2018 California Exempt Organization Annual Information Return

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201	Annual Information Return		199
	ear 2018 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)		
Corporation/O	rganization name	California corporation	number
	KY SUSTAINABLE LIVING CENTER rmation. See instructions.	3505095	
Additional info	rmadon. See instructions.	FEIN 46-1239650	
	(suite or room)	PMB no.	
PO BOX	271	Zip code	
NEW CU		93254	
Foreign count	y name Foreign province/state/county	Foreign postal code	
A Fixed Del	urn. Yes X No J If exempt under R&TC Section 23701d, has the		
	organization engaged in political activities?	_	
	on 4947(a)(1) trust. Yes X No See instructions. Yes X No	● ∐Yes	X No
	ormation Return?		
	e: (mm/dd/yyyy) • If 'Yes,' enter the gross receipts from nonmember sources	n 23701g? ◆ ∐Yes \$	X No
E Check ac	L If organization is a public charity exempt under	r	
	Cash 2 X Accrual 3 Other eturn filed? 1 ● 990T 2 ● 990-PF 3 ● Sch H (990) R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.		
	ner 990 series MI Is the organization a Limited Liability Company	<u> </u>	X No
G Is this a	group filing? See instructions Yes X No N Did the organization file Form 100 or Form 109 taxable income?	9 to report	X No
	ganization in a group exemption Yes X No O Is the organization under audit by the IRS or he vhat is the parent's name?	as the IRS	X No
	P Is federal Form 1023/1024 pending?	=	□No
	rganization have any changes to its guidelines		L
	ted to the FTB? See instructions Yes X No		
Part I	Complete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1 93	7.60
	2 Gross dues and assessments from members and affiliates.	2	3,768.
Receipts	3 Gross contributions, gifts, grants, and similar amounts received SEE . SCH B		6,552.
and Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	10.00 美国联盟第	
	This line must be completed. If the result is less than \$50,000, see General Information B	4 49(0,320.
	5 Cost of goods sold	Caracit Guesalini di	
	6 Cost or other basis, and sales expenses of assets sold ● 6 7 Total costs. Add line 5 and line 6	7	1911025 (2511021)
	8 Total gross income. Subtract line 7 from line 4.		0,320.
	Total expenses and disbursements. From Side 2, Part II, line 18		$\frac{3,320.}{3,327.}$
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		3,993.
	11 Total payments	11	
	12 Use tax. See General Information K	12 13	
	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	
Filing Fee	l l	15	1.0
	15 Filing fee \$10 or \$25. See General Information F	16	10.
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10
0'	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		10.
Sign Here	ITitle IDete	Telephone	
	Signature of officer PRESIDENT	(661) 413-3	3005
	Preparer's TAMES I. HAYEN TOPA Date 15 19 Check if self-self-semblaged X	PTIN	
Paid Preparer's	signature JAMES L. HAYES, YCPA employed A	U P00388898 ● Firm's FEIN	
Use Only	Firm's name (or yours, if 2771 SANTA MARIA WAY STE A	54-2190126	
	self-employed) and address SANTA MARIA, CA 93455-1709	Telephone	
		(805) 937-5	5637
	May the FTB discuss this return with the preparer shown above? See instructions	● X Yes	No

\mathbf{BLUE} .	SKY	SUSTA	TNABLE	LIVING	CENTER
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Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

		rega	rdless of amount of gross receipts	 complete Part II or furni: 	sh sub	stitute information			·
		1	Gross sales or receipts from all	business activities. See	instru	ctions		1	
		2	Interest					2	498.
		3	Dividends					3	120.
Rece		3	Gross rents				_	′	7 605
from Othe		4						' ——	7,625.
Sour		5	Gross royalties						
		6	Gross amount received from sa	6	·				
		7	Other income. Attach schedule.			85,645.			
		8	Total gross sales or receipts from other					8	93,768.
		9	Contributions, gifts, grants, and similar a	mounts paid. Attach schedule .				9	
	i	10	Disbursements to or for membe	rs				10	
		11	Compensation of officers, direct	ors, and trustees. Attach	n sche	dule		11	105,685.
		12	Other salaries and wages						22,759.
Expe	nses	13	Interest					13	22,133.
and Disbi	IIVCO.	14	Taxes					14	
ment							_	· ——	<u> </u>
	_	15	Rents					15	
	ļ	16	Depreciation and depletion (See					16	45,963.
		17	Other Expenses and Disbursem						181,920.
		18	Total expenses and disbursements. Add	line 9 through line 17. Enter he	re and o	on Side 1, Part I, line	9	18	356,327.
Sch	edule	: L	Balance Sheet	Beginning of	taxab	le year	En	d of tax	able year
Asse	ts			(a)		(b)	(c)		(d)
1						38,598.			194,582.
2	Net acc	ounts	receivable						7,936.
3	Net note	es rec	eivable						<u> </u>
4	Inventor	ries						*********** •	<u> </u>
5	Federal	and s	tate government obligations				ACIDO ANTOLONIA A PARAMETER)
6	Investm	ents i	n other bonds					enin e)
7	Investm	ents i	n stock						<u> </u>
8	Mortgag	je loai	ns					•	
			nents. Attach schedule	Joseph Sanga of the Manual Manager and Sangaran and Contact of the)
10a	Deprecia	able a	ssets	1,343,951.		April 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 -	1,347,4	53.	
			ated depreciation		.00 00 00 10 10 10 10 10 10 10 10 10 10 1	1,317,558.	72,0		1,275,397.
									<u> </u>
12	Other as	cente	Attach schedule STM 3			1,500.	AND CONTRACTOR OF THE PROPERTY		1,500.
						1,357,656.		MARCH SEP	1,479,415.
			et worth			1,331,030.		1000	
	Account			**************************************		12,234.)
						14,434.			·
		-	, Surie, a. S. Kille bar) and a contract to the contract to			,	andren er		
			ites payable				alas elles de la della della		<u></u>
			yable				Marie R. Marie S. Marie S.	•	·
			es. Attach schedule						
19	Capital s	stock	or principal fund			1,345,422.			1,479,415.
			oital surplus. Attach reconciliation				ada medan bi terdir d)
			ings or income fund					•	
			es and net worth			1,357,656.			1,479,415.
Sche	edule	M-1					1 U		
			Do not complete this schedule i				*		
			er books,	133,993	. 7		books this year not inc	iuded	
_) ulicitati, girrating parameter parameter (1911)
						Deductions in this re			a (Galilais sanganga Galak
	4 Income not recorded on books this year.					against book income			
			le	Generalis istus sum en et en	9		d line 8		
					10			· · · · ·	ne (GSS) nedaga je tok objekte ose koji i
			Attaon someonic,		_	Net income per	return. from line 6	272	122 002
<u> 0</u>	rutal, At	uu IIN	e 1 through line 5	133,993	•	Oubliact little 9	nom me o	••••	133,993.

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

Department of the Treasury Internal Revenue Service

Name of the organization

CALIFORNIA COPY

Schedule of Contributors

Employer identification number

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

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

2018

OMB No. 1545-0047

BLUE SKY SUSTAINABLE LIVING C	ENTER	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 priva	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Genera	Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	special Rule. See instructions.
General Rule		
x For an organization filing Form 990, 990-E2	7, or 990-PF that received, during the year, contributions total te Parts I and II. See instructions for determining a contribution	aling \$5,000 or more (in money or tor's total contributions.
Special Rules		
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during the Form 990, Part VIII, line 1h; or (ii) Form 99	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000; or (2 0-EZ, line 1. Complete Parts I and II.	ort test of the regulations 16a, or 16b, and that 2) 2% of the amount on (i)
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to contributor name and address), II, and III.	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, li children or animals. Complete Parts I (entering 'N/A' in colu	from any one contributor, terary, or educational umn (b) instead of the
during the year, contributions exclusively fo \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete ar	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contributions total contributions that were received during the year for any of the parts unless the General Rule applies to this organule, etc., contributions totaling \$5,000 or more during the year	ons totaled more than an <i>exclusively</i> religious, ization because
Caution: An organization that isn't covered by 990-PF), but it must answer 'No' on Part IV, lin Part I, line 2, to certify that it doesn't meet the	the General Rule and/or the Special Rules doesn't file Sched e 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 990	dule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF, 0-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

1	Page	•
	, ago	٠

BLUE :	SKY SUSTAINABLE LIVING CENTER	46-1	239650
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	USDA RURAL DEVELOPMENT 5080 CALIFORNIA AVE STE 150	\$\$ <u>5,418.</u>	Person X Payroll Noncash
	BAKERSFIELD, CA 93309		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ZANNON FAMILY FOUNDATION PO BOX 21957 SANTA BARBARA, CA 93121		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SANTA BARBARA FOUNDATION 1111 CHAPALA ST. #200 SANTA BARBARA, CA 93101	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- 	 	Person

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

Employer Identification number

Name of organization BLUE SKY SUSTAINABLE LIVING CENTER

46-1239650

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/	<u>A</u>		
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

DIOR SKI SOSIVINVDRE P		140 123 3030
Part III Exclusively religiou	s, charitable, etc., contributions to organization	ons described in section 501(c)(7), (8),
	than \$1,000 for the year from any one contributor.	

, irom	(u)	(c) Use of gift	(d) Description of how gift is held			
(a) , from Part I	(b) Purpose of gift	Use of gift	Description of how gift is held			
N/A						
[
						
		(e)				
	_ ,	(e) Transfer of gift				
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee			
h						
rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
rt I			3			
						
		(e) Transfer of gift				
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee			
a)	(h)	(c)	(4)			
rom rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
l l						
		(e) Transfer of gift				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee			
)		ss, and ZIP + 4				
) rom	Transferee's name, addres (b) Purpose of gift	(e) Transfer of gift ss, and ZIP + 4 (c) Use of gift	Relationship of transferor to transferee (d) Description of how gift is held			
) rom		ss, and ZIP + 4				
) rom ti		ss, and ZIP + 4				
a) irom rt I		ss, and ZIP + 4				
a)		(c) Use of gift				
) rom t l	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	Description of how gift is held			
) om t1		(c) Use of gift (e) Transfer of gift				
) om t1	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			

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	ch to Form 100 or Fo	rm 100W. FORI	M 199							
Corpo	oration name						Califo	rnia corp	oratio	n number
	UE SKY SUSTAI	NABLE LIVING	CENTER				350	5095	5	
Par		xpense Certain Pro								
1	Maximum deduction							1	<u></u>	\$25,000
2	Total cost of IRC Se		•					2	<u> </u>	
3	Threshold cost of IRC Section 179 property before reduction in limitation							3	<u> </u>	\$200,000
4								4	<u> </u>	
	Dollar limitation for	-	act line 4 from line					5		
6	(a)	Description of property	·	(b) Cost (business	use only)	(c) Electe	d cost			
								ia cinera		
7	Listed property (elec		•					Paragraph Control		
8	Total elected cost of							8	-	
9	Tentative deduction							9	 	
10	Carryover of disallow Business income lin							10		
11 12	IRC Section 179 exp			*	•			12	 	
13	Carryover of disallow							1	1000000	
Par		nd Election of Additi					156		NA DECISION	
14	(a)	(b)	(c)	(d)	(e)	(1)	1	g)	$\overline{}$	(h)
1-7	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Depreci	ation 1	for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this	year		year
				allowable in earlier years						depreciation
SOI	LAR ENERGY EQ	12/31/2017	50,603.	1,265.	S/L	5	1	0,12	1.	
FOI	RKLIFT	12/31/2017	1,500.	38.	S/L	5		30	0.	
BAG	CKHOE	12/31/2017	5,000.	125.	S/L	5		1,00	10.	
TRE	ENCHER	12/31/2017	3,000.	75.	S/L	5		60	0.	
AII	R COMPRESSOR	12/31/2017	2,436.	61.	S/L	5		48	37.	
15	Add the amounts in	column (a) and col	umn (b). The total	of column (h) may	not exceed					
	\$2,000. See instruct	ions for line 14, col	umn (h)			15	4	5,96	iз.	
Par						•				
16	Total: If the corporat	tion is electing:		·		-				_
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, column (g	I) Or ate on line 11	5 columns	(a) and (h	۱ ۵۲		
	Depreciation (if no e	election is made), e	nter the amount from	om line 15, columr	nts on time it		(9) and (11	1	16	
17	Total depreciation cl								17	
18	Depreciation adjustn	nent. If line 17 is gr	eater than line 16,	enter the differen	ce here and	on Form 10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is line 12 (If Californ	less than line 16, d	enter the difference	e here and o determine n	in Form 100 et income b	or efore		ľ	
	state adjustments or	Form 100 or Form	100W, no adjustn	nent is necessary.)),			1	18	
Par	t IV Amortization									
19	(a)	(b)	(c)		(d)	(e) R&TC	_ (f)			(g)
	Description of property	Date acquired (mm/dd/yyyy)	d Cost o other bas		tization r allowable	R&TC section	Period percent			Amortization
	or property	(IIIII) dd/yyyy) Uniei Das		er years	(see instr)	percent	aye		for this year
						, .				
									T	
									\vdash	
										
20	Total. Add the amou	nts in column (a)	1	<u> </u>		Ii		20		-
21	Total amortization cl	107						21	<u> </u>	
		•	•	•				 	 	
22	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20, c	enter the difference	e here and o	n Form 100	or			
	Form 100W, Side 2,	line 12	· · · · · · · · · · · · · · · · · · ·					22		

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FTB 3885 2018

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	ch to Form 100 or Fo	rm 100W. FOR	м 199						-
Corpo	ration name					Califo	гпіа сотрог	ation number	
BLU	JE SKY SUSTAI	NABLE LIVING	CENTER				350	5095	
Par			perty Under IRC S					.,	
1	Maximum deduction	under IRC Section	i 179 for California					1	\$25,000
2	Total cost of IRC Se		2						
3	Threshold cost of IF		-					3	\$200,000
4	Reduction in limitati							4	
5_	Dollar limitation for		act line 4 from line					5	
6	(a)	Description of property		(b) Cost (busines	s use only)	(c) Electe	d cost		seguidos al approvi
								14616117	
								SECULIE	
7	Listed property (elec							12279759077591	
8	Total elected cost of							8	
9	Tentative deduction							9	·
10	Carryover of disallov								-
11 12	Business income lin IRC Section 179 exp							11	-, -
13	Carryover of disallow			•	_			12	
Parl			ional First Year Dep				56	138	
14	(a)		(c)	(d)		1		a)	(h)
14	Description	(b) Date acquired	Cost or	Depreciation	(e) Depreciation	(f) 1 Life or	Depreci	g) ation fo	(h) r Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate		year	year
				allowable in earlier years					depreciation
WOOD CHIPPER 12/31/2017 4,000.		100	. S/L	5		800			
FARM TRAILERS 12/31/2017 2,900		73	_	5		580			
	CATERING TRAILE 12/31/2017 45,000.		1,125		5		9,000		
	BOTA	12/31/2017	10,000.	250		5		2,000	
	LITY TRUCK	12/31/2017	6,500.	163		5		1,300	
				·					
13	Add the amounts in \$2,000. See instruct	column (g) and co	lumn (n). The total lumn (h)	or column (n) ma	ay not exceed	, 15			
Parl		10113 101 11110 14, 00	(1)				L		
	Total: If the corporal	tion is election:							
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, column	(g) or				
	Additional first year Depreciation (if no e	depreciation under	R&TC Section 243	356, add the amo	unts on line 1	l5, columns ((g) and (h) or 16	
17	Total depreciation cl	-							
	Depreciation adjustn							··· •••	-
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16, o	enter the differen	ce here and	on Form 100	or		
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	iia depreciation am	ounts are used to	o determine r	net income b	etore	18	
Part		11 01111 100 01 1 0111	1 10044, 110 adjustit	nent is necessary	•/			10	
19	(a)	(b)	(c)		(d)	(e)	(f)	-	(g)
	Description	Date acquire	d Cost o		rtization	R&TC	Period	d or	Amortization
	of property	(mm/dd/yyyy	r) other bas		or allowable lier years	section (see instr)	percent	age	for this year
				III Cal	nei years	(see ilisti)		···	
						+			-
						+			
						+			
	T-1-1 Add U							T 00 -	
	Total. Add the amou	,						20	
	Total amortization cl	•	•	•				21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20, less than line 20,4	enter the differe	nce here and	I on Form 10	U or		
	Form 100W, Side 2,							22	
	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·		·	-

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FTB 3885 2018

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Atta	ch to Form 100 or Fo	rm 100W. FOR	М 199							
Corp	oration name						Califo	rnia cor _l	poratio	on number
BL	UE SKY SUSTAI	NABLE LIVING	CENTER				350	5095	5_	
Pai		xpense Certain Pro								
1	Maximum deduction							1		\$25,000
2	Total cost of IRC Se								L	
3	The second secon									\$200,000
4									-	
- <u>5</u>	Dollar limitation for		act line 4 from line	T .				5	<u> </u>	
	(a)	Description of property		(b) Cost (busines	ss use only)	(c) Electe	d cost			
	· · · · · · · · · · · · · · · · · · ·							-		
								10.20		regan con the tig story as a second
7	Listed property (elec	cted IRC Section 17	'9 cost)			· .			Υ	
8 9	Total elected cost of Tentative deduction.	Enter the smaller	oroperty. Add amou	ints in column (c)	, line 6 and l	ine 7		8	 -	,
10	Carryover of disallor							_	├	
11	Business income lin		•						 	
12	IRC Section 179 exp							12	├	
13	Carryover of disallov									
Par		nd Election of Additi					356		00069800	800000 (F)
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation	life or	Depreci	ation :	for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this year			year depreciation
				earlier years						
DOI	OGE DUMP TRUC	12/31/2017	2,000.	50	. S/L	5		40	0.0	
BU:	ILDING - OPER	12/31/2015	402,371.	21,065	. S/L	39	1	0,31	<u>7</u> .	
LA	ND - OPERATIN	12/31/2015	557,954.			0				
HUTS, TENTS, DW		1/01/2016	10,000.	1,000	. S/L	15		66	57.	
FUI	RNITURE	12/31/2017	3,200.	57	. S/L	7		4.5	7.	
15	Add the amounts in									
	\$2,000. See instruct	ions for line 14, col	lumn (h)			15				
<u>Par</u>		 								
16	Total: If the corporal IRC Section 179 exp	tion is electing: lense, add the amo	unt on line 12 and	line 15 column ((a) ar					
	Additional first year	depreciation under	R&TC Section 243	l56, add the amοι	unts on line 1	5, columns	(g) and (h) or		
	Depreciation (if no e								16	
	Total depreciation of							…	17	
10	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is	less than line 16. (enter the differen	ce here and o	on Form 100	or	ŀ	ı	
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation am	ounts are used to	o determine n	net income b	efore			
D	state adjustments or	Form 100 or Form	1 100W, no adjustn	nent is necessary	<u>.)</u>			'	18	
Par		/1->	(-)		(-IX	1				
19	(a) Description	(b) Date acquire	d (c) Cost o	r Amo	(d) rtization	(e) R&TC	(f) Period	l or		(g) Amortization
	of property	(mm/dd/yyyy		sis allowed	or allowable	section	percent			for this year
				ın ear	lier years	(see instr)			<u> </u>	
									ļ	 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
									<u> </u>	
									<u> </u>	
									<u> </u>	
						<u> </u>		Ι.	<u> </u>	
20	Total. Add the amou							20	ļ	
21	Total amortization cl	-	•	•				21		
22	Amortization adjustment form 100W, Side 1,	nent. If line 21 is gr	eater than line 20,	enter the differen	nce here and	on Form 10	0 or ·			
	Form 100W, Side 1,	line 12	u an ine 20, 6	mici the unleien				22		

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	ch to Form 100 or For	rm 100W. FOR	М 199									
Corpo	oration name	Cali				Califor	alifornia corporation number					
	UE SKY SUSTAIN								350	509	5	
Par			perty Under IRC S							1	r —	
1											┡	\$25,000
2 3										3	 	4000 000
3 4										4	╁	\$200,000
5												· · · · · · · · · · · · · · · · · · ·
6		Description of property		Υ	Cost (business	· · · · · ·		Electe		5	1	
		possilensii si krahard		(2)	7001 (1000)			210010		galesia galesia		10 2 G C 11 11 g
7	Listed property (elec	ted IRC Section 13	79 cost)			7						NECLARITATION NAMED OF
8	Total elected cost of		•				ine 7	. , ,		8	T	<u> </u>
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.							9		
10	Carryover of disallow									10	<u> </u>	
11	Business income lim				•					11	<u> </u>	
12	IRC Section 179 exp					_			<u></u>	12	Water in the second	HAROLO CONTRACTOR ON COLUMN SCO
13 Par	Carryover of disallow							040	F.C.		28538	Mile A, Charles Call
	•		ional First Year Dep	reciation			T					
14	(a) Description	(b) Date acquired	(c) Cost or	Den	(d) reciation	(e) Depreciation	n (f n Life		(g Deprecia)) ation :	for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rat		this			year
					wable in ier vears						- 1	depreciation
BU	LDINGS IMPRO	12/31/2017	161,753.		173.	S/L		39	4	4,14	7.	
		12/31/2017	75,734.		473.	S/L		20				
MACHINERY & EQU 12			3,502.			S/L		5				
			2,7332,					<u>-</u> -				
									- ··· · · · · 			
15	Add the amounts in	column (a) and co	lumn (h). The total	of colu	nn (h) mav	not exceed	,					
	\$2,000. See instructi	ions for line 14, co	lumn (h)				·	15				
Par							•					
16	Total: If the corporat	ion is electing:										
	IRC Section 179 expended Additional first year of	ense, add the amo depreciation under	ount on line 12 and R&TC Section 243	line 15, 356 add	, column (g) I the amoun	• Or ts on line 1	l5 colu	mns (and (h)	Or	I	
	Depreciation (if no el	lection is made), e	nter the amount fro	om line	15, column	(g)				L	16	•
17	Total depreciation cla	•	•		-					[17	
18	Depreciation adjustm Form 100W, Side 1,	nent. If line 17 is g	reater than line 16,	enter t	he difference	e here and	on For	m 10	0 or			
	Form 100W, Side 2, I	line 12. (If Californ	iia depreciation am	iounts a	re used to d	letermine r	net inco	me be	efore			
	state adjustments on	Form 100 or Forn	n 100W, no adjustn	nent is r	necessary.).					'	18	
Parl												
19	(a) Description	(b) Date acquire	d (c) Cost o	r	(o Amorti	t) zation	(e)) _C [(f) Period	or		(g)
	of property	(mm/dd/yyyy			allowed or	allowable	secti		percenta			Amortization for this year
					in earlie	r years	(see in	nstr)			L	,
	۸.								_		ļ	
											<u> </u>	
							-				<u> </u>	·
											ļ	
				-,-	L.,				- 1		<u> </u>	
20	Total. Add the amour		and the second s							20	<u> </u>	
21	Total amortization cla		•							21		
22	Amortization adjustm Form 100W, Side 1, I	nent. If line 21 is gr line 6. If line 21 is	reater than line 20, less than line 20	enter t	he difference	e here and	on For	m 100 ນ 100	D or			
	Form 100W, Side 1, I	line 12							·	22	Ì	

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2018	CALIFORNIA STATEMENTS	PAGE 1
CLIENT BLUESKY	BLUE SKY SUSTAINABLE LIVING CENTER	46-1239650
7/11/19 STATEMENT 1 FORM 199, PART II, LINE OTHER INCOME	7	03:35PN
EVENT TICKETSIN-KIND SERVICE DONA MISCELLANEOUS	STIONS NUE TOTAL \$	1,200. 3,326. 4,897. 1,885. 74,337. 85,645.
STATEMENT 2 FORM 199, PART II, LINE OTHER EXPENSES	17	
BANK CHARGES CONTRACT SERVICES FACILITIES & EQUIP M FILING FEES FUNDRAISING EXPENSES IN KIND EXPENSES INSURANCE LEGAL FEES LICENSES & PERMITS MISCELLANEOUS OPERATING EXPENSES OTHER EMPLOYEE BENEF PROPERTY TAXES TRAVEL	SAINTENANCE.	4,778. 257. 44,295. 27,569. 633. 455. 4,897. 29,167. 2,200. 1,101. 25. 26,446. 2,641. 6,003. 19,609. 11,844.
STATEMENT 3 FORM 199, SCHEDULE L,	TOTAL \$	181,920.
OTHER ASSETS DEPOSIT	TOTAL \$	1,500. 1,500.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month 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 as defined in Government Code section 12586.1. IRS extensions will be honored.



State Charity Registration Number CT0202024					Check if:							
State Charty Registration Number C10202024				Change of address								
BLUE SKY SUSTAINABLE LI	☐Amended report											
PO BOX 271					Corporate or Organization No. 2505005							
Address (Number and Street)				Corporate or Organization No. 3505095								
NEW CUYAMA, CA 93254 City or Town, State and ZIP Code				Federal Empl	oyer I.D. No. <u>46-1239650</u>							
ANNUAL REGIS	STRATION F	RENEWAL FEE SCI	HEDULE (11 Cal ney General's I	l. Code Regs. s Registry of Cl	sections 301-307, 311, and 312) haritable Trusts	·						
Gross Annual Revenue	Fee	Gross Annual Re	evenue	Fee	Gross Annual Revenue		Fee					
Less than \$25,000	0	Between \$100,00		•			\$150					
Between \$25,000 and \$100,000	\$25	Between \$250,00]] and \$1 millio	in \$75	Between \$10,000,001 and \$50 mil Greater than \$50 million		1 \$225 \$300					
PART A - ACTIVITIES		<u>. </u>			¥ =		ψ 5 00					
For your most recent full accou				ending	12/31/18) list:							
Gross annual revenue \$		490,320.	Total assets	\$	1,479,415.							
PART B - STATEMENTS REC	GARDING	3 ORGANIZAT	ION DURING	G THE PER	IOD OF THIS REPORT							
Note: If you answer "yes" to any a "yes" response. Please rev	of the ques	itions below, you instructions for i	must attach a nformation req	separate pag uired.	e providing an explanation and deta	ls for e	ach					
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the							No X					
organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?												
2 During this reporting period, were property or funds?	there any th	eft, embezzlement	, diversion or mi	suse of the org	ganization's charitable		X					
3 During this reporting period, did non-program expenditures exceed 50% of gross revenue?							X					
4 During this reporting period, were a Form 4720 with the Internal Rev	enue Servi	ice, attach a copy	•				X					
5 During this reporting period, we purposes used? If "yes," provide service provider.	re the servi e an attach	ices of a commerc ment listing the n	cial fundraiser o ame, address,	or fundraising and telephone	counsel for charitable e number of the		X					
6 During this reporting period, did the the name of the agency, mailing	e organizati g address, o	on receive any gov contact person, a	rernmental fundir nd telephone ni	ng? If so, prov umber.	ide an attachment listing		X					
7 During this reporting period, did the indicating the number of raffles	and the da	te(s) they occurre	d.				X					
8 Does the organization conduct a verthe program is operated by the charitable purposes.	ehicle donat charity or w	ion program? If "ye whether the organi	es," provide an a ization contract	attachment indi is with a comi	icating whether mercial fundraiser for		X					
Did your organization have prep- principles for this reporting period		dited financial sta	atement in acco	ordance with g	generally accepted accounting		X					
Organization's area code and telepho	one number	(661) 413-	-3005									
Organization's e-mail address				•		·						
I declare under penalty of perjury that and belief, the content is true, correct	at I have ex	amined this repo plete.	rt, including ac	companying	documents, and to the best of my kr	ıowledç	ge					
Signature of authorized officer	DAVI	D KIETZMAN		PRESIDEN'	T Date							
organization of dutalisticour officer		107110		***************************************	- Oale							