparation of plans, exhibits, photos, cost estimates and the like to support the Section 1602 Permit Application by you or by others.

- The scope of our work will include assistance in obtaining construction bids from qualified contractors, responding to questions from prospective bidders and assistance to you and to the owner of Marble Mountain Ranch in selecting a contractor for this work. We will also conduct a preconstruction meeting and assist the selected contractor with establishing horizontal and vertical surveying and mapping control to construct the proposed improvements.
- Ditch replacement improvement plans and the plans and specifications for the new point of diversion on Stanshaw Creek will be prepared for review and approval by California Fish and Wildlife, North Coast Regional Water Quality Control Board and State Water Resources Control Board. Plans and specifications will be submitted to your office and to your clients prior to submittal to the regulatory agencies. We expect that to obtain plan approval an initial submittal followed by two resubmittals, responding to review comments, will be required.

We propose to prepare plans and specifications for the Marble Mountain Ranch Discharge as described herein for a fee of \$44,250. Invoices will be prepared for work conducted during monthly billing periods in accordance with our current Standard Rate Schedule, attached. As we discussed, the piped system improvement plans and specifications will be prepared in anticipation that project improvements will be constructed during the 2018 construction season.

In the preparation of this proposal, I have assumed that I will have the opportunity to review existing conditions at the site and confirm the scope of our work with the owners of Marble Mounting Ranch. This initial review will be conducted at the time of our field surveys. Early in the design process, I will also meet with representatives of the Fish and Wildlife, North Coast Water Quality Board and State Water Resources. If our proposal is acceptable to you, please provide contact information for the owner of Marble Mountain Ranch and for other stakeholders to coordinate our services.

Thank you for the opportunity to be of service.

Very truly yours,

John C. Scroggs

SL Consulting/Engineers

2017 STANDARD RATE SCHEDULE

KASL CONSULTING ENGINEERS, providing superior service in civil engineering, water resources and surveying since 1982.

We define the art of engineering.



PROFESSIONAL RATES

Engineer, Surveyor 1	\$184.00 per hour					
Engineer, Surveyor 2	\$157.00 per hour					
Engineer, Surveyor 3	\$140.00 per hour					
Engineer, Surveyor 4	\$124.00 per hour					
Engineer, Surveyor 5	\$108.00 per hour					
Engineer, Surveyor, Technician 6	\$ 96.00 per hour					
Engineer, Surveyor, Technician 7	\$ 91.00 per hour					
Engineer, Surveyor, Technician 8	\$ 81.00 per hour					
Technician, Administration 9	\$ 64.00 per hour					
Technician, Administration 10	\$ 60.00 per hour					
Technician, Administration 11	\$ 39.00 per hour					
2-Man Survey Crew	\$195.00 per hour					
3-Man Survey Crew	\$235.00 per hour					

BASIC CHARGES

TRAVEL OUTSIDE OF SACRAMENTO METROPOLITAN AREA -- \$0.54 per mile for truck or private vehicle, or direct cost of public transportation, plus direct cost of meals and lodging.

WHEN PERSONNEL are required to work during premium overtime pay hours, the above hourly rates will be multiplied by 1.50 for time-and-one-half hours and by 2.00 for double time hours.

OTHER DIRECT EXPENDITURES on behalf of the client will be billed at cost plus 15% percent for handling.

UNDER PROVISIONS OF THIS AGREEMENT, a late payment finance charge will be computed at the periodic rate of 1.5% percent per month, which is an annual percentage rate of 18% percent, and will be applied to an unpaid balance commencing 30 days after the date of the original invoice.