

California Exempt Organization Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 7/01/2013, and ending (mm/dd/yyyy) 6/30/2014

Corporation/Organization Name EL DORADO COUNTY FIRE SAFE COUNCIL California corporation number 2414862

Address (suite, room, or PMB no.) P.O. BOX 1011 FEIN 04-3631411

City DIAMOND SPRINGS State CA ZIP Code 95619

A First Return Yes No

B Amended Information Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return? Dissolved Surrendered (Withdrawn)

Merged/Reorganized
Enter date (mm/dd/yyyy):

E Check accounting method:
1 Cash 2 Accrual 3 Other

F Federal return filed?
1 990T 2 990 PF 3 Sch H (990)

G Is this a group filing for the subordinates/affiliates? Yes No
If 'Yes,' attach a roster. See instructions

H Is this organization in a group exemption? Yes No
If 'Yes,' What's the parent's name?

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? Yes No
If 'Yes,' explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? Yes No
If 'Yes,' complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter gross receipts from nonmember sources \$

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

CACAI112L 11/20/13

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | |
|-----------------------|----|---|----------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 6. |
| | 2 | Gross dues and assessments from members and affiliates | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received | 200,271. |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B... | 200,277. |
| | 5 | Cost of goods sold | |
| | 6 | Cost or other basis, and sales expenses of assets sold | |
| | 7 | Total costs. Add line 5 and line 6 | |
| | 8 | Total gross income. Subtract line 7 from line 4 | 200,277. |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 156,363. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 43,914. |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F | |
| | 12 | Total payments | |
| | 13 | Penalties and Interest. See General Instruction J | |
| | 14 | Use tax. See General Instruction K | |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result | |

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

ORIGINAL SIGNED Signature of officer: PAT A TURNER Title: TREASURER Date: Telephone: 530-620-7220

Paid Preparer's Use Only Preparer's signature: PAT A TURNER Date: Check if self-employed: PTIN: P00081292

Firm's name (or yours, if self-employed) and address: PAT A. TURNER, A P.C. 4970 WINDPLAY DR STE. 6 EL DORADO HILLS, CA 95762 FEIN: 943556422 Telephone: (916) 939-9933

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

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

| | | | | | |
|------------------------------------|----|---|---|----|----------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | ● | 1 | |
| | 2 | Interest | ● | 2 | 6. |
| | 3 | Dividends | ● | 3 | |
| | 4 | Gross rents | ● | 4 | |
| | 5 | Gross royalties | ● | 5 | |
| | 6 | Gross amount received from sale of assets (See instructions) | ● | 6 | |
| | 7 | Other income. Attach schedule | ● | 7 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. | ● | 8 | 6. |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | ● | 9 | |
| | 10 | Disbursements to or for members | ● | 10 | |
| Expenses and Disbursements | 11 | Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 1 | ● | 11 | 0. |
| | 12 | Other salaries and wages | ● | 12 | |
| | 13 | Interest | ● | 13 | |
| | 14 | Taxes | ● | 14 | |
| | 15 | Rents | ● | 15 | 175. |
| | 16 | Depreciation and depletion (See instructions) | ● | 16 | 169. |
| | 17 | Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 2 | ● | 17 | 156,019. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. | ● | 18 | 156,363. |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|------------|----------------------------|------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 114,998. | ● | 158,816. |
| 2 | Net accounts receivable | | | ● | 299,680. |
| 3 | Net notes receivable | | | ● | |
| 4 | Inventories | | | ● | |
| 5 | Federal and state government obligations | | | ● | |
| 6 | Investments in other bonds | | | ● | |
| 7 | Investments in stock | | | ● | |
| 8 | Mortgage loans | | | ● | |
| 9 | Other investments. Attach schedule | | | ● | |
| 10a | Depreciable assets | 2,794. | | 2,794. | |
| b | Less accumulated depreciation | 2,277. | 517. | 2,446. | 348. |
| 11 | Land | | | ● | |
| 12 | Other assets. Attach schedule | | | ● | |
| 13 | Total assets | | 115,515. | | 458,844. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | | ● | |
| 15 | Contributions, gifts, or grants payable | | | ● | |
| 16 | Bonds and notes payable | | | ● | |
| 17 | Mortgages payable | | | ● | |
| 18 | Other liabilities. Attach schedule STM 3 | | | | 299,680. |
| 19 | Capital stock or principle fund | | | ● | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | ● | |
| 21 | Retained earnings or income fund | | 115,515. | ● | 159,164. |
| 22 | Total liabilities and net worth | | 115,515. | | 458,844. |

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

| | | | | | | | |
|---|---|---|---------|----|--|---|---------|
| 1 | Net income per books | ● | 43,914. | 7 | Income recorded on books this year not included in this return. Attach sch | ● | |
| 2 | Federal income tax | ● | | 8 | Deductions in this return not charged against book income this year. | ● | |
| 3 | Excess of capital losses over capital gains | ● | | 9 | Total. Add line 7 and line 8 | ● | |
| 4 | Income not recorded on books this year. Attach schedule | ● | | 10 | Net income per return. Subtract line 9 from line 6 | ● | 43,914. |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | ● | | | | | |
| 6 | Total. Add line 1 through line 5 | | 43,914. | | | | |

2013

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name

California corporation number

EL DORADO COUNTY FIRE SAFE COUNCIL

2414862

Part I Election to Expense Certain Property Under IRC Section 179

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum deduction under IRC Section 179 for California | 1 | \$25,000 |
| 2 | Total cost of IRC Section 179 property placed in service | 2 | |
| 3 | Threshold cost of IRC Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property (elected IRC Section 179 cost) | 7 | |
| 8 | Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| 14 | (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation | |
|----|---|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|--|
| | PROJECTION SCRE | 11/28/2003 | 860. | 860. | S/L | 7 | | | |
| | ANSWERING MACHI | 2/28/2005 | 190. | 176. | S/L | 7 | | | |
| | COMPUTER | 6/08/2006 | 559. | 480. | S/L | 7 | | | |
| | PROJECTOR | 1/11/2008 | 1,185. | 761. | S/L | 7 | 169. | | |
| 15 | Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h). | | | | | | 15 | 169. | |

Part III Summary

| | | | |
|----|---|----|--|
| 16 | Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | |
| 17 | Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | |
| 18 | Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | |

Part IV Amortization

| 19 | (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instr) | (f) Period or percentage | (g) Amortization for this year | |
|----|--|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|--|
| 20 | Total. Add the amounts in column (g). | | | | | | 20 | |
| 21 | Total amortization claimed for federal purposes from federal Form 4562, line 44. | | | | | | 21 | |
| 22 | Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. | | | | | | 22 | |

STATEMENT 1
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|--|-------------------|----------------------------------|------------------------------|
| BILL BERGEN P.O. BOX 1011 DIAMOND SPRINGS, CA 95619 | DIRECTOR 0 | \$ 0. | \$ 0. | \$ 0. |
| KEN HASSE 6861 CRYSTAL BOULEVARD EL DORADO, CA 95623 | TREASURER 25.00 | 0. | 0. | 0. |
| BILL BRANDT P.O. BOX 1011 DIAMOND SPRINGS, CA 95619 | DIRECTOR 0 | 0. | 0. | 0. |
| RAY GRIFFITHS P.O. BOX 1011 DIAMOND SPRINGS, CA 95619 | DIRECTOR 0 | 0. | 0. | 0. |
| PAT DWYER P.O. BOX 1011 DIAMOND SPRINGS, CA 95619 | CHAIRPERSON 0 | 0. | 0. | 0. |
| RICHARD KREK P.O. BOX 1011 DIAMOND SPRINGS, CA 95619 | DIRECTOR 0 | 0. | 0. | 0. |
| ERNIE LORY P.O. BOX 1011 DIAMOND SPRINGS, CA 95619 | DIRECTOR 0 | 0. | 0. | 0. |
| JIM STEWART P.O. BOX 1011 DIAMOND SPRINGS, CA 95619 | PARLIAMENTARIAN 0 | 0. | 0. | 0. |
| DYLAN THOMAS P.O. BOX 1011 DIAMOND SPRINGS, CA 95619 | DIRECTOR 0 | 0. | 0. | 0. |
| STEVE WILLIS P.O. BOX 1011 DIAMOND SPRINGS, CA 95619 | DIRECTOR 0 | 0. | 0. | 0. |
| TOTAL | | \$ 0. | \$ 0. | \$ 0. |

STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES

| | | |
|-----------------------------------|-------|--------------------|
| ACCOUNTING FEES..... | \$ | 1,798. |
| DUMP FEES..... | | 42,914. |
| FEES TO PROJECT COORDINATORS..... | | 6,878. |
| INSURANCE..... | | 4,087. |
| INTERNET ACCESS..... | | 6,838. |
| OTHER CONTRACT SERVICES..... | | 86,045. |
| OTHER EXPENSES..... | | 651. |
| POSTAGE AND SHIPPING..... | | 319. |
| PRINTING AND PUBLICATIONS..... | | 936. |
| PUBLIC EDUCATION..... | | 796. |
| STORAGE..... | | 583. |
| SUPPLIES..... | | 3,707. |
| TAXES AND LICENSES..... | | 20. |
| TELEPHONE..... | | 447. |
| | TOTAL | <u>\$ 156,019.</u> |

STATEMENT 3
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

| | | |
|-----------------------|-------|--------------------|
| DEFERRED REVENUE..... | | 299,680. |
| | TOTAL | <u>\$ 299,680.</u> |

THE ORGANIZATION'S CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 199

THE ORGANIZATION SHOULD REVIEW THEIR CALIFORNIA RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

FORM 8453-EO

THE ORGANIZATION SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO YOU E-FILING THE RETURN.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKS.

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

DO NOT MAIL:

FORM 8453-EO

Date Accepted

TAXABLE YEAR

2013

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

EL DORADO COUNTY FIRE SAFE COUNCIL

Identifying number

04-3631411

Part I Electronic Return Information (whole dollars only)

| | | | |
|---|---|---|----------|
| 1 | Total gross receipts (Form 199, line 4) | 1 | 200,277. |
| 2 | Total gross income (Form 199, line 8) | 2 | 200,277. |
| 3 | Total expenses and disbursements (Form 199, Line 9) | 3 | 156,363. |

Part II Settle Your Account Electronically for Taxable Year 2013

4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here **ORIGINAL SIGNED** **TREASURER**
Signature of Officer Date Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign **ORIGINAL SIGNED** Date Check if also paid preparer Check if self-employed ERO's PTIN P00081292
Firm's name (or yours if self-employed) and address PAT A. TURNER, A P.C. FEIN 943556422
4970 WINDPLAY DR STE. 6 CA ZIP Code 95762
EL DORADO HILLS

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

Paid Preparer Must Sign **ORIGINAL SIGNED** Date Check if self-employed Paid preparer's PTIN
Firm's name (or yours if self-employed) and address _____ FEIN _____
_____ _____ ZIP Code _____

For Privacy Notice, get form FTB 1131 ENG/SP.

FTB 8453-EO 2013