

**TIMBER SALES****Schedule C, Page 1, Line 16b - Other Interest**

<u>Description</u>	<u>Amount</u>
TEDROW REALTY	\$ 686
TOTAL	\$ 686

034

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

FORM

**2017****California e-file Signature Authorization for Fiduciaries****8879-FID**Name of estate or trust **THE CORRALITOS CONSERVATION  
IRREVOCABLE TRUST**FEIN  
**77-6181541**Name and title of fiduciary **GORDON BLACKWELL  
TRUSTEE****Part I Tax Return Information** (whole dollars only)

<b>1</b>	Total income (Form 541, line 9)	<b>1</b>	<b>- 8,467</b>
<b>2</b>	Taxable income (Form 541, line 20a)	<b>2</b>	<b>- 31,384</b>
<b>3</b>	Total tax (Form 541, line 28)	<b>3</b>	
<b>4</b>	Tax due (Form 541, line 37)	<b>4</b>	
<b>5</b>	Overpaid tax (Form 541, line 38)	<b>5</b>	

**Part II Declaration and Signature Authorization of Fiduciary** (Be sure you obtain and keep a copy of the fiduciary's return.)

Under penalties of perjury, I declare that I am a fiduciary or officer representing the fiduciary of the above estate or trust and I have examined a copy of the estate or trust return and accompanying schedules and statements for the 2017 tax year and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including the name, address and FEIN of the fiduciary) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of the electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 4 and/or the estimated tax payments as shown on the fiduciary's return and on form FTB 8455-FID, California e-file Payment Record for Fiduciaries, or a comparable form. I authorize my ERO, transmitter, or intermediate service provider to transmit the complete return to the Franchise Tax Board (FTB). **If the processing of the return is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of the fiduciary's tax liability, the fiduciary remains liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of the electronic income tax return. I have selected a personal identification number (PIN) as my signature for the electronic income tax return and, if applicable, the Electronic Funds Withdrawal Consent.

**Fiduciary's PIN: check one box only**

☒ I authorize **CONTROLLER SERVICES CO** to enter the fiduciary's PIN **12345**  
ERO firm name Do not enter all zeros  
 as my signature on my 2017 e-filed California fiduciary income tax return.

☐ As a fiduciary or officer representing the fiduciary, I will enter my PIN as my signature on my 2017 e-filed California fiduciary income tax return. Check this box **only** if you are entering your own PIN and the fiduciary's return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► **GORDON BLACKWELL** Date ► **08/06/18**

Practitioner PIN Method Returns Only -- continue below

**Part III Certification and Authentication — Practitioner PIN Method Only**

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

**77899167890**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2017 California fiduciary income tax return for the estate or trust indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers.

ERO's signature ► **CONTROLLER SERVICES CO** Date ► **08/06/18**

TAXABLE YEAR

FORM

**2017****California Fiduciary Income Tax Return****541**

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

• Type of entity. Check all that apply.		Name of estate or trust		FEIN		<b>A</b>  <b>R</b>  <b>RP</b>
(1)	<input type="checkbox"/> Decedent's estate	<b>THE CORRALITOS CONSERVATION</b>		<b>77-6181541</b>		
(2)	<input checked="" type="checkbox"/> Simple trust	<b>IRREVOCABLE TRUST</b>				
(3)	<input type="checkbox"/> Complex trust					
(4)	<input type="checkbox"/> Grantor trust	Name and title of all fiduciaries, see instructions		PBA code		
(5)	<input type="checkbox"/> Bankruptcy estate - Chapter 7	<b>GORDON BLACKWELL</b>		<b>113000</b>		
(6)	<input type="checkbox"/> Bankruptcy estate - Chapter 11	<b>TRUSTEE</b>				
(7)	<input type="checkbox"/> Pooled income fund	Additional information (see instructions)		State		ZIP code
(8)	<input type="checkbox"/> ESBT	Street address (number and street) or PO box		CA		<b>95019</b>
(9)	<input type="checkbox"/> QSST	<b>P.O. BOX 1719</b>				
(10)	<input type="checkbox"/> Apportioning Trust	City (If you have a foreign address, see page 7)		Foreign province/state/country		Foreign postal code
		<b>FREEDOM</b>				
		Foreign country name				
		Check		<input type="checkbox"/> Initial tax return <input type="checkbox"/> Final tax return <input type="checkbox"/> REMIC <input type="checkbox"/> Amended tax return <input type="checkbox"/> Change in fiduciary's name or address		

Trusts that have nonresident trustees and/or nonresident beneficiaries must first complete Schedule G on Side 3.

Income	1	Interest income	1	00
	2	Dividends	2	00
	3	Business income or (loss). Attach federal Schedule C or C-EZ (Form 1040)	3	-8,467 00
	4	Capital gain or (loss). Attach Schedule D (541)	4	00
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach federal Schedule E (Form 1040)	5	00
	6	Farm income or (loss). Attach federal Schedule F (Form 1040)	6	00
	7	Ordinary gain or (loss). Attach Schedule D-1	7	00
	8	Other income. See instructions. State nature of income	8	00
	9	<b>Total income.</b> Add line 1 through line 8. (Apportioning fiduciaries: Complete Schedule G on Side 3)	9	-8,467 00
Deductions	10	Interest	10	00
	11	Taxes	11	00
	12	Fiduciary fees	12	00
	13	Charitable deduction. Enter the amount from Side 2, Schedule A, line 5	13	00
	14	Attorney, accountant, and tax return preparer fees	14	00
	15a	Other deductions not subject to 2% floor. Attach Schedule	15a	22,917 00
	15b	Allowable misc. itemized deductions subject to 2% floor	15b	00
	15c	<b>Total.</b> Add line 15a and line 15b	15c	22,917 00
	16	<b>Total.</b> Add line 10 through line 14 and line 15c. (Apportioning fiduciaries: Complete Schedule G on Side 3)	16	22,917 00
	17	Adjusted total income (or loss). Subtract line 16 from line 9. Enter here and on Side 3, Schedule B, line 1	17	-31,384 00
Tax and Payments	18	Income distribution deduction from Side 3, Schedule B, line 15. Attach Schedule K-1 (541)	18	00
	20a	<b>a Taxable income of fiduciary.</b> Subtract line 18 from line 17	20a	-31,384 00
	20b	<b>b ESBT taxable income (S-portion only)</b> See instructions	20b	00
	21a	<b>a Regular tax</b> ; <b>b Other taxes</b> ;	21	00
	21c	<b>c QSF tax</b> ; <b>d Total</b>	21	00
	22	Exemption credit. See instructions	22	00
	23	Credits. Attach worksheet. Enter code and amount	23	00
	24	<b>Total.</b> Add line 22 and line 23	24	00
	25	Subtract line 24 from line 21. If less than zero, enter -0-	25	0 00
	26	Alternative minimum tax. Attach Schedule P (541)	26	00
27	Mental Health Services Tax. See instructions	27	00	
28	<b>Total tax.</b> Add line 25, line 26, and line 27	28	00	
29	California income tax withheld. See instructions	29	00	
30	California income tax previously paid. See instructions	30	00	
31	Withholding Form 592-B and/or 593. See instructions	31	00	
32	2017 CA estimated tax, amount applied from 2016 tax return, and payment with form FTB 3563	32	0 00	
33	<b>Total payments.</b> Add line 29, line 30, line 31, and line 32	33	00	
34	Use tax. See instructions	34	00	

## THE CORRALITOS CONSERVATION

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Tax and Payments	35	Payments balance. If line 33 is more than line 34, subtract line 34 from line 33	35	00
	36	Use tax balance. If line 34 is more than line 33, subtract line 33 from line 34	36	00
	37	Tax Due. If line 28 is more than line 35, subtract line 35 from line 28	37	00
	38	Overpaid tax. If line 35 is more than line 28, subtract line 28 from line 35	38	00
	39	Amount on line 38 to be credited to 2018 estimated tax	39	00
	40	Amount of overpaid tax available this year. Subtract line 39 from line 38	40	00
	41	Total voluntary contributions from Side 4, line 61	41	00
	42	Refund or no amount due. See instructions	42	00
	43	Amount due. See instr.	43	00
	44	Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached. See instructions	44	00

**Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund. See instructions.**

1	a	Amounts paid for charitable purposes from gross income	1a	00
	b	Amounts permanently set aside for charitable purposes from gross income. See instructions	1b	00
	c	Total. Add line 1a and line 1b	1c	00
2		Tax-exempt income allocable to charitable contributions. See instructions	2	00
3		Subtract line 2 from line 1c	3	00
4		Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	00
5		<b>Charitable deduction.</b> Add line 3 and line 4. Enter here and on Side 1, line 13	5	00

**Other Information.**

1	Date trust was created or, if an estate, date of decedent's death:	
a	(mm/dd/yyyy) <u>11/05/1999</u>	
b	Name of Grantor(s) of Trust <u>GORDON BLACKWELL</u>	
	(attach an additional sheet if necessary)	
2	a	If an estate, was decedent a California resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b	Was decedent married at date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No
	c	If "Yes," enter surviving spouse's/RDP's social security number (or ITIN) and name: _____
3	If an estate, enter fair market value (FMV) of:	
	a	Decedent's assets at date of death <u>3a</u>
	b	Assets located in California <u>3b</u>
	c	Assets located outside California <u>3c</u>
	<b>Note:</b> Income of final year is taxable to beneficiaries.	
4	If this is the final tax return of an estate, enter date of court order, if applicable, authorizing the final distribution <u>4</u>	
5	Did the estate or trust receive tax-exempt income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," attach computation of the allocation of expenses.	
6	Is this tax return for a short taxable year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7	Has the estate or trust included a Reportable Transaction, or Listed Transaction within this tax return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," complete and attach federal Form 8886.	
8	Does this trust have a beneficial interest in a trust or is it a grantor of another trust? Attach schedule of trusts and federal IDs. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9	During the year did the estate or trust defer any income from the disposition of assets? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Sign Here	Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of trustee or officer representing fiduciary <b>X</b>		Date
Paid Preparer's Use Only	Preparer's signature <b>X LOUIS R. DEL PRETE</b>	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address. <b>CONTROLLER SERVICES CO</b>		PTIN <b>P00052041</b>
	<b>2425 PORTER STREET SUITE 6</b>		FEIN <b>77-0263086</b>
	<b>SOQUEL, CA 95073</b>		Telephone <b>831-462-1808</b>
May the FTB discuss this tax return with the preparer shown above (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## THE CORRALITOS CONSERVATION

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**Schedule B Income Distribution Deduction.**

1	Adjusted total income. Enter amount from Side 1, line 17	1		00
2	Adjusted tax-exempt interest and nontaxable gain from installment sale of small business stock. See instructions	2		00
3	Net gain shown on Schedule D (541), line 9, column (a). If net loss, enter -0-. See instructions	3		00
4	Enter amount from Schedule A, line 4	4		00
5	Enter capital gain included on Schedule A, line 1c	5		00
6	If the amount on Side 1, line 4 is a gain, enter the amount here as a negative number. If the amount on Side 1, line 4 is a loss, enter the loss as a positive number	6		00
7	Distributable net income. Combine line 1 through line 6	7		00
8	Income for the taxable year determined under the governing instrument (accounting income)	8	00	
9	Income required to be distributed currently (IRC Section 651)	9		00
10	Other amounts paid, credited, or otherwise required to be distributed (IRC Section 661)	10		00
11	Total distributions. Add line 9 and line 10. If the result is greater than line 8, see federal Form 1041, Schedule B, line 11 instructions to see if you must complete Schedule J (541)	11		00
12	Enter the total amount of tax-exempt income included on line 11	12		00
13	Tentative income distribution deduction. Subtract line 12 from line 11	13		00
14	Tentative income distribution deduction. Subtract line 2 from line 7	14		00
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on Side 1, line 18	15		00

**Schedule G California Source Income and Deduction Apportionment.** Complete line 1a through line 1f before Part II.**Part I:** If a trust, enter the number of:

1 a	California resident trustees	1
b	Nonresident trustees	
c	Total number of trustees (line a plus line b)	1
d	California resident beneficiaries	5
e	Nonresident beneficiaries	0
f	Total number of beneficiaries (line d plus line e)	5

**Part II: Income Allocation.** Complete column A through column F. Enter the amounts from lines 1-9, column F, on Form 541, Side 1, lines 1-9.

Type of Income	(A) California Source Income	(B) Non-California Source Income	(C) Apportioned Income # CA Trustees X B # Total Trustees	(D) Remaining Non-California Source Income Col. B - Col. C	(E) Apportioned Income # CA Beneficiaries X D # Total Beneficiaries	(F) Income Reportable to California (Col. A+C+E)
1 Interest						
2 Dividends						
3 Business income						
4 Capital gain						
5 Rents, royalties, etc.						
6 Farm income						
7 Ordinary gain						
8 Other income						
9 Total income						

**Deduction Allocation.** Complete column G and column H. Enter the amounts from lines 10-15b, Column H, on Form 541, Side 1, lines 10-15b.

Type of Deduction	(G) Total Deductions	(H) Amounts Allocable To California
10 Interest		
11 Taxes		
12 Fiduciary fees		
13 Charitable deduction		
14 Attorney, accountant, and tax return preparer fees		
15 a Other deduction not subject to 2% floor		
b Allowable misc. itemized deductions subject to 2% floor		
16 Total deductions		

**THE CORRALITOS CONSERVATION**  
**77-6181541**

**Voluntary Contributions**

	<u>Code</u>	<u>Amount</u>
Alzheimer's Disease/Related Disorders Fund .....	● 401	00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program .....	● 403	00
California Breast Cancer Research Voluntary Tax Contribution Fund .....	● 405	00
California Firefighters' Memorial Fund .....	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund .....	● 407	00
California Peace Officer Memorial Foundation Fund .....	● 408	00
California Sea Otter Fund .....	● 410	00
California Cancer Research Voluntary Tax Contribution Fund .....	● 413	00
School Supplies for Homeless Children Fund .....	● 422	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund .....	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund .....	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse .....	● 430	00
Prevention of Animal Homelessness and Cruelty Fund .....	● 431	00
Revive the Salton Sea Fund .....	● 432	00
California Domestic Violence Victims Fund .....	● 433	00
Special Olympics Fund .....	● 434	00
Type 1 Diabetes Research Fund .....	● 435	00
California YMCA Youth and Governmental Voluntary Tax Contribution Fund .....	● 436	00
Habitat for Humanity Voluntary Tax Contribution Fund .....	● 437	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund .....	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund .....	● 439	00
Rape Backlog Kit Voluntary Tax Contribution Fund .....	● 440	00
<b>61 Total voluntary contributions.</b> Add codes 401 through 440. Enter the total here and on Side 2, line 41 ..	● 61	00

TAXABLE YEAR

CALIFORNIA SCHEDULE

**2017 Capital Gain or Loss****D (541)**

Attach to Form 541 or Form 109.

Name as shown on the tax return

**THE CORRALITOS CONSERVATION  
IRREVOCABLE TRUST**

FEIN

**77-6181541****Part I Capital Gain and Loss**

1 (a) Description of property: Exam- ple, 100 shares 7% preferred of "Z" Co.	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Cost or other basis, as adjusted, plus expense of sale	(f) Gain (or loss) column (d) less column (e)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 2 Capital gain from installment sales from form FTB 3805E, line 26 or line 37 ☐ 2 \_\_\_\_\_
- 3 Enter your share of net gain or (loss) from partnerships, S corporations, limited liability companies (LLCs), and other fiduciaries ☐ 3 \_\_\_\_\_
- 4 Capital gain distributions. See instructions ☐ 4 \_\_\_\_\_
- 5 Net gain or (loss). Combine line 1, column (f), line 2, line 3, and line 4. ☐ 5 \_\_\_\_\_
- 6 Enter gain, if applicable, from California Schedule D-1. ☐ 6 \_\_\_\_\_
- 7 Capital loss carryover from 2016. There is no capital loss carryover from a decedent to an estate. ☐ 7 \_\_\_\_\_
- 8 Net gain or (loss). Combine line 5, line 6, and line 7. ☐ 8 \_\_\_\_\_

**Part II Summary of Part I**

9 Enter the net gain or (loss) from line 8, above. If line 9, column (c), is a net gain, enter the gain on Form 541, line 4 or Form 109, Side 2, Part I, line 4a. If line 9, column (c), is a net loss, complete Part III. See instructions	(a) Beneficiaries	(b) Fiduciary	(c) Total
9 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part III Computation of Capital Loss Limitation**

- 10 Enter here and enter as a loss on Form 541, line 4 or Form 109, Side 2, Part I, line 4c the smaller of:  
The net loss on line 9, column (c) or \$3,000 ☐ 10 \_\_\_\_\_