

TAXABLE YEAR

CALIFORNIA FORM

**2017 Depreciation and Amortization****3885F**

Attach to Form 541, Form 109, or Form 199.

Name as shown on tax return **THE CORRALITOS CONSERVATION  
IRREVOCABLE TRUST** FEIN **77-6181541**

Business or activity to which form FTB 3885F relates **TIMBER SALES**

Tangible and intangible assets placed in service during the 2017 taxable year:			Depreciation			Amortization		
(a) Description of property	(b) Date placed in service (mm/dd/yyyy)	(c) Cost or other basis	(d) Method of figuring depreciation	(e) Life or rate	(f) Depreciation for this year	(g) Code section	(h) Period or percentage	(i) Amortization for this year
<b>1 LOAN COSTS</b>	<b>04/05/2017</b>	<b>4,434</b>	<b>S/L</b>	<b>10.00</b>	<b>333</b>			
Add line 1 column (f) and column (i) amounts. See instructions					<b>1 333</b>			

**Depreciation**

- 2 California depreciation for assets placed in service beginning before the 2017 taxable year. **2 11,104**  
Be sure to make adjustments for any basis differences.
- 3 Total California depreciation. Add line 1(f) and line 2 **3 11,437**

**Amortization**

- 4 California amortization for intangibles placed in service beginning before the 2017 taxable year **4**  
Be sure to make adjustments for any basis differences.
- 5 Total California amortization. Add line 1(i) and line 4 **5**
- 6 Total depreciation and amortization. Add line 3 and line 5. See instructions **6 11,437**

BENEFICIARY 1

NO TAXABLE INCOME

TAXABLE YEAR

# Beneficiary's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE

2017

K-1 (541)

For calendar year 2017 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Fiduciaries: Complete a **separate** Schedule K-1 (541) for each beneficiary.

Beneficiaries: Refer to the instructions for Schedule K-1 (541).

Name of estate or trust **THE CORRALITOS CONSERVATION  
IRREVOCABLE TRUST**

Beneficiary's SSN/ITIN, California corporation no., California SOS file no., or FEIN

617-20-9450

Beneficiary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code

**GARY BLACKWELL**  
**807 EUREKA CANYON ROAD**  
**CORRALITOS CA 95076**

Estate's or trust's FEIN **77-6181541**

Fiduciary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code. If there is more than one fiduciary or trustee, list all of the fiduciaries or trustees' names, addresses, and indicate if fiduciary is a nonresident. If more space is needed, add an attachment. Include the estate's or trust's FEIN at the top of each separate attachment.

**GORDON BLACKWELL**  
**TRUSTEE**  
**P.O. BOX 1719**  
**FREEDOM CA 95019**

- A** Beneficiary's percentage of distribution at year end ● 20.000 %
- B** Check here if this is: ● (1) ☐ A final Schedule K-1 (541) (2) ☐ An amended Schedule K-1 (541)
- C** What type of entity is this beneficiary? ● (1) ☒ Individual (2) ☐ Estate/Trust (3) ☐ Qualified Exempt Organization (4) ☐ Other
- D** Is this beneficiary a resident of California? ● ☒ Yes ☐ No
- E** Is the fiduciary a resident of California? ● ☒ Yes ☐ No

	(a) Allocable share item	(b) Amount from federal Schedule K-1 (Form 1041)	(c) California Adjustments	(d) Total amounts using California law Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Interest			●	●
	2 Dividends			●	●
	3 Net capital gain or (loss)			●	●
	5 Other portfolio and nonbusiness income			●	●
	6 Ordinary business income			●	●
	7 Net rental real estate income				
	8 Other rental income				
Directly apportioned deduction	9 a Depreciation				
	b Depletion				
	c Amortization				
Final year deduction	11 a Excess deduction on termination (Attach computation)				
	b Capital loss carryover				
	c Net operating loss (NOL) carryover for regular tax purposes				
	d NOL carryover for alternative minimum tax purposes				
Alternative minimum tax adjustment	12 a Adjustment for alternative minimum tax purposes				
	b Accelerated depreciation				
	c Depletion				
	d Amortization				
	e Exclusion items				
Credits	13 a Trust payments of estimated tax credited to beneficiary				
	b Total withholding (equals amount on Form 592-B, if calendar year)				
	c Taxes paid to other states. Attach Schedule S				
	d Other credits. Att. sch.				
Other Information	14 a Tax-exempt interest				
	b Net investment income				
	c Gross farm and fishing income				
	d Other info.				

BENEFICIARY 2

NO TAXABLE INCOME

TAXABLE YEAR

# Beneficiary's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE

2017

K-1 (541)

For calendar year 2017 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Fiduciaries: Complete a separate Schedule K-1 (541) for each beneficiary.

Beneficiaries: Refer to the instructions for Schedule K-1 (541).

Name of estate or trust **THE CORRALITOS CONSERVATION  
IRREVOCABLE TRUST**

Beneficiary's SSN/ITIN, California corporation no., California SOS file no., or FEIN

553-73-3305

Beneficiary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code

ROBERT BLACKWELL  
807 EUREKA CANYON ROAD  
CORRALITOS CA 95076

Estate's or trust's FEIN **77-6181541**

Fiduciary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code. If there is more than one fiduciary or trustee, list all of the fiduciaries or trustees' names, addresses, and indicate if fiduciary is a nonresident. If more space is needed, add an attachment. Include the estate's or trust's FEIN at the top of each separate attachment.

GORDON BLACKWELL  
TRUSTEE  
P.O. BOX 1719  
FREEDOM CA 95019

- A Beneficiary's percentage of distribution at year end **20.000 %**
- B Check here if this is: ☒ (1) A final Schedule K-1 (541) ☐ (2) An amended Schedule K-1 (541)
- C What type of entity is this beneficiary? ☒ (1) Individual ☐ (2) Estate/Trust ☐ (3) Qualified Exempt Organization ☐ (4) Other
- D Is this beneficiary a resident of California? ☒ Yes ☐ No
- E Is the fiduciary a resident of California? ☒ Yes ☐ No

	(a) Allocable share item	(b) Amount from federal Schedule K-1 (Form 1041)	(c) California Adjustments	(d) Total amounts using California law Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Interest			●	●
	2 Dividends			●	●
	3 Net capital gain or (loss)			●	●
	5 Other portfolio and nonbusiness income			●	●
	6 Ordinary business income			●	●
	7 Net rental real estate income				
	8 Other rental income				
Directly apportioned deduction	9 a Depreciation				
	b Depletion				
	c Amortization				
Final year deduction	11 a Excess deduction on termination (Attach computation)				
	b Capital loss carryover				
	c Net operating loss (NOL) carryover for regular tax purposes				
	d NOL carryover for alternative minimum tax purposes				
Alternative minimum tax adjustment	12 a Adjustment for alternative minimum tax purposes				
	b Accelerated depreciation				
	c Depletion				
	d Amortization				
	e Exclusion items				
Credits	13 a Trust payments of estimated tax credited to beneficiary				
	b Total withholding (equals amount on Form 592-B, if calendar year)				
	c Taxes paid to other states. Attach Schedule S				
	d Other credits. Att. sch.				
Other Information	14 a Tax-exempt interest				
	b Net investment income				
	c Gross farm and fishing income				
	d Other info.				

BENEFICIARY 3

NO TAXABLE INCOME

TAXABLE YEAR

# Beneficiary's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE

2017

K-1 (541)

For calendar year 2017 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Fiduciaries: Complete a **separate** Schedule K-1 (541) for each beneficiary.

Beneficiaries: Refer to the instructions for Schedule K-1 (541).

Name of estate or trust **THE CORRALITOS CONSERVATION  
IRREVOCABLE TRUST**Beneficiary's SSN/ITIN, California corporation no., California SOS file no., or FEIN  
**626-44-3001**

Beneficiary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code

**NICHOLAS BLACKWELL**  
**807 EUREKA CANYON ROAD**  
**CORRALITOS CA 95076**

Estate's or trust's FEIN **77-6181541**

Fiduciary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code. If there is more than one fiduciary or trustee, list all of the fiduciaries or trustees' names, addresses, and indicate if fiduciary is a nonresident. If more space is needed, add an attachment. Include the estate's or trust's FEIN at the top of each separate attachment.

**GORDON BLACKWELL**  
**TRUSTEE**  
**P.O. BOX 1719**  
**FREEDOM CA 95019**

- A** Beneficiary's percentage of distribution at year end **20.000 %**
- B** Check here if this is: ☒ (1) A final Schedule K-1 (541) ☐ (2) An amended Schedule K-1 (541)
- C** What type of entity is this beneficiary? ☒ (1) Individual ☐ (2) Estate/Trust ☐ (3) Qualified Exempt Organization ☐ (4) Other
- D** Is this beneficiary a resident of California? ☒ Yes ☐ No
- E** Is the fiduciary a resident of California? ☒ Yes ☐ No

	(a) Allocable share item	(b) Amount from federal Schedule K-1 (Form 1041)	(c) California Adjustments	(d) Total amounts using California law Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Interest			●	●
	2 Dividends			●	●
	3 Net capital gain or (loss)			●	●
	5 Other portfolio and nonbusiness income			●	●
	6 Ordinary business income			●	●
	7 Net rental real estate income				
	8 Other rental income				
Directly apportioned deduction	9 a Depreciation				
	b Depletion				
	c Amortization				
Final year deduction	11 a Excess deduction on termination (Attach computation)				
	b Capital loss carryover				
	c Net operating loss (NOL) carryover for regular tax purposes				
	d NOL carryover for alternative minimum tax purposes				
Alternative minimum tax adjustment	12 a Adjustment for alternative minimum tax purposes				
	b Accelerated depreciation				
	c Depletion				
	d Amortization				
	e Exclusion items				
Credits	13 a Trust payments of estimated tax credited to beneficiary				
	b Total withholding (equals amount on Form 592-B, if calendar year)				
	c Taxes paid to other states. Attach Schedule S				
	d Other credits. Att. sch.				
Other Information	14 a Tax-exempt interest				
	b Net investment income				
	c Gross farm and fishing income				
	d Other info.				

BENEFICIARY 4

NO TAXABLE INCOME

TAXABLE YEAR

# Beneficiary's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE

2017

K-1 (541)

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Fiduciaries: Complete a **separate** Schedule K-1 (541) for each beneficiary.

Beneficiaries: Refer to the instructions for Schedule K-1 (541).

Name of estate or trust **THE CORRALITOS CONSERVATION  
IRREVOCABLE TRUST**

Beneficiary's SSN/ITIN, California corporation no., California SOS file no., or FEIN

626-44-1992

Beneficiary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code

**JONATHAN BLACKWELL**  
**807 EUREKA CANYON ROAD**  
**CORRALITOS CA 95076**

Estate's or trust's FEIN **77-6181541**

Fiduciary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code. If there is more than one fiduciary or trustee, list all of the fiduciaries or trustees' names, addresses, and indicate if fiduciary is a nonresident. If more space is needed, add an attachment. Include the estate's or trust's FEIN at the top of each separate attachment.

**GORDON BLACKWELL**  
**TRUSTEE**  
**P.O. BOX 1719**  
**FREEDOM CA 95019**

- A Beneficiary's percentage of distribution at year end **20.000 %**
- B Check here if this is: ☒ (1) A final Schedule K-1 (541) ☐ (2) An amended Schedule K-1 (541)
- C What type of entity is this beneficiary? ☒ (1) Individual ☐ (2) Estate/Trust ☐ (3) Qualified Exempt Organization ☐ (4) Other
- D Is this beneficiary a resident of California? ☒ Yes ☐ No
- E Is the fiduciary a resident of California? ☒ Yes ☐ No

	(a) Allocable share item	(b) Amount from federal Schedule K-1 (Form 1041)	(c) California Adjustments	(d) Total amounts using California law Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Interest			●	●
	2 Dividends			●	●
	3 Net capital gain or (loss)			●	●
	5 Other portfolio and nonbusiness income			●	●
	6 Ordinary business income			●	●
	7 Net rental real estate income				
	8 Other rental income				
Directly apportioned deduction	9 a Depreciation				
	b Depletion				
	c Amortization				
Final year deduction	11 a Excess deduction on termination (Attach computation)				
	b Capital loss carryover				
	c Net operating loss (NOL) carryover for regular tax purposes				
	d NOL carryover for alternative minimum tax purposes				
Alternative minimum tax adjustment	12 a Adjustment for alternative minimum tax purposes				
	b Accelerated depreciation				
	c Depletion				
	d Amortization				
	e Exclusion items				
Credits	13 a Trust payments of estimated tax credited to beneficiary				
	b Total withholding (equals amount on Form 592-B, if calendar year)				
	c Taxes paid to other states. Attach Schedule S				
	d Other credits. Att. sch.				
Other Information	14 a Tax-exempt interest				
	b Net investment income				
	c Gross farm and fishing income				
	d Other info.				