Acknowledgement and General Information for 2019 **Entities That File Returns Electronically** Name(s) as shown on return Employer Identification Number BLUE SKY SUSTAINABLE LIVING CENTER **-***9650 Entity address PO BOX 271 New Cuyama, CA 93254 Thank you for participating in IRS e-file. 1. x 2019 990 income tax return for Federal was filed electronically. The electronic filing services were provided by BRYZEK CPA 2. **x** income tax return was accepted on 11-10-2020 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 94549220203155sgwluu PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

990

(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2019 calendar y	ear, or tax year begin	ning		, 2019 , a	and endir	ng		, 20
В	Check if a	pplicable:	C Name of organizationBL	UE SKY SUSTAIN	ABLE LIVING	CENTER			D Empl	oyer identification number
	Address cl	hange	Doing business as							46-1239650
	Name cha	ange	Number and street (or P.	O. box if mail is not delivered	to street address)		Room/suit	e	E Telep	hone number
	Initial retur	rn	PO BOX 271							(661)413-3005
	Final return	n/terminated	City or town, state or prov		G Gros	s receipts				
	Amended	return	New Cuyama, CA	•	9				\$	612,918
	Application		F Name and address of prin					H(a) Is this a		for subordinates? Yes X No
	, .ppoao.	ponung	. Hame and address of pin	ioipai oillooii				• •		es included? Yes No
	Tax-exem	pt status: X 501	(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or 5	27				st. (see instructions)
.	Website:		KYCENTER.ORG) 4 (insertine.)	+3+7 (a)(1) 01 3.	21				n number
ĸ		[_]		ociation Other ►	1	Year of formati				gal domicile: CA
	art I	Summary	poration rrust Ass	ociation Other P		Teal of formati	1011. 201	Z W	State of let	gai dofficile. CA
		•	the organization's missi	ion or most significant	activities. BIIIE	CEV CEN	די סים דינ	2 % DIID	AT. D	T ACE_BACED
					-					WITHIN THE CUYAMA
Se		-								ONOMIC RESOURCES.
nan		ANDEL DI P	SUPPORTING ENTR	EFRENEURS AND	BOILDING OOK	REGIONA	II CREA	JIIVE A	ND EC	ONOMIC REBOURCES.
Governance	2	Check this hov	if the organization	discontinued its opera	ations or disposed o	f more than	25% of its	e not acco	te	
တိ			g members of the gove	•	•				1	٥
∞			pendent voting members							9
ties			individuals employed in							
Activities &			' '	, (, ,					12
Ą			volunteers (estimate if a ousiness revenue from	• /						595
				. , , ,						0
	В	ivet unrelated bu	usiness taxable income	nom Form 990-1, line	39		· · · · ·		. 7b	0
		Contributions	d aronto (Dort \/III line	1h)				Prior Year		Current Year
Revenue			d grants (Part VIII, line						5,552	108,289
		ŭ	e revenue (Part VIII, line	0,				74	1,337	86,007
			me (Part VIII, column (A	,, , , , , , , , , , , , , , , , , , , ,					498	224,089
œ			Part VIII, column (A), lin						3,933	6,853
			add lines 8 through 11 (490	,320	425,238
			ar amounts paid (Part I	, ,	•					0
		•	or for members (Part I)	. , , ,						0
S	15		ompensation, employee					131	L,085	154,783
Expenses	16a		draising fees (Part IX, o							0
×	b		expenses (Part IX, col							
Ш	1	•	(Part IX, column (A), lir	, ,			·		5,242	319,391
		•	Add lines 13-17 (must	•	· /·		•		5,327	474,174
		Revenue less ex	penses. Subtract line	18 from line 12			•		3,993	(48,936)
sor								ning of Curr		End of Year
sset	20	•	rt X, line 16)					1,479	,415	1,430,479
Net Assets or	21	Total liabilities (F	, ,							0
$\overline{}$			nd balances. Subtract	line 21 from line 20 .			•	1,479	,415	1,430,479
	art II	Signature declare	that I have examined this retu	rn including accompanying a	abadulas and statements	and to the heat	of my know	lodge and he	liof it in	
			tion of preparer (other than offi				. Of filly KillOW	neage and be	ilei, it is	
		.								
Sig	n	CECILIA Signature of o							Da	to
									De	
He	re		A LOPEZ, TREASU	RER						
		,	name and title	Dramarada aice - torr		Data				DTIN
-	: al	Print/Type prepare		Preparer's signature		Date		Check	X if	PTIN
Pa		IAN BRYZE				11-10-20		self-em	ployed	P01623151
	eparer		BRYZEK C					rm's EIN 🕨		
US	e Only	Firm's address ▶		TRO VALLEY BLV			Pł	hone no.		
				alley CA 94546					510-	538-6014
May	the IRS	S discuss this retu	im with the preparer sh	own above? (see instr	uctions)					Yes X No

ra	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	BLUE SKY CENTER IS A RURAL, PLACE-BACED NONPROFIT ORGANIZATION WITH THE MISSION TO STRENGTHEN OUR
	RURAL COMMUNITIES WITHIN THE CUYAMA VALLEY BY SUPPORTING ENTREPRENEURS AND BUILDING OUR REGIONAL
	CREATIVE AND ECONOMIC RESOURCES.
	CREATIVE AND ECONOMIC RESOURCES:
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 66,510 including grants of \$) (Revenue \$ 54,227)
	TOURISM EVENTS AND HOSPITALITY - "EXPLORE CUYAMA" IN 2019 EXPLORE CUYAMA HOSPITALITY INITIATIVE
	HOSTED 1,071 VISITORS TO THE CUYAMA VALLEY. THE FEES WE COLLECT AND MONEY THEY SPEND IN THE
	VALLEY HELP TO INVIGORATE THE LOCAL ECONOMY, EMPLOY LOCAL RESIDENTS, AND SUPPORT OUR NON-PROFIT
	PROGRAMMING. OUR INDUSTRIAL SPACE CONTINUES TO BE USED TO HOST LOCAL CREATIVE SMALL BUSINESSES
	THAT HIRE LOCALLY AND RECEIVE ONE-ON-ONE TECHNICAL ASSISTANCE TO MAINTAIN OR EXPAND THEIR
	BUSINESS.
4b	(Code:) (Expenses \$53,968 including grants of \$75,050) (Revenue \$)
	TOURISM & HOSPITALITY - "MADE IN CUYAMA" THE MADE IN CUYAMA PROJECT FOCUSES ON IDENTIFYING LOCAL
	ENTREPRENEURS AND BUSINESSES AND HELPING THEM REACH THEIR FULL POTENTIAL WITHIN OUR RURAL
	COMMUNITIES IN THE CUYAMA VALLEY. WE ACTIVELY SUPPORT THE DEVELOPMENT OF SOCIAL VENTURES THAT
	LEAD TO HIRING LOCALLY, PROVIDE JOB TRAINING, AND ADVANCE SOCIAL AND ENVIRONMENTAL COMMUNITY
	INITIATIVES AS PARTNERS AND COLLABORATORS. OUR TEAM ASSISTS WITH BUSINESS PLANNING, MARKETING,
	CONNECTION TO FINANCING, COMMERCIAL SPACE, AND MANAGES A SHARED-USE KITCHEN: THE CUYAMA KITCHE/LA
	COCINA CUYAMA.
4c	(Code:) (Expenses \$40,831 including grants of \$2,500) (Revenue \$4,075)
	CREATIVE COMMUNITY ENGAGEMENT WE HOSTED TWO INTERDISCIPLINARY ACADEMIC PARTNERSHIPS WITH HIGHER
	EDUCATION INSTITUTIONS - DOMINICAN UNIVERSITY AND IOWA STATE UNIVERSITY. OUR DESERT FELLOWSHIP
	ARTIST-IN-RESIDENCE PROGRAM HOSTED THREE CREATIVE PROFESSIONALS IN 2019. OVER THE COURSE OF THREE
	WEEKS, DESERT FELLOWS LIVE AND WORK ONSITE TO DEVELOP AN INDEPENDENT CREATIVE PROJECT THAT
	THOUGHTFULLY ENGAGES LOCAL RESIDENTS. THIS WORK IS STIE-RESPONSIVE, WITH AN ON-SITE PROPOSAL
	<u> </u>
	PROCESS GUIDED BY OUR STAFF AND INFORMED BY THE FELLOW'S EXPERIENCES LISTENING AND LEARNING FROM
	CUYAMA VALLEY COMMUNITIES. ADDITIONALLY, WE HOSTED A SIX-MONTH ARTIST FELLOWSHIP AND EVENTUAL ART
	EXHIBIT WITH PHOTOGRAPHER NOE MONTES. WORKING IN THE CUYAMA SCHOOL DISTRICT, TEACHING STUDENTS
	ABOUT THE FIELD AND PHOTOGRAPHIC PRACTICE, HE ENCOURAGED OUR YOUTH TO CREATE AND STRENGTHEN THE
	COMMUNITY THROUGH ART.
4-1	Other pregram con issa (Decaribe on Cabadula O.)
4 0	Other program services (Describe on Schedule O.)
	(Expenses \$ 188,150 including grants of \$) (Revenue \$)
4e	Total program service expenses ► 349,459
	= (0010)

Part IV

46-1239650

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	2	110		
L	complete Schedule D, Part VI	11a	Х	
b		446		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d		110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			Λ
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		x

Part IV

BLUE SKY SUSTAINABLE LIVING CENTER 46-1239650 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		
Dan	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Oneon ii ochequie O containo a response oi note to any ine in this Fait V	• • •	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	INO
1a h				
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c	х	
	repertable garming (garming) withings to prize withins:	10	Λ	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

 ,
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website ✓ ✓ ✓ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SAMUEL BASSETT (661)413-3005, PO BOX 271, New Cuyama, CA 93254			

Form 990 (2019	orm=	990	(201)	9
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela	ted organizat	ion co	mper	nsate	ed a	ny curr	ent	officer, director, or	trustee.	
		(C)								
(A) Name and title	(B) Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)				ı	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CECILIA LOPEZ	1.00									
TREASURER		Х		Х				0	0	0
(2) DR PAUL CHOUNET	1.00									
DIRECTOR		Х						0	0	0
(3) EMILY JOHNSON	41.00									
DIRECTOR		Х						49,302	0	0
(4) DAVID KIETZMAN	1.00									
PRESIDENT		Х		Х				0	0	0
(5) SAMUEL BASSETT	38.00									
DIRECTOR		Х						44,580	0	0
(6) FABIOLA GRANADOS	1.00)								
DIRECTOR		Х						0	0	0
(7) AMI PASCUAL SPEAR	1.00									
DIRECTOR		Х						0	0	0
(8) PILAR DIAZ	1.00									
DIRECTOR		Х						0	0	0
(9) THOMAS GOTTELIER	1.00									
DIRECTOR		Х						0	0	0
(10)ERIC JUNKER	1.00									
DIRECTOR							х	0	0	0
(11)NANCY CASTRO	1.00									
DIRECTOR							х	0	0	0
(12)										
(13)										
<u>(14)</u>										

Form 990 (2019)

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Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar	nd H	ligh	est Co	mp	ensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box,	unles	Po eck m	rson i	han one s both ar r/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	со	(F) nated an of othe mpensa	r tion
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		(W-2/1099-MISC)	(W-2/1099-MISC)	orga	nization d organi	and
<u>(15)</u>													
(16)_													
<u>(17)</u>													
(18)													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal							- 1					
d	Total (add lines 1b and 1c)								93,882	0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) w	ho re	eceive	d mo	ore than \$100,000	of			0
3	Did the organization list any former officer, direc		kev en	nnlov	/ee	or h	niahest	con	nnensated			Yes	No
	employee on line 1a? If "Yes," complete Schedu		-				-				3	x	
4	For any individual listed on line 1a, is the sum of re	eportable cor	npensa	ation	and	doth	er con	npen	sation from the				
	organization and related organizations greater th												
_	individual										4		X
5	for services rendered to the organization? If "Yes			-			_				5		х
Secti	on B. Independent Contractors	.,											
1	Complete this table for your five highest compensa	ted independ	lent co	ntrac	ctors	s tha	t recei	ved	more than \$100,00	00 of			
-	compensation from the organization. Report comp	ensation for t	the cal	enda	ar ye	ear e	ending	with	or within the organ	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	68							Description of service	es	Compens	ation	
2	Total number of independent contractors (includin	a but not limi	ited to	thos	e lie	ted ·	ahove,) wh	0				
-	received more than \$100,000 of compensation fro	-					V G	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~				

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BLUE SKY SUSTAINABLE LIVING CENTER

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 Federated campaigns 1a Membership dues 1b Contributions, Gifts, Grants and Other Similar Amounts Fundraising events 1c **d** Related organizations 1d Government grants (contributions) . . 1e 51,661 All other contributions, gifts, grants, and similar amounts not included above 1f 56,628 Noncash contributions included in 1g | \$ Total. Add lines 1a-1f 108,289 **Business Code** 2a SERVICE FEES 721000 55,839 55,839 Program Service Revenue b shop space rents 531390 18,798 18,798 c FACILITY RENTS 531390 1,370 1,370 d FARM RENTS 531390 10,000 10,000 f All other program service revenue 86,007 Investment income (including dividends, interest, and 599 599 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses . . 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 411,170 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b 187,680 c Gain or (loss) 7с 223,490 223,490 223,490 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11a IN-KIND SERVICE DONATIO 531390 4,770 4,770 531390 **b** EVENT TICKETS 569 569 **C MISCELLANEOUS** 531390 1,514 1,514 e Total. Add lines 11a-11d 6,853 425,238 316,949 0 0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 10,327 93,882 83,555 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 47,369 42,179 5,190 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 13,532 10,364 3,168 10 11 Fees for services (nonemployees): 5<u>,5</u>65 b 5,565 2,845 2,845 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 13 36,249 29,969 3,674 2,606 14 15 16 378 32,802 32,424 17 30,835 33,948 3,113 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 139 139 21 22 Depreciation, depletion, and amortization 44,525 44,525 23 Insurance 12,266 1,603 10,663 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) CONTRACT SERVICES 114,584 114,584 b MAINTENANCE 29,473 29,473 С OPERATING EXPENSES 6,519 6,519 d е All other expenses 476 476 Total functional expenses. Add lines 1 through 24e. . 25 474,174 349,459 122,109 2,606 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if following SOP 98-2 (ASC 958-720)

Form 990 (2019) Part X

Balance Sheet

		Check if Schedule O contains a response or note to any	line in	this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			19,176	1	33,012
	2	Savings and temporary cash investments			175,407	2	337,020
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		7,936	4	11,549	
	5	Loans and other receivables from any current or former	officer,	director,			
		trustee, key employee, creator or founder, substantial co	ntributo	or, or 35%			
		controlled entity or family member of any of these perso			5		
	6	Loans and other receivables from other disqualified pers		defined			
		under section 4958(f)(1)), and persons described in section		6			
	7	Notes and loans receivable, net		` ' ' ' '		7	
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1.134.482			
	b	Less: accumulated depreciation			1,275,396	10c	1,048,898
	11	Investments - publicly traded securities			1,1,5,550	11	2,010,050
	12	Investments - other securities. See Part IV, line 11 .		F		12	
	13	Investments - program-related. See Part IV, line 11 .		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		F	1,500	15	
	16	Total assets. Add lines 1 through 15 (must equal line 3			1,479,415	16	1,430,479
	17	Accounts payable and accrued expenses			1,4/9,413	17	1,430,479
	18	Grants payable		T T		18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV o		21			
	22	Loans and other payables to any current or former office		21			
ţį	22						
Liabilities		trustee, key employee, creator or founder, substantial co				22	
Ë	22	controlled entity or family member of any of these perso				23	
	23	Secured mortgages and notes payable to unrelated thir Unsecured notes and loans payable to unrelated third p				24	
	24 25					24	
	25	Other liabilities (including federal income tax, payables t parties, and other liabilities not included on lines 17-24).					
						25	
	00	of Schedule D				25 26	
	26	Total liabilities. Add lines 17 through 25			0	26	0
		Organizations that follow FASB ASC 958, check here	} ▶	x			
Ses	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			1 445 600	27	1 200 206
au	27				1,445,692	27	1,388,306
Ba	28				33,723	28	42,173
힡		Organizations that do not follow FASB ASC 958, che	eck ner	e ▶ 🗌			
Ę		and complete lines 29 through 33.				-	
S O	29	Capital stock or trust principal, or current funds	<u> </u>		29		
set	30	Paid-in or capital surplus, or land, building, or equipment				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or		<u> </u>	31		
N E	32	Total net assets or fund balances		T T	1,479,415	32	1,430,479
	33	Total liabilities and net assets/fund balances			1,479,415	33	1,430,479

EEA

Form **990** (2019)

Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. \square
1	Total revenue (must equal Part VIII, column (A), line 12)	1			425,	238
2	Total expenses (must equal Part IX, column (A), line 25)	2			474,	174
3	Revenue less expenses. Subtract line 2 from line 1	3			(48,	936)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	479,	415
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,	430,	479
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		崖	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

EEA

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

2019 Open to Public

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

OMB No. 1545-0047

BLUE SKY SUSTAINABLE LIVING CENTER 46-1239650 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 105,000 include any "unusual grants.") 106,520 158,992 396,552 108,289 875,353 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 105,000 106,520 158,992 396,552 108,289 875,353 **5** The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 29,270 Public support. Subtract line 5 from line 4 846,083 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (a) 2015 **7** Amounts from line 4 108,289 105,000 106,520 158,992 396,552 875,353 **8** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **9** Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10... 875,353 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 96.66 % % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this X b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

46-1239650

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support			T			
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Net income from unrelated business						
11							
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or	∟ rganization's fi	rst second thi	rd fourth or fit	⊥ fth tax vear as a	section 501(c)(3)
•	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor						<u> </u>
	Public support percentage for 2019 (line 8, c			column (f)) .		15	%
	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment In					1	70
	Investment income percentage for 2019 (line			ine 13. columr	n (f))	17	%
	Investment income percentage from 2018 Se		• •			18	——————————————————————————————————————
	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	_	-	•		

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
iva		
10b		

Par	Supporting Organizations (continued)		1 1	
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (b) or (b) above? If "Yes" to a box a provide detail in Part V .	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . tion B. Type I Supporting Organizations	110		
Jec	non B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior to	XŁ		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	,		
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instruc	tions)).
а			•	
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see ir	nstruct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
-	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	20		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
			1	

46-1239650

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			•
	instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Sectio	ns A through E.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or	+ 3		
	lection of gross income or for management, conservation, or			
	uintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	Adjusted Net income (subtract lines 5, 6, and 7 from line 4)	- 0		(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	ctors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organization (see
	instructions).	5	, II	

EEA

Schedule A (Form 990 or 990-EZ) 2019	BLUE SKY	SUSTAINABLE	LIVING	CENTER	46-123	9650 Pa	age 7
Part V Type III Non-Fu	unctionally	Integrated 509	(a)(3) Sı	upporting Organizations	(continued)		
Section D - Distributions						Current Year	,

1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets **5** Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. **Total annual distributions.** Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive

(provide details in Part VI). See instructions.

Distributable amount for 2019 from Section C, line 6

10 Line 8 amount divided by line 9 amount

10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			
FFΔ			Sched	ule A (Form 990 or 990-F7) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
_	

Schedule B (Form 990, 990-EZ. or 990-PF)

Department of the Treasury

BLUE SKY SUSTAINABLE LIVING CENTER

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

2019

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number 46-1239650

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
BLUE SKY SUSTAINABLE LIVING CENTER

Employer identification number

46-1239650

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN RIVIERA BANK 1033 ANACAPA STREET Santa Barbara, CA 93101	\$\$	Person x Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	USDA RURAL DEVELOPMENT 5080 CALIFORNIA AVENUE, SUITE 150 Bakersfield, CA 93309	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ENTERPRISE COMMUNITY PARTNERS 334 BOYLSTON STREET NUMBER 400, Boston, MA 02116	\$19,111	Person 🗷 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	FUND FOR SANTA BARBARA 26 W ANAPAMU STREET Santa Barbara, CA 93101	\$6,740	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RABOBANK 3757 STATE STREET Santa Barbara, CA 93101	\$ \$	Person x Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BLU	E SKY SUSTAINABLE LIVING CENTER		46-1239650
Pa	rt I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	on's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be used	I
	only for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired at		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the
	tax year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservati	ion easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense stat	tement, and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements th	nat describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in further	rance of public
	service, provide, in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtheran	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		'
	following amounts required to be reported under FASB ASC 9		
а	Revenue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • • •	▶ \$
b	Assets included in Form 990, Part X		> \$

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its	
collection items (check all that apply):	
a ☐ Public exhibition d ☐ Loan or exchange programs	
b Scholarly research e Other	
c Preservation for future generations	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part	
XIII.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	. ∐ No
Part IV Escrow and Custodial Arrangements.	_
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on F	·orm
990, Part X, line 21.	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not	
included on Form 990, Part X?	i ∐ No
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amount	
c Beginning balance	
d Additions during the year	
e Distributions during the year 1e	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	=
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	. 📙
Part V Endowment Funds.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four	years back
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and	
losses	
d Grants or scholarships	
e Other expenditures for facilities and	
programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ▶ %	
b Permanent endowment ▶ %	
c Term endowment ► %	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
organization by:	Yes No
(i) Unrelated organizations	
(ii) Related organizations	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	•
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line	ne 10.
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book	
(investment) (other) depreciation	-
1a Land	
	93,916
c Leasehold improvements	
d Equipment	43,382
e Other STMD1E. 13,000 1,400	11,600
	48,898

Schedule D (Form 990) 2019 BLUE SKY SUSTAINABLE LIVING CENTER 46-1239650 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X,

line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income	e taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) mus	st equal Form 990, Part X, col. (B) line 25.).	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. .

Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	1
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	-
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	-
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	-
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Pai	rt XIII Supplemental Information.	
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	Part X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
		-
		-

EEA Schedule D (Form 990) 2019

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

Open to Public Inspection

BLUE SKY SUSTAINABLE LIVING CENTER

Employer identification number

46-1239650

Table No. No.	Pa	rt I Questions Regarding Compensation			
sop, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel				Yes	No
sop, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chel)					
Tax indemilication and gross-up payments Payments for business use of personal residence Tax indemilication and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chd) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .					
Tax indemnification and gross-up payments Health or social club dues or initiation fees					
Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b 1b 1 1b 1 1 1 1 1 1					
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain a supplemental or prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization consultant		Discretionary spending account Personal services (such as maid, chauneur, cher)			
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explain	b				
Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization os establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract In Independent compensation consultant Compensation survey or study organizations. Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment from, a supplemental nonqualified retirement plan? A Experiment or receive payment from, an equity-based compensation arrangement? 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization or receive payment from, an equity-based compensation arrangement? 4 During the year, did not preceive payment from, an equity-based compensation arrangement? 4 During the year, did not preceive payment from, an equity-based compensation arrangement? 5 Participate in, or receive payment from, an equity-based compensation arrangement? 6 Participate in, or receive payment from, an equity-based compensation arrangement? 7 The organization? 8 The organization? 8 The organization? 9 Dayn related organization? 1 The organization or the revenues of: a The organization? 5 The organization? 1 The organization? 1 The organization ortingent on the net earnings of: a The organization ortingent on the net earnings of: a The organization ortingent on the net earnings of: a The organization ortingent on the net earnings of: a The organization ortingent on the net earnings of: a The organization orti		·			
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1a7 1a7		explain	1b		
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1a7 1a7					
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organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Mritten employment Mritten e	3	Indicate which, if any, of the following the organization used to establish the compensation of the			
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☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee 4. During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, an supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Any section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X If "Yes" on line 5a or 5b, describe in Part III. 6a X 6 py presons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related or					
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b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.					
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For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? fi "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? a The organization? b Any related organization? fi "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X					
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? fi "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? a The organization? b Any related organization? fi "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	5				
a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 Any related organization? 6 If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
b Any related organization?	а		5a		x
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		· ·			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-	·	0.0		
compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	6	For persons listed on Form 990, Part VII. Section A line 1a, did the organization pay or accrue any			
a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	U				
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		60		
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		· ·			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	D		6D		X
payments not described on lines 5 and 6? If "Yes," describe in Part III		If "Yes" on line 6a or 6b, describe in Part III.			
payments not described on lines 5 and 6? If "Yes," describe in Part III					
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	7				
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
in Part III	8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
		in Part III	8		x
	9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
			9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<u> </u>			W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ERIC JUNKER	(i)	0	0	0	0	0	0	0
1 DIRECTOR	(ii)	0	0	0	0	0	0	0
NANCY CASTRO	(i)	0	0	0	0	0	0	0
2 DIRECTOR	(ii)	0	0	0	0	0	0	0
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
_	(i)							
7	(ii)							
_	(i)							
8	(ii)							
	(i)							
9	(ii)							
40	(i)							
10	(ii)							
11	(i) (ii)							
11	(i)							
12	(ii)							
12	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							
	1/	l	L	l	L		L	L

Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization Employer identification number BLUE SKY SUSTAINABLE LIVING CENTER 46-1239650 01. Members or stockholder classes and rights (Part VI, line 6) THE ORGANIZATION HAS VOTING MEMBERS. 02. Member election for additional members (Part VI, line 7a) THE VOTING MEMBERS ELECT THE MEMBERS OF THE BOARD OF DIRECTORS OF THIS ORGANIZATION. 03. Form 990 governing body review (Part VI, line 11) THE DRAFT FORM 990 IS PRESENTED AT A REGULAR BOARD MEETING FOR REVIEW AND APPROVAL PRIOR TO SUBMISSION. 04. Conflict of interest policy compliance (Part VI, line 12c) THE BOARD DISCUSSES ANY POTENTIAL CONFLICTS OF INTEREST AT BOARD MEETINGS. 05. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD OF DIRECTORS HAS A POLICY OF ANNUALY REVIEWING THE PERFORMANCE OF ITS EXECUTIVE STAFF WITH A PROCESS DECIDED BY AND DOCUMENTED BY THE BOARD OF DIRECTORS. ANY HIRING, COMPENSATION CHANGES, TERMINATION, OR ANY OTHER CHANGES OF EXECUTIVE STAFF ARE PERFORMED BY THE BOARD OF DIRECTORS AND RECORDED WITHIN THE MINUTES AND DOCUMENTS OF THE BOARD MEETINGS IN WHICH THE ACTION(S) OCCUR. 06. Other officer or key employee compensation (Part VI, line 15b THE BOARD OF DIRECTORS HAS A POLICY OF ANNUALY REVIEWING THE PERFORMANCE OF ITS EXECUTIVE STAFF WITH A PROCESS DECIDED BY AND DOCUMENTED BY THE BOARD OF DIRECTORS. ANY HIRING, COMPENSATION CHANGES, TERMINATION, OR ANY OTHER CHANGES OF EXECUTIVE STAFF ARE PERFORMED

BY THE BOARD OF DIRECTORS AND RECORDED WITHIN THE MINUTES AND DOCUMENTS OF THE BOARD

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number BLUE SKY SUSTAINABLE LIVING CENTER 46-1239650 MEETINGS IN WHICH THE ACTION(S) OCCUR. 07. Governing documents, etc, available to public (Part VI, line 19) THESE ARE AVAILABLE THROUGH WEBLINKS ON THE ORGANIZATIONS WEBSITE. 08. Significant program services not listed on prior year return (Part III, line 2) BLUE SKY VENTURES BLUE SKY VENTURES WAS LAUNCHED TO SUPPORT AND CELEBRATE LOCAL FARMERS WHO ARE UTILIZING CLIMATE-APPROPRIATE FARMING PRACTICES THROUGH DIRECT INVESTMENT. CUYAMA BEVERAGE COMPANY IS A PROOF OF CONCEPT FOR BLUE SKY VENTURES WHICH PRODUCES SMALL BATCHED MEAD BEVERAGES UTILIZING INGREDIENTS SOURCED FROM THESE FARMERS. THIS SOCIAL VENTURE AIMS TO SUPPORT DIVERSITY AND INCLUSIVITY, TRIPLE BOTTOM LINE IMPACT, EDUCATION AND TRAINING, AND ECONOMIC DEVELOPMENT IN THE CUYAMA VALLEY. 09. Part III, response or note to any other line in Part III FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICES DESCRIPTION:-COMMUNITY RESEARCH AND DEVELOPMENT CARRYING FORWARD FROM HUD SECTION 4 GRANT AWARD IN LATE 2018, WE EXECUTED A COMMUNITY-WIDE RESEARCH PROJECT THAT INCLUDED THE DISTRIBUTION AND COLLECTION OF A SURVEY AND THE WORK TOWARD A DEVELOPMENT OF A COMMUNITY ACTION PLAN. THIS PLAN SEEKS CONTRIBUTIONS FROM RESIDENTS, STAKEHOLDERS, AND REPRESENTATIVES TO CREATE PRIORITIES FOR FUTURE COMMUNITY DEVELOPMENT INITIATIVES.

FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICES DESCRIPTION (CONT'D):-

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number BLUE SKY SUSTAINABLE LIVING CENTER 46-1239650 FOOD AND AGRICULTURE IN MARCH BLUE SKY HOSTED ITS SECOND ANNUAL SMALL FARMERS AND RANCHERS GATHERING. OVER 40 CUYAMA PRODUCERS, EDUCATORS, AND ARTISANS WERE IN ATTENDANCE AS WE WERE JOINED BY REGIONAL PARTNERS AND RESOURCE PROVIDERS FOR AN ALL-DAY CONVENING. FOR THE SECOND CONSECUTIVE YEAR, THE FOODBANK OF SANTA BARBARA COUNTY AND BLUE SKY CENTER HOSTED THE TEENS LOVE COOKING PROGRAM: A SEVEN-WEEK AFTERSCHOOL PROGRAM THAT CONNECTS WITH MIDDLE TO HIGH SCHOOL YOUTH AND TEACHES THEM REAL COOKING SKILLS. BLUE SKY WAS AWARDED FUNDING BY THE FUND FOR SANTA BARBARA TO FACILITATE THE CUYAMA HEALTY FOODS INITIATIVE - A GRASSROOTS PROGRAM ESSENTIAL TO IGNITING CREATIVE, COMMUNITY-LED CULINARY PRACTICES.

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

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

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Identifying number

	E SKY SUSTAINABLE LIVI				990 - 1	-		46-	1239650
Pa	rt I Election To Expen	se Certain Pro	perty Unde	r Secti	on 179				
	Note: If you have any	y listed property,	complete Par	t V befo	re you con	plete Part I.			
1	Maximum amount (see instruction	ns)						1	
2	Total cost of section 179 property	placed in service	(see instructions	3)				2	
3	Threshold cost of section 179 pro	perty before reduc	tion in limitation	(see instr	ructions)			3	
4	Reduction in limitation. Subtract li	ne 3 from line 2. If	zero or less, en	ter -0				4	
5	Dollar limitation for tax year. Subt	ract line 4 from line	1. If zero or les	s, enter -	0 If married	d filing			
	separately, see instructions							5	
6	(a) Description of	property		(b) Cost (b	usiness use onl	y) (c) Ele	cted cost		
7	Listed property. Enter the amount	from line 29			7				
8	Total elected cost of section 179	property. Add amo	unts in column ((c), lines 6	and 7			8	
9	Tentative deduction. Enter the si	maller of line 5 or I	ine 8					9	
10	Carryover of disallowed deductio							10	
11	Business income limitation. Enter	the smaller of bus	iness income (n	ot less th	an zero) or I	ine 5. See instr	uctions	11	
12	Section 179 expense deduction.	Add lines 9 and 10,	but don't enter	more than	n line 1.1			12	
13	Carryover of disallowed deductio					13			
Note	: Don't use Part II or Part III belov								
	rt II Special Depreciati				iation (D	on't include	listed prope	rtv. See	instructions.)
14	Special depreciation allowance for			•				ĺ	
	during the tax year. See instruction		•					14	
15	Property subject to section 168(f)							15	
16	Other depreciation (including ACI	` '						16	44,107
	rt III MACRS Deprecia								
		(20111111		ction A					
17	MACRS deductions for assets pla	aced in service in ta			e 2019			17	
18	If you are electing to group any a		-	-					
	, , ,		ŭ	•		ŭ	▶ □		
_	Section B - Assets							tion S	/stem
		(b) Month and year	(c) Basis for dep	reciation		Ĭ		T	
	(a) Classification of property	placed in service	(business/investn only-see instru		(d) Recovery period	(e) Convention	(f) Method	(g) [Depreciation deduction
19a	3-year property		,	,				1	
b		_		3,184	. 5	HY	SL	1	318
C	, , , ,	_		0,202				1	
	10-year property							+	
	15-year property			3,000	15	нч	SL	+	100
f	20-year property			3,000				+	
	25-year property				25 yrs.		S/L		
	Residential rental				27.5 yrs.	MM	S/L		
	property				27.5 yrs.	MM	S/L	-	
	Nonresidential real				39 yrs.	MM	S/L	+	
•	property				00 yrs.	MM	S/L	+	
	Section C - Assets PI	aced in Service	During 2019	Tay Vo	ar Heina t		l		vetem
202	Class life	aced iii dei vice		Tax IC	ar Using t	ne Aitemati	S/L		ystein
		_			12			+	
	12-year 30-year				12 yrs.	N 4 N 4	S/L S/L	+	
	•				30 yrs.	MM		+-	
	40-year	tructions \			40 yrs.	MM	S/L		
	Tributed property. Enter amount for							\top	
21	Listed property. Enter amount from					d line 04 Fee	21	+-	
22	Total. Add amounts from line 12								
00	here and on the appropriate lines	•				structions	22		44,525
23	For assets shown above and place portion of the basis attributable to			aı, enter	tne 2:	,			
	POLITOLLOL THE PASIS ATTIBUTING TO	. 35011011 ZO3A COSI			Z.				

Statement of Program Service Accomplishments 2019 PG01 Name(s) as shown on return Pour Social Security Number 8LUE SKY SUSTAINABLE LIVING CENTER 46-1239650

Form 990-Part III(a)

Statement #4

Statement of Service Accomplishment

Program Service Code

Program Service Expenses \$188150

Grants and allocations included in above expense \$0

Program Services Revenue \$0

Explanation See Schedule 0

	FOR YOUR RECORD Federal Supporting S		2019 P	G01
me(s) as shown on return			Tax ID Number	
LUE SKY SUSTAINABLE	LIVING CENTER		46-	1239650
Form 99	0 - Schedule D - I Investments - 0		1e State	ment #D1e
escription	Cost/basis	Cost/basis	D	Book
f Investment WELLINGS	(Investment)	(Other) 13,000	Depr 1,400	Value 11,600
otal	0	13,000	1,400	11,600

Form 990 Worksheet	Schedu	ule A, Line 5 - Exc	cess 2% Limi	tation Contri	butors		
		(Keep fo	or your records)			2019	
Name(s) as shown on return						Tax ID Number	
BLUE SKY SUSTAINABI	E LIVING CENTER					46-1239650	0
2% of the amount on Schedule A	Part II, line 11, column (f)		T		T		17,507
Name	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	(g) Excess contributions
Name	2013	2010	2017	2010	2013	Iotai	Excess continuations
							(col. (f) minus
AMERICAN RIVIERA BANK					35,000	35,000	the 2% limitation)
					35,000 27,680	35,000 27,680	the 2% limitation)
USDA RURAL DEVELOPMEN	г					-	the 2% limitation) 17,493 10,173
AMERICAN RIVIERA BANK USDA RURAL DEVELOPMENT ENTERPRISE COMMUNITY I	r Partners				27,680	27,680	the 2% limitation) 17,493 10,173 1,604

Total____

<u>29,</u>270

Depreciation Detail Listing

Management & General

2019

PAGE 1

Name(s) as shown on return

See "UBIA" in lower right corner.

* Item is included in UBIA for Section 199A calculations.

For your records only

Social security number/EIN

	BLUE SKY SUSTAINABLE LI	VING CENT	ER				1						46	-1239650		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	N	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	FORKLIFT	12312017	1,500		100.00			1,500	5	SL	MQ	20	300	300	600	300
2	AIR COMPRESSOR	12312017	2,436		100.00			2,436	5	SL	MQ	20	487	487	974	487
3	FARM TRAILERS	12312017	2,900		100.00			2,900	5	SL	MQ	20	580	580	1,160	580
4	HEATED HOLDING CABINE	05142018	1,349		100.00			1,349	5	SL	HY	20	416	270	686	270
5	FURNITURE	12312017	3,200		100.00			3,200	7	SL	MQ	14.286	457	457	914	457
6	NIKON CAMERA	04062018	859		100.00			859	5	SL	HY	20	300	172	472	172
7	COPY MACHINE KYOCERA	08012019	3,184		100.00			3,184	5	SL	HY	10		318	318	318
8	CATERING TRAILER	12312017	45,000		100.00			45,000	5	SL	MQ	20	9,000	9,000	18,000	9,000
9	KUBOTA SIDE BY SIDE	12312017	10,000		100.00			10,000	5	SL	MQ	20	2,000	2,000	4,000	2,000
10	BUILDING OPERATIONS	12312015	402,371		100.00			402,371	39	SL	MM	2.564	30,952	10,317	41,269	10,317
11	BUILDING IMPROVEMENTS	12312017	161,753		100.00			161,753	39	SL	MM	2.564	4,148	4,148	8,296	4,148
12	LAND	12312015	411,196	411,196	100.00			0	0			0				
13	RUNWAY	12312017	75,734		100.00			75,734	20	SL	MQ	5	3,787	3,787	7,574	3,787
14	DWELLINGS	01012016	10,000		100.00			10,000	15	SL	HY	6.667	667	667	1,334	667
15	SHEEP WAGON	08012019	3,000		100.00			3,000	15	SL	HY	3.333		100	100	100
	Assets Sold/Abandoned															
16	BACKHOE	12312017	5,000		100.00			5,000	5	SL	MQ	20	1,000	875	1,875	875
17	SOLAR PANELS	12312017	50,603		100.00			50,603	5	SL	MQ	20	10,121	8,856	18,977	8,856
18	WOOD CHIPPER	12312017	4,000		100.00			4,000	5	SL	MQ	20	800	700	1,500	700
19	PROPANE OVEN	05292018	1,293		100.00			1,293	5	SL	HY	20	151	129	280	129
20	TRENCHER	12312017	3,000		100.00			3,000	5	SL	MQ	20	600	525	1,125	525
21	LAND	12312015	146,758	146,758	100.00			0	0			0				
22	UTILITY TRUCK	12312017	6,500		100.00			6,500	5	SL	MQ	20	1,300	487	1,787	487
23	DODGE DUMPTRUCK	12312017	2,000		100.00			2,000	5	SL	MQ	20	400	350	750	350
	Totals		1,353,636					795,682					67,466	44,525	111,991	44,525

44,525

Depreciation Reconciliation for BLUE SKY SUSTAINABLE LIVING CENTER

	Cost	Basis	Current Depreciation	Accumulated Depreciation	
Beginning of Year	1,347,452	789,498	44,107	111,573	
Placed in Service in Current Year	6,184	6,184	418	418	
Removed from Service in Current Year	219,154	72,396	11,922	26,294	
End of Year	1,134,482	723,286	32,603	85,697	

Next Year's Depreciation Worksheet

2019 (Keep for your records) Tax ID Number Name(s) as ahown on return BLUE SKY SUSTAINABLE LIVING CENTER 46-1239650 Form Multi-Form Description Date Basis Method Life Deduction 12-31-2017 1,500 SL 5 300 MGT FORKLIFT MGT 1 AIR COMPRESSOR 12-31-2017 2,436 \mathtt{SL} 5 487 5 1 12-31-2017 2,900 \mathtt{SL} 580 MGT FARM TRAILERS 1 HEATED HOLDING CABINET 05-14-2018 1,349 SL 5 270 MGT 7 12-31-2017 MGT 1 FURNITURE 3,200 \mathtt{SL} 457 1 NIKON CAMERA 04-06-2018 859 SL 5 MGT 172 08-01-2019 3,184 \mathtt{SL} 5 MGT 1 COPY MACHINE KYOCERA 637 45,000 5 1 CATERING TRAILER 12-31-2017 \mathtt{SL} 9,000 MGT 10,000 5 MGT 1 KUBOTA SIDE BY SIDE 12-31-2017 \mathtt{SL} 2,000 1 BUILDING OPERATIONS 12-31-2015 402,371 SL 39 10,317 MGT MGT 1 BUILDING IMPROVEMENTS 12-31-2017 161,753 \mathtt{SL} 39 4,148 1 LAND 12-31-2015 NDA 0 MGT 75,734 MGT 1 RUNWAY 12-31-2017 \mathtt{SL} 20 3,787 15 **DWELLINGS** 01-01-2016 10,000 \mathtt{SL} 667 MGT 1 1 SHEEP WAGON 08-01-2019 3,000 SL 15 200 MGT TOTAL 33,022

2019 Filing Instructions BLUE SKY SUSTAINABLE LIVING CENTER Tax year ending 12-31-2019

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return has been e-filed, do not mail.

Due date:

11-16-2020

The return reflects neither a refund nor a balance due.

2019 CA199 Filing Instructions BLUE SKY SUSTAINABLE LIVING CENTER

Form filed:

CA199 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

11-16-2020

Payment:

\$10.00

Transaction method:

Make check or money order payable to "Franchise Tax Board." Write your federal employer identification (FEIN) and "Form 199 2019" on all payments. Do not mail cash. Note: All checks or money orders must be payable in US dollars and drawn against a US financial institution.

TAXABLE YEAR 2019

California Exempt Organization Annual Information Return

____FORM

199

Calenda	r Year 2019 or fiscal year beginning (mm/dd/yy	yy)	, and endir	ng (mm/dd/yyyy)		_
Corporatio	n/Organization name			California c	corporation number	
BLUE	SKY SUSTAINABLE LIVING	CENTER		3505	095	
Additional	nformation. See instructions.			FEIN		
				46-1	239650	
Street add	ess (suite or room)			'	PMB no.	
PO B	OX 271					
City				State	Zip code	_
	CUYAMA			CA	93254	
Foreign co	untry name	Foreign province/state/	/county	-	Foreign postal code	_
A First Re	urn • • • • • • • • • • • • • • • • • • •	Yes X No	J If exempt under R&TC Section 23	701d, has the organization	on	_
B Amende	d Return • • • • • • • • • • • • • • • • • • •	● Yes X No	engaged in political activities? Sec	e instructions • •	● Yes 🗓 N	10
	tion 4947(a)(1) trust • • • • • • • • • • • • • • •	·· Yes No	K Is the organization exempt under		• ☐ Yes ☒ N	10
D Final Inf	ormation Return?		If "Yes," enter the gross receipts f	_		
• 🗆 🗅	issolved Surrendered (Withdrawn) Merged/I	Reorganized	L If organization is a public charity e			_
Enter da	te: (mm/dd/yyyy)		Section 23701d and meets the fili			
	ccounting method: (1) Cash (2) X Accrual	(3) Other	check box. No filing fee is required		•□	
F Federal	return filed? (1) 990T (2) 990PF (3) • Sch H (990)	M Is the organization a Limited Liabi	lity Company? • • •	● Yes X N	10
	ther 990 series		N Did the organization file Form 100			
	group filing? See instructions	● Yes X No	taxable income? • • • • •	•	• Yes ∑ N	10
	ganization in a group exemption	·· Yes No	O Is the organization under audit by			
	what is the parent's name?		audited in a prior year? • • •		● Yes 🗓 N	10
,			P Is federal Form 1023/1024 pendin		· · · · · · · · · · · · · · · · · · ·	
I Did the	organization have any changes to its guidelines		Date filed with IRS	3		
	rted to the FTB? See instructions • • • • • • • • •	. ●□ Yes ☒ No				
Part I	Complete Part I unless not required to file this form. See		and C.			_
	Gross sales or receipts from other sources. From Side				1 504,629 0	00
	2 Gross dues and assessments from members and affilia				• 2 0	_
Receipts	3 Gross contributions, gifts, grants, and similar amounts		· · · · · · · · · · · · · · · · · · ·		100 000	00
and Revenues	4 Total gross receipts for filing requirement test. Add line					Ī
	This line must be completed. If the result is less than	-	formation B • • • • • • •		• 4 612,918 0	
	5 Cost of goods sold · · · · · · · · · · · · · · · · · · ·			(00	
	6 Cost or other basis, and sales expenses of assets sold			187,680	00	
	7 Total costs. Add line 5 and line 6 · · · · ·				7 187,680 0)()
	8 Total gross income. Subtract line 7 from line 4 · · ·				 8 425,238 0 	_
	Total expenses and disbursements. From Side 2, Part				• 9 474,174 0	_
Expenses	10 Excess of receipts over expenses and disbursements.				 10 (48,936) 0 	
	11 Total payments · · · · · · · · · · · · · · · · · · ·	• • • • • • • •			• 11 0	_
	12 Use tax. See General Information K • • • •	. .			• 12 0	00
Filing Fee	13 Payments balance. If line 11 is more than line 12, subtr	act line 12 from line 11			• 13 0	_
	14 Use tax balance. If line 12 is more than line 11, subtract				• 14 0	00
	15 Filing fee \$10 or \$25. See General Information F • •				. 15 10 0	00
	16 Penalties and Interest. See General Information J. •				. 16 0	00
	17 Balance due. Add line 12, line 15, and line 16. Then su	ubtract line 11 from the re	sult		17 10 0	00
	Under penalties of perjury, I declare that I have examined				wledge and belief, it is	_
Sign Here	true, correct, and complete. Declaration of preparer (othe	r man taxpayer) is based	• •	s any knowledge. Date	I ●Telephone	
	Signature of officer ►CECILIA LOPEZ		TREASURER 1	0/28/2020	1 '	
				Check if self-	●PTIN	-
	Preparer's signature ▶			employed ► 🗓	P01623151	
Paid			, -,,		●Firm's FEIN	_
Preparer's Use Only	Firm's name (or yours, if self-employed) BRYZEK	CPA			46-4707756	
	and address	ASTRO VAL	LEY BLVD		•Telephone	_
		VALLEY,			510-538-6014	
	May the FTB discuss this return with the preparer shown a				• Yes X No	_
	, , , , , , , , , , , , , , , , , , ,					_

Par	t II	•	ganizations with gross receipts of more					46 102065	. 0
			pardless of amount of gross receipts - cor	-				46-123965	
			Gross sales or receipts from all business a						00
			Interest					599	00
Recei	pts	3	Dividends				_		00
from		4	Gross rents · · · · · · · · · · · · · · · · · · ·					10,000	00
Other		5	Gross royalties				_	411 150	00
		6	Gross amount received from sale of assets Other income. Attach schedule	,			_	411,170	00
		7						82,860	00
		8	Total gross sales or receipts from other sources	•			8 9	504,629	00
		9 10	Contributions, gifts, grants, and similar amo	•					00
			Compensation of officers, directors, and tru				11	02 002	00
			Other salaries and wages · · · · · · ·				12	93,882	00
F			Interest				13	47,369	00
Exper and	ises		Taxes				14	139	00
Disbu			Rents				15		00
ment	5		Depreciation and depletion (See instruction				16	44,525	00
			Other Expenses and Disbursements. Attack					288,259	00
			Total expenses and disbursements. Add				18	474,174	00
Sch	nedul		Balance Sheet	Beginning of			l of taxal		_ 00
	sets		Dalance Officer	(a)	(b)	(c)	l Oi taxai	(d)	
		h		(ω)	194,583	(0)		• 370,03	3.2
			ounts receivable		7,936			• 11,54	
3			es receivable		7,330			•	
4			ies · · · · · · · · · · · · · · · · · · ·					•	
5			and state government obligations · · · ·					•	
6			ents in other bonds					•	
7			ents in stock					•	
8			le loans					•	
9			vestments. Attach schedule					•	
10	a D	Depr	eciable assets	1,347,452		1,134,	482		
		•	accumulated depreciation	72,056	1,275,396		584	1,048,89	 98
11				,	, , , , , , ,			•	
12	Othe	er as	ssets. Attach schedule		1,500			•	
13			sets		1,479,415			1,430,47	 79
Lia	bilitie	s ar	nd net worth						
14	Acc	ount	s payable					•	
15	Conf	tribu	itions, gifts, or grants payable					•	
16	Bon	ds a	nd notes payable					•	
17	Mor	tgag	es payable · · · · · · · · · · · · · · · · · · ·					•	
18	Othe	er lia	abilities. Attach schedule						
19	Сар	ital s	stock or principal fund		1,479,415			• 1,430,47	79
20	Paic	d-in d	or capital surplus. Attach reconciliation .					•	
21	Reta	ainec	d earnings or income fund					•	
22	Tota	al lia	bilities and net worth		1,479,415			1,430,47	79
Sch	nedul	le M	-1 Reconciliation of income per books	s with income per retur	n				
			Do not complete this schedule if the a	mount on Schedule L, lir	ne 13, column (d), is less	than \$50,000			
1	Net	inco	me per books	• (48,936)	7 Income recorded o	n books this year			
			income tax · · · · · · · · · · · · · · · · · · ·	•	not included in this	retum. Attach sch	edule	•	
3	Exce	ess	of capital losses over capital gains	•	8 Deductions in this r	etum not charged			
4			not recorded on books this year.		against book incom	ne this year.			
4	Inco	me i	,		-		_		
4			chedule	•	Attach schedule •			•	
	Atta	ch s		•	-			•	
	Attac Exp	ch se ense	chedule	•	Attach schedule •	d line 8 · · · ·		•	

Side 2 Form 199 2019 043 3652194

STATE OF CALIFORNIA

RRF-1 (Rev. 09/2017)

> MAIL TO: Registry of Charitable Trusts P.O. Box 903447

Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

DEPARTMENT OF JUSTICE

BLUE SKY SUSTAINABLE LIVING CENTER Name of Organization Check if: Change of address	-						
List all DBAs and names the organization uses or has used Amended report							
PO BOX 271							
Address (Number and Street) State Charity Registration Numb	oer <u>CT-0202024</u>						
NEW CUYAMA, CA 93254 City or Town, State, and ZIP Code Corporation or Organization No.	3505095						
661-413-3005							
Telephone Number E-mail Address Federal Employer ID No. 46	5-1239650						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, a Make Check Payable to Department of Justice	nd 312)						
Gross Annual Revenue Fee Gross Annual Revenue Fee Gross Annual Revenue	nue <u>Fee</u>						
Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$1,000,001 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$10,000,000 Greater than \$50 million	1 and \$50 million \$225						
PART A - ACTIVITIES							
For your most recent full accounting period (beginning $01-01-19$ ending $12-31-19$)	list:						
Gross Annual Revenue \$ 425,238 Noncash Contributions \$ 4,770 Total Asset	ets \$ 1,430,479						
Program Expenses \$ 349,459 Total Expenses \$ 474,174	<u> </u>						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT							
Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page							
providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization	ies ino						
officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any finar	, I I						
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable proper	rty or funds?						
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	X						
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or coventurer used?	commercial						
5. During this reporting period, did the organization receive any governmental funding?	X						
6. During this reporting period, did the organization hold a raffle for charitable purposes?	X						
7. Does the organization conduct a vehicle donation program?							
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?							
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?							
declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and pelief, the content is true, correct and complete, and I am authorized to sign.							
belief, the content is true, correct and complete, and I am authorized to sign.	st of my knowledge and						
	st of my knowledge and $10-28-2020$						

TAXABLE YEAR Corporation Depreciation and Amortization

3885

2019 and Amortization								3885
	GEMENT/GEN	ERAL -						
Corporation name						rnia corpora		nber
BLUE SKY SUSTAINABLE LIV					35	0509	5	
Part I Election To Expense Certain Prope	-							#05.00
1 Maximum deduction under IRC Section 179 fo						1		\$25,000
2 Total cost of IRC Section 179 property placed						2		6,184
3 Threshold cost of IRC Section 179 property be						3		\$200,000
4 Reduction in limitation. Subtract line 3 from line	•					5		25 000
5 Dollar limitation for taxable year. Subtract line 4 (a) Description of property		(b) Cost (busine	ce uso only)	(c) Elect		3		25,000
6		(b) Cost (busine	ss use orly)	(C) LIEU	leu cosi			
7 Listed property (elected IRC Section 179 cost)	١		7					
8 Total elected cost of IRC Section 179 property						8		
9 Tentative deduction. Enter the smaller of line		, ,				9		
10 Carryover of disallowed deduction from prior to						10		
11 Business income limitation. Enter the smaller of	-					11		
12 IRC Section 179 expense deduction. Add line	`		,			12		
13 Carryover of disallowed deduction to 2020. Ad	•		_					
Part II Depreciation and Election of Additi					356			
(a)	(b)	(c)	(d) Depreciation	(e)	(f)	(g)	(h)
Description of property	Date acquired	Cost or other basis	allowed or	Depre- ciation	Life or	Deprecia	tion for	Additional first
	(mm/dd/yyyy)		allowable in earlier years		rate	this y	ear	year depreciation
14 STATEMENT# 810								
15 Add the amounts in column (g) and column (h)	. The total of column	(h) may not exce	eed \$2,000.					
See instructions for line 14, column (h) · · ·					. 15	44,5	25	
Part III Summary								
16 Total: If the corporation is electing:								
IRC Section 179 expense, add the amount or		(0)						
Additional first year depreciation under R&TC								
Depreciation (if no election is made), enter the								44,525
17 Total depreciation claimed for federal purpose		•		· · · · · · ·			· 17	44,525
18 Depreciation adjustment. If line 17 is greater the								
If line 17 is less than line 16, enter the different								
amounts are used to determine net income be	efore state adjustmen	ts on Form 100 or	r Form 100VV, no	adjustment is	necessa	ary) • • ·	. 18	
Part IV Amortization	(h)	(a)	(4)	(0)		(f)		
(a)	(b)	(c)	(d)	(e)		(f)		(g)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Amortization allow allowable in earlier	yed or years R&TC Sec (see inst	r.) Pe	Period or ercentage		Amortization for this year
19								
20 Total. Add the amounts in column (g)						20		
21 Total amortization claimed for federal purpose:		4562. line 44				21		
22 Amortization adjustment. If line 21 is greater th								
Side 1, line 6. If line 21 is less than line 20, enti						22		

7621194 FTB 3885 2019

California Depreciation & Amortization

2019

STATEMENT# 810

PG01

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

Name(s) shown on return

Identifying Number

Column C	Name(s) shown on return BLUE SKY SUSTAINABLE LIV	ING CENTER				I .	dentifying Num :6-12396!	
Description of property Date acquired (mm/dod/yyyy) Cost or other basis allowed or allowable in entirity years Depreciation Tries Depreciation Depreciation Tries Depreciation Deprecia	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
AIR COMPRESSOR	Description of property		Cost or other basis	allowed or allowable	Depreciation method		Depreciation for this year	first year
FARM TRAILERS 12/31/2017 2,900 580 sL 5 580 HEATED HOLDING 05/14/2018 1,349 416 sL 5 270 FURNITURE 12/31/2017 3,200 457 sL 7 457 NIKON CAMERA 04/06/2018 859 300 sL 5 172 COPY MACHINE KY 08/01/2019 3,184 sL 5 318 CATERING TRAILE 12/31/2017 45,000 9,000 sL 5 9,000 KUBOTA SIDE BY 12/31/2017 10,000 2,000 sL 5 2,000 BUILDING OPERAT 12/31/2015 402,371 30,952 sL 39 10,317 BUILDING IMPROV 12/31/2017 161,753 4,148 sL 39 4,148 RUNWAY 12/31/2017 75,734 3,787 sL 20 3,787 DWELLINGS 01/01/2016 10,000 667 sL 15 667 SHEEP WAGON 08/01/2019 3,000 sL 5 875 SOLAR PANELS 12/31/2017 50,603 10,121 sL 5 8,856 WOOD CHIPPER 12/31/2017 4,000 800 sL 5 700 PROPANE OVEN 05/29/2018 1,293 151 sL 5 129 TRENCHER 12/31/2017 6,500 1,300 sL 5 525 UTILITY TRUCK 12/31/2017 6,500 1,300 sL 5 487	FORKLIFT	12/31/2017		300 :	SL	5		
HEATED HOLDING	AIR COMPRESSOR	12/31/2017	2,436	487	SL	5	487	
FURNITURE	FARM TRAILERS	12/31/2017	2,900	580 :	SL		580	
NIKON CAMERA COPY MACHINE KY 08/01/2019 3,184 CATERING TRAILE 12/31/2017 45,000 8L 5 9,000 KUBOTA SIDE BY 12/31/2017 10,000 2,000 SL 5 2,000 BUILDING OPERAT 12/31/2017 161,753 4,148 RUNWAY 12/31/2017 161,753 4,148 RUNWAY 12/31/2017 10,000 667 SHEEP WAGON 08/01/2019 3,000 BACKHOE 12/31/2017 50,603 10,121 SL 5 8,856 WOOD CHIPPER 12/31/2017 75,734 1,000 800 8L 5 875 SOLAR PANELS 12/31/2017 50,603 10,121 SL 5 8,856 WOOD CHIPPER 12/31/2017 4,000 ROOD SL 5 700 PROPANE OVEN 05/29/2018 1,293 151 SL 5 129 TRENCHER 12/31/2017 3,000 600 SL 5 5 525 UTILITY TRUCK 12/31/2017 6,500 1,300 SL 5 487	HEATED HOLDING	05/14/2018		416	SL		270	
COPY MACHINE KY CATERING TRAILE 12/31/2017	FURNITURE	12/31/2017	3,200	457 :	SL	7	457	
COPY MACHINE KY CATERING TRAILE 12/31/2017	NIKON CAMERA	04/06/2018		300 :	SL	5	172	
CATERING TRAILE L2/31/2017	COPY MACHINE KY	08/01/2019	3,184		SL	5	318	
KUBOTA SIDE BY 12/31/2017 10,000 2,000 sl 5 2,000 BUILDING OPERAT 12/31/2015 402,371 30,952 sl 39 10,317 BUILDING IMPROV 12/31/2017 161,753 4,148 sl 39 4,148 RUNWAY 12/31/2017 75,734 3,787 sl 20 3,787 DWELLINGS 01/01/2016 10,000 667 sl 15 667 SHEEP WAGON 08/01/2019 3,000 sl 15 100 BACKHOE 12/31/2017 5,000 1,000 sl 5 875 SOLAR PANELS 12/31/2017 50,603 10,121 sl 5 8,856 WOOD CHIPPER 12/31/2017 4,000 800 sl 5 700 PROPANE OVEN 05/29/2018 1,293 151 sl 5 129 TRENCHER 12/31/2017 3,000 600 sl 5 5 525 UTILITY TRUCK 12/31/2017 6,500 1,300 sl 5 487	CATERING TRAILE	12/31/2017	45,000	9,000 :	SL	5	9,000	
BUILDING OPERAT BUILDING IMPROV 12/31/2017 161,753 4,148 sL 39 4,148 RUNWAY 12/31/2017 75,734 3,787 sL 20 3,787 DWELLINGS 01/01/2016 10,000 667 sL 15 667 SHEEP WAGON BACKHOE 12/31/2017 5,000 1,000 sL 5 875 SOLAR PANELS 12/31/2017 50,603 10,121 sL 5 8,856 WOOD CHIPPER 12/31/2017 4,000 800 sL 5 700 PROPANE OVEN 05/29/2018 1,293 151 sL 5 129 TRENCHER 12/31/2017 3,000 600 sL 5 525 UTILITY TRUCK 12/31/2017 6,500 1,300 sL 5 487	KUBOTA SIDE BY	12/31/2017	10,000	2,000	SL	5		
BUILDING IMPROV 12/31/2017 161,753 4,148 sl 39 4,148 sl RUNWAY 12/31/2017 75,734 3,787 sl 20 3,787 DWELLINGS 01/01/2016 10,000 667 sl 15 667 SHEEP WAGON 08/01/2019 3,000 sl 15 100 BACKHOE 12/31/2017 5,000 1,000 sl 5 875 SOLAR PANELS 12/31/2017 50,603 10,121 sl 5 8,856 WOOD CHIPPER 12/31/2017 4,000 800 sl 5 700 PROPANE OVEN 05/29/2018 1,293 151 sl 5 129 TRENCHER 12/31/2017 3,000 600 sl 5 5 525 UTILITY TRUCK 12/31/2017 6,500 1,300 sl 5 487	BUILDING OPERAT	12/31/2015	402,371		SL		10,317	
RUNWAY 12/31/2017 75,734 3,787 sl 20 3,787 DWELLINGS 01/01/2016 10,000 667 sl 15 667 SHEEP WAGON 08/01/2019 3,000 sl 15 100 BACKHOE 12/31/2017 5,000 1,000 sl 5 875 SOLAR PANELS 12/31/2017 50,603 10,121 sl 5 8,856 WOOD CHIPPER 12/31/2017 4,000 800 sl 5 700 PROPANE OVEN 05/29/2018 1,293 151 sl 5 129 TRENCHER 12/31/2017 3,000 600 sl 5 5 525 UTILITY TRUCK 12/31/2017 6,500 1,300 sl 5 487	BUILDING IMPROV	12/31/2017			SL	39		
DWELLINGS 01/01/2016 10,000 667 sl 15 667 SHEEP WAGON 08/01/2019 3,000 sl 15 100 BACKHOE 12/31/2017 5,000 1,000 sl 5 875 SOLAR PANELS 12/31/2017 50,603 10,121 sl 5 8,856 WOOD CHIPPER 12/31/2017 4,000 800 sl 5 700 PROPANE OVEN 05/29/2018 1,293 151 sl 5 129 TRENCHER 12/31/2017 3,000 600 sl 5 525 UTILITY TRUCK 12/31/2017 6,500 1,300 sl 5 487	RUNWAY				SL			
SHEEP WAGON 08/01/2019 3,000 SL 15 100 BACKHOE 12/31/2017 5,000 1,000 SL 5 875 SOLAR PANELS 12/31/2017 50,603 10,121 SL 5 8,856 WOOD CHIPPER 12/31/2017 4,000 800 SL 5 700 PROPANE OVEN 05/29/2018 1,293 151 SL 5 129 TRENCHER 12/31/2017 3,000 600 SL 5 525 UTILITY TRUCK 12/31/2017 6,500 1,300 SL 5 487	DWELLINGS				SL			
BACKHOE 12/31/2017 5,000 1,000 sL 5 875 SOLAR PANELS 12/31/2017 50,603 10,121 sL 5 8,856 WOOD CHIPPER 12/31/2017 4,000 800 sL 5 700 PROPANE OVEN 05/29/2018 1,293 151 sL 5 129 TRENCHER 12/31/2017 3,000 600 sL 5 525 UTILITY TRUCK 12/31/2017 6,500 1,300 sL 5 487	SHEEP WAGON				SL	15	100	
SOLAR PANELS 12/31/2017 50,603 10,121 st 5 8,856 WOOD CHIPPER 12/31/2017 4,000 800 st 5 700 PROPANE OVEN 05/29/2018 1,293 151 st 5 129 TRENCHER 12/31/2017 3,000 600 st 5 525 UTILITY TRUCK 12/31/2017 6,500 1,300 st 5 487			'					
WOOD CHIPPER 12/31/2017 4,000 800 sL 5 700 PROPANE OVEN 05/29/2018 1,293 151 sL 5 129 TRENCHER 12/31/2017 3,000 600 sL 5 525 UTILITY TRUCK 12/31/2017 6,500 1,300 sL 5 487					SL	5		
PROPANE OVEN 05/29/2018 1,293 151 sl 5 129 TRENCHER 12/31/2017 3,000 600 sl 5 525 UTILITY TRUCK 12/31/2017 6,500 1,300 sl 5 487					SL	5		
TRENCHER 12/31/2017 3,000 600 sL 5 525 UTILITY TRUCK 12/31/2017 6,500 1,300 sL 5 487			'		SL	5		
UTILITY TRUCK 12/31/2017 6,500 1,300 st 5 487						5		
						5		
			_, _,					

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month

following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month

following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th

month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for

Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay**

for more information.

_ _ DETACH HERE _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ DETACH HERE_ _ _

CAUTION: You may be required to pay electronically, see instructions.

<u>TAXABLE YEAR</u> **2019**

Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM

3586 (e-file)

FORM

3505095 BLUE 46-1239650 TYB 01-01-2019 TYE 12-31-2019 BLUE SKY SUSTAINABLE LIVING CENTER

PO BOX 271

NEW CUYAMA CA 93254

AMOUNT OF PAYMENT

19

10.

043 6181196 FTB 3586 2019

CAOVFLOW	State Supporting Statements	2019 Page 1
Name(s) as shown on return		SSN/FEIN
BLUE SKY SU	STAINABLE LIVING CENTER	46-1239650

NET BOOK VALUE OF ASSETS SOLD

Description		Amount
LAND	\$	146,758
EQUIPMENT		72,396
EQUIPMENT ACCUMULATED DEPRECIATION		(31,474)
	Total: \$_	187,680

AMOUNT RECEIVED FROM SALE OF LAND AND EQUIPMENT

Description		<u>Amount</u>
LAND (SOLD TO DUNCAN FAMILY FARMS ON JULY 2019)	\$_	400,000
EQUIPMENT (SOLD TO JPG CONSTRUCTION ON DECEMBER 2019)		11,170
Total:	\$	411,170

OTHER INCOME

Description	Amount
PROGRAM SERVICE REVENUE	\$ 76,007
<u>IN-KIND SERVICE DONATIONS</u>	4,770
EVENT TICKETS	569
MISCELLANEOUS	1,514
Total:	\$ <u>82,860</u>

OTHER EXPENSES

Description	Amount
OTHER EMPLOYEE BENEFITS	\$ 13,532
LEGAL	<u>5,565</u>
ACCOUNTING	2,845
OFFICE EXPENSES	36,249
OCCUPANCY	32,802
TRAVEL	33,948
INSURANCE	12,266
CONTRACT SERVICES	114,584
MAINTENANCE	29,473
OPERATING EXPENSES	6,519
MISCELLANEOUS	476
Total:	\$ 288,259

CAOVFLOW	State Supporting Statements	2019 Page 2
Name(s) as shown on return		SSN/FEIN
BLUE SKY SUSTAL	NABLE LIVING CENTER	46-1239650
	CASH	
escription		Amount
CASH - NON-INTE		\$ 19,176
MONEY MARKET AC	COUNT	175,407 rotal: \$ 194,583
	CASH	
Description		Amount
CASH - NON-INTEREST BEARING		\$ 33,012
MONEY MARKET		337,020
	<u>-</u>	Total: \$370,032