

Form **8879-F****IRS e-file Signature Authorization for Form 1041**

OMB No. 1545-0967

Department of the Treasury
Internal Revenue Service

For calendar year 2017, or fiscal year beginning _____, ending _____

▶ **Don't send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879F for the latest information.****2017**

Name of estate or trust

**THE CORRALITOS CONSERVATION
IRREVOCABLE TRUST**

Employer identification number

77-6181541

Name and title of fiduciary

**GORDON BLACKWELL
TRUSTEE****Part I Tax Return Information (Whole Dollars Only)**

1	Total income (Form 1041, line 9)	1	-6,702
2	Income distribution deduction (Form 1041, line 18)	2	
3	Taxable income (Form 1041, line 22)	3	-53,630
4	Total tax (Form 1041, line 23)	4	
5	Tax due or overpayment (Form 1041, line 27 or 28)	5	

Part II Declaration and Signature Authorization of Fiduciary (Be sure to get a copy of the estate's or trust's return)

Under penalties of perjury, I declare that I am a fiduciary of the above estate or trust and that I have examined a copy of the estate's or trust's 2017 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the estate's or trust's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal.

Fiduciary's PIN: check one box only

☒ I authorize **CONTROLLER SERVICES CO** to enter my PIN **12345** as my signature
ERO firm name Don't enter all zeros
on the estate's or trust's 2017 electronically filed income tax return.

☐ As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter my PIN as my signature on the estate's or trust's 2017 electronically filed income tax return.

Signature of
fiduciary or officer
representing
the fiduciary ▶**COPY****GORDON BLACKWELL**Date ▶ **08/06/18****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

77899167890

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed income tax return for the estate or trust indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation; and Pub. 4164, Modernized e-file (MeF) Guide for Software Developers and Transmitters, Processing Year 2018.

ERO's signature ▶ **CONTROLLER SERVICES CO**Date ▶ **08/06/18****ERO Must Retain This Form — See Instructions****Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879-F** (2017)

Form **1041** U.S. Income Tax Return for Estates and Trusts
 Department of the Treasury—Internal Revenue Service
 Go to www.irs.gov/Form1041 for instructions and the latest information.

2017

OMB No. 1545-0092

A Check all that apply:		For calendar year 2017 or fiscal year beginning _____, and ending _____	
<input type="checkbox"/> Decedent's estate <input checked="" type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Qualified disability trust <input type="checkbox"/> ESBT (S portion only) <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate—Ch. 7 <input type="checkbox"/> Bankruptcy estate—Ch. 11 <input type="checkbox"/> Pooled income fund	Name of estate or trust (If a grantor type trust, see the instructions.) THE CORRALITOS CONSERVATION IRREVOCABLE TRUST		C Employer identification number 77-6181541
	Name and title of fiduciary GORDON BLACKWELL, TRUSTEE		D Date entity created 11/05/1999
	Number, street, and room or suite no. (If a P.O. box, see the instructions.) P.O. BOX 1719		E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions. <input type="checkbox"/> Described in sec. 4947(a)(1). Check here if not a private foundation <input type="checkbox"/> <input type="checkbox"/> Described in sec. 4947(a)(2)
	City or town, state or province, country, and ZIP or foreign postal code FREEDOM CA 95019		
B Number of Schedules K-1 attached (see instructions) 5	F Check applicable boxes:	<input type="checkbox"/> Initial return <input type="checkbox"/> Change in trust's name <input type="checkbox"/> Final return <input type="checkbox"/> Change in fiduciary <input type="checkbox"/> Amended return <input type="checkbox"/> Change in fiduciary's name	<input type="checkbox"/> Net operating loss carryback <input type="checkbox"/> Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election ☐ Trust TIN ☐

Income	1 Interest income	1	
	2a Total ordinary dividends	2a	
	b Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust		
	3 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	- 6,702
	4 Capital gain or (loss). Attach Schedule D (Form 1041)	4	
	5 Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	
	6 Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7 Ordinary gain or (loss). Attach Form 4797	7	
	8 Other income. List type and amount	8	
9 Total income. Combine lines 1, 2a, and 3 through 8	9	- 6,702	
Deductions	10 Interest. Check if Form 4952 is attached <input type="checkbox"/>	10	
	11 Taxes	11	
	12 Fiduciary fees. If a portion is subject to the 2% floor, see instructions	12	
	13 Charitable deduction (from Schedule A, line 7)	13	
	14 Attorney, accountant, and return preparer fees. If a portion is subject to the 2% floor, see instructions	14	
	15a Other deductions not subject to the 2% floor (attach schedule)	15a	
	b Net operating loss deduction. See instructions	15b	46,628
	c Allowable miscellaneous itemized deductions subject to the 2% floor	15c	
	16 Add lines 10 through 15c	16	46,628
	17 Adjusted total income or (loss). Subtract line 16 from line 9	17	- 53,330
	18 Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041)	18	
19 Estate tax deduction including certain generation-skipping taxes (attach computation)	19		
20 Exemption	20	300	
21 Add lines 18 through 20	21	300	
Tax and Payments	22 Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	- 53,630
	23 Total tax (from Schedule G, line 7)	23	0
	24 Payments: a 2017 estimated tax payments and amount applied from 2016 return	24a	
	b Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c Subtract line 24b from line 24a	24c	
	d Tax paid with Form 7004. See instructions	24d	
	e Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	24e	
	Other payments: f Form 2439 ; g Form 4136 ; Total	24h	
	25 Total payments. Add lines 24c through 24e, and 24h	25	
	26 Estimated tax penalty. See instructions	26	
27 Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27		
28 Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28		
29 Amount of line 28 to be: a Credited to 2018 estimated tax ; b Refunded	29		

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.			May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of fiduciary or officer representing fiduciary	Date	EIN of fiduciary if a financial institution	
Paid	Print/Type preparer's name LOUIS R. DEL PRETE	Preparer's signature LOUIS R. DEL PRETE	Date	Check <input type="checkbox"/> if self-employed PTIN P00052041
Preparer Use Only	Firm's name CONTROLLER SERVICES CO	Firm's EIN 77-0263086		
	2425 PORTER STREET SUITE 6			
	SOQUEL, CA 95073		Phone no. 831-462-1808	

Schedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1	
2	Tax-exempt income allocable to charitable contributions. See instructions	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions	6	
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13	7	

Schedule B Income Distribution Deduction

1	Adjusted total income. See instructions	1	
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	3	
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	
7	Distributable net income. Combine lines 1 through 6. If zero or less, enter -0-	7	
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law	8	
9	Income required to be distributed currently	9	
10	Other amounts paid, credited, or otherwise required to be distributed	10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	

Schedule G Tax Computation (see instructions)

1	Tax: a Tax on taxable income. See instructions	1a		
	b Tax on lump-sum distributions. Attach Form 4972	1b		
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c	0	
	d Total. Add lines 1a through 1c	1d		0
2a	Foreign tax credit. Attach Form 1116	2a		
b	General business credit. Attach Form 3800	2b		
c	Credit for prior year minimum tax. Attach Form 8801	2c		
d	Bond credits. Attach Form 8912	2d		
e	Total credits. Add lines 2a through 2d	2e		0
3	Subtract line 2e from line 1d. If zero or less, enter -0-	3		0
4	Net investment income tax from Form 8960, line 21	4		
5	Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611	5		
6	Household employment taxes. Attach Schedule H (Form 1040)	6		
7	Total tax. Add lines 3 through 6. Enter here and on page 1, line 23	7		0

Other Information

	Yes	No
1 Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ► \$		X
2 Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3 At any time during calendar year 2017, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X
4 During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5 Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		X
6 If this is an estate or a complex trust making the section 663(b) election, check here. See instructions		
7 To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions		
8 If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here		
9 Are any present or future trust beneficiaries skip persons? See instructions		X
10 Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the Instructions for Form 8938)?		X

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

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OMB No. 1545-0074

2017

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor THE CORRALITOS CONSERVATION IRREVOCABLE TRUST		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) TIMBER SALES		B Enter code from instructions ▶ 113000
C Business name. If no separate business name, leave blank. CORRALITOS CONSERVATION TRUST		D Employer ID number (EIN) (see instr.) 77-6181541
E Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code		PO BOX 1719 FREEDOM CA 95019
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2017, check here		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶ <input type="checkbox"/>	1	23,238
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	23,238
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	23,238
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	23,238

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18	Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10 Commissions and fees	10		20	Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12 Depletion	12		b	Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	9,672	21	Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23	Taxes and licenses	23	1,647
16 Interest:			24	Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b Other	16b	686	b	Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	1,700	25	Utilities	25	
			26	Wages (less employment credits)	26	
			27a	Other expenses (from line 48)	27a	16,235
			b	Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			28		28	29,940
29 Tentative profit or (loss). Subtract line 28 from line 7			29		29	-6,702
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30		30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31		31	-6,702
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input checked="" type="checkbox"/> All investment is at risk.		
			32b	<input type="checkbox"/> Some investment is not at risk.		

SCHEDULE E
(Form 1040)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2017Attachment
Sequence No.**13**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

**THE CORRALITOS CONSERVATION
IRREVOCABLE TRUST**

Your social security number

77-6181541**Part I****Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.**A** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No
B If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No**1a** Physical address of each property (street, city, state, ZIP code)**A** **807 EUREKA CANYON CORRALITOS CA 95076****B****C**

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A		
B			B		
C			C		

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income: **Properties:** **A** **B** **C****3** Rents received **3** **2,600****4** Royalties received **4****Expenses:****5** Advertising **5****6** Auto and travel (see instructions) **6****7** Cleaning and maintenance **7****8** Commissions **8****9** Insurance **9** **936****10** Legal and other professional fees **10** **450****11** Management fees **11****12** Mortgage interest paid to banks, etc. (see instructions) **12****13** Other interest **13****14** Repairs **14****15** Supplies **15****16** Taxes **16** **549****17** Utilities **17****18** Depreciation expense or depletion **18****19** Other (list) ▶ **SEE STATEMENT 1** **19** **117****20** Total expenses. Add lines 5 through 19 **20** **2,052****21** Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 **21** **548****22** Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) **22** **548****23a** Total of all amounts reported on line 3 for all rental properties **23a** **2,600****b** Total of all amounts reported on line 4 for all royalty properties **23b****c** Total of all amounts reported on line 12 for all properties **23c****d** Total of all amounts reported on line 18 for all properties **23d****e** Total of all amounts reported on line 20 for all properties **23e** **2,052****24** **Income.** Add positive amounts shown on line 21. Do not include any losses **24** **548****25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** **548****26** **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here.
If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 **26** **0**

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2017

DAA