CACA1112L 12/13/18

2018 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 20	18 or fiscal	year beginning (mm/dd/	уууу)		, 6	and ending (r	mm/dd/yyy	y)				
Corporation/Or	ganizat	tion name								С	California corporation r	number	
COASTS	T DE	LAND TI	RIIST								2060918		
		. See instruction									EIN		
										9	94-3290067		
Street address	(suite	or room)									PMB no.		
PO BOX	320)5					,						
City								State			ip code		
HALF MO								CA Foreign prov	rince/state/county		94019 Foreign postal code		
Toroigit counti	y manne	•						r oreign prov	incorstate recounty		oreign postar code		
A 5: 101					X No	J If	evemnt under l	P&TC Section	n 23701d, has the	<u> </u>			
							ganization enga			•			
											• Yes	X No	
				Yes	X No						_		
D Final Info	ormatio					K la	the eraenizatio	an avamnt ur	dor DOTC Continu	n 22701	1g? ● Yes	X No	
● <u></u> D	issolve	d	Surrendered (Withdrawn)	Merged/F	Reorganized	If	'Yes ' enter the	e aross receir	nts from			V MO	
		/dd/yyyy) ●				nc	nmember sour	rces		\$	S		
E Check ac		_				L If	organization is	s a public cha	arity exempt unde	r			
	Cash			. □.		R8	&TC Section 23	3701d and me	eets the filing fee g fee is required		₽ ☑		
			990T 2 ● 990-PF	3 ● □ S	cn H (990)								
4 0th				• Dv	X No						• Yes	X No	
G IS UNIS A	group i	ning: See msi	tructions	• Yes	<u>™</u> 100				n 100 or Form 109			X No	
		tion in a group the parent's n	exemption	· · · · Yes	X No				it by the IRS or h		IRS Yes	X No	
11 163, 1	wiiat is	the parent s n	iame:										
		12 1	1 1 2 2 2 1 2						ending?		· · · · Yes	X No	
	•		changes to its guidelines instructions	• Yes	X No	Da	ate filed with IR	rs					
Part I			l unless not required to			noral	nformation	P and C					
raiti		•	•							1	T 4,	1.57	
	1		es or receipts from othe								4.5	3,157.	
Receipts	2		es and assessments fro						l-	2			
and	3		tributions, gifts, grants						S.CHB. ●	3	630	0 , 553.	
Revenues	4	•	s receipts for filing req				•						
			must be completed. If					eral Inform	nation B ●	4	673	3 , 710.	
	5	-	ods sold										
	6		her basis, and sales ex										
	7		s. Add line 5 and line 6							7			
	8	Total gros	s income. Subtract line	7 from line	4				•	8	673	3,710.	
Expenses	9		enses and disbursemer							9	435	5,050.	
Ехрепзез	10	Excess of	receipts over expense	s and disburs	sements. S	Subtra	ct line 9 fror	m line 8.	•	10	238	3,660.	
	11	Total payr								11			
	12	Use tax. S	See General Information	n K						12			
	13	Payments	balance. If line 11 is r	nore than line	e 12, subti	ract lin	e 12 from li	ine 11	•	13			
Tilina.	14	Use tax ba	alance. If line 12 is mo	re than line 1	1, subtrac	t line	11 from line	e 12		14			
Filing Fee	15	Filing foo	\$10 or \$25. See Gener	ral Informatio	n F					15			
		Ü							ŀ	16	-		
	16		and Interest. See Gene										
	17		e. Add line 12, line 15, and line							17		0.	
Sign	Under	penalties of pe t, and complete	erjury, I declare that I have exa e. Declaration of preparer (oth	amined this return er than taxpayer)	, including ac is based on a	compan all inform	ying schedules a nation of which p	and statemer preparer has	its, and to the bes any knowledge.	t of my	knowledge and belief	, it is true,	
Here		ature >			Title				ate		 Telephone 		
	of offi	icer			PRESI	DENT	I				<u>650-726-50</u> !	<u> 56</u>	
	Prepa	arer's >					Date	S	check if elf-		• PTIN		
Paid	signa	ture HU	SNE SIDDIQUI-K						mployed		P01958878 ■ Firm's FEIN		
Preparer's Use Only	I Firm's	name	HEALY AND ASS								_		
· · · · · · · · ·	self-e	urs, if mployed)	1200 CONCORD								81-1489821		
	and a	ddress	CONCORD, CA	94520-493	39					• Telephone			
										19	925-603-080		
	May the FTB discuss this return with the preparer shown above? See instructions									• X Yes No			

COASTSIDE LAND TRUST

Part II Organizations with gross receipts of more than \$50,000 and private foundations

	rega	rdless of amount of gross receipts $-\epsilon$	complete Part II or furnis	h substitute information	١.		
	1	Gross sales or receipts from all bu	usiness activities. See	instructions		1	11,465.
	2	Interest			•	2	
	3	Dividends				3	
Receipt from	:S 4	Gross rents				4	
Other	5	Gross royalties			•	5	
Source	s 6	Gross amount received from sale	of assets (See Instruct	ions)	•	6	
	7	Other income. Attach schedule					31,692.
	8	Total gross sales or receipts from other so				8	43,157.
	9	Contributions, gifts, grants, and similar amount	ounts paid. Attach schedule		•	9	•
	10	Disbursements to or for members			•	10	
	11	Compensation of officers, director	s, and trustees. Attach	schedule	EE STMT 2 •	11	100,123.
	12	Other salaries and wages					23,631.
Expens and	es 13	Interest			•	13	
Disburs	se- 14	Taxes				14	11,363.
ments	15	Rents				15	20,334.
	16	Depreciation and depletion (See in	nstructions)			16	1,586.
	17	Other Expenses and Disbursemer					278,013.
	18	Total expenses and disbursements. Add lin				18	435,050.
Sched	lule L	Balance Sheet	Beginning of			d of taxabl	
Assets			(a)	(b)	(c)		(d)
	sh			603,231.		•	742,435.
2 Ne	t accounts	receivable		28,570.		•	•
3 Ne	t notes red	eivable				•	
				516.		•	960.
		state government obligations				•	
		in other bonds				•	
		in stock				•	
8 Mo	ortgage loa	ns				•	
9 Otl	her investn	nents. Attach schedule				•	
10 a De	preciable a	assets	16,079.		16,0		
		lated depreciation	12,282.	3 , 797.			2,212.
				3,676,786.		•	3,813,486.
12 0tl	her assets.	Attach schedule		75 , 830.		•	76,119.
13 To	tal assets			4,388,730.			4,635,212.
Liabiliti	es and r	net worth					
		able		5,111.		•	7,768.
		, gifts, or grants payable				•	
		otes payable				•	
		ayable				•	
		es. Attach schedule					5,165.
	-	or principal fund		4,383,619.		•	4,622,279.
		pital surplus. Attach reconciliation				•	
		nings or income fund		4 200 720			4 605 010
		ies and net worth	1 '11 '	4,388,730.			4,635,212.
Sched	lule M-	1 Reconciliation of income per be Do not complete this schedule if the complete this schedule.			s less than \$50,000).	
1 Ne	t income n	er books	238,660.		n books this year not inc		
		ne tax	,		ch schedule		
3 Ex	cess of cap	oital losses over capital gains		8 Deductions in this	return not charged		
4 Ind	come not re	ecorded on books this year.		against book incon			
		ule					
		orded on books this year not deducted			nd line 8		
		Attach schedule	000 000	10 Net income pe			000 660
6 To	tal. Add lir	ne 1 through line 5	238,660.	Subtract line 9	from line 6		238,660.

3652184 **Side 2** Form 199 2018 059 CACA1112L 12/13/18

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

Department of the Treasury Internal Revenue Service

Name of the organization

CA PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

COASTSIDE LAND TRUST		94-3290067							
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 Genera	ıl Rule or a Special Rule.								
Note: Only a section 501(c)(7), (8), or (10) org	anization can check boxes for both the General Rule and a S	pecial Rule. See instructions.							
General Rule									
	Z, or 990-PF that received, during the year, contributions tota ete Parts I and II. See instructions for determining a contribut								
Special Rules									
under sections 509(a)(1) and 170(b)(1)(A)(vi).	01(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, 1 the year, total contributions of the greater of (1) \$5,000; or (2) 00-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that							
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty the contributor name and address), II, and III.	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit o 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 for \$1,000. If this box is checked, enter here to charitable, etc., purpose. Don't complete a	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contribution the total contributions that were received during the year for a ny of the parts unless the General Rule applies to this organible, etc., contributions totaling \$5,000 or more during the year	ons totaled more than an <i>exclusively</i> religious, ization because							
990-PF), but it must answer 'No' on Part IV. Ii	the General Rule and/or the Special Rules doesn't file Sched ne 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	990-EZ or on its Form 990-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)

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

COASTSIDE LAND TRUST

Employer identification number

-32		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.
(a)	(b)	_(c)

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,000.	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
2		\$ <u>15,000.</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
3		\$200,000.	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
4		\$24,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$40,000.	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 Complete Part II for noncash contributions.)
		l	

1

Name of organization

COASTSIDE LAND TRUST

Employer identification number
94-3290067

COASTSIDE LAND TRUST

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		-	
		\$	
(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
		-	
		 \$ -	
(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	
		<u> </u>	

	,	,	 ,
Name of organizatio	n		
COASTSIDE	LAND	TRUST	

Employer identification number 94-3290067

	the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	al of <i>exclusively</i> religious, charitable, etc., ee instructions.)					
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	N/A						
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee				
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee				
	L						
(a) . from art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee				
(a) . from art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, addres	Relationship of transferor to transferee					
	<u> </u>						

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

CALIFORNIA FORM

2018 Corporation Depreciation and Amortization

3885

Atta	ch to Form 100 or For	m 100W. FORI	М 199									
Corpo	ration name								Califor	nia corp	oratio	n number
COZ	ASTSIDE LAND	TRUST							206	0918		
Par	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79							
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service							2		
3	Threshold cost of IR	C Section 179 prop	perty before reducti	on in lin	nitation					3		\$200,000
4	Reduction in limitation									4		
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0				5		
6	(a)	Description of property		(b) C	ost (business ı	ise only)	(c)	Elected	cost			
7	Listed property (elec		•									
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov		,							10		
11	Business income lim				•					11 12		
12 13	IRC Section 179 exp					r				12		
Par	Carryover of disallov		ional First Year Dep					n 2/12	56			
	•			ı				_			I	(h)
14	(a) Description	(b) Date acquired	(c) Cost or		(d) eciation	(e) Depreciatio	n Life	e or	Deprecia	3) ation f	or	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	ra		this			year
					vable in er years							depreciation
CON	MPUTER EQUIPM	VARTOUS	3,882.	oam	3,882.	S/L		7				
_	RNITURE & FIX		1,293.		1,293.	S/L		7				
	JIPMENT	7/01/2010	1,537.		1,537.	S/L		5				
LAN			363,260.		1,007.	5/1		0				
LAN			147,572.					0				
-							. 1	-				
15	Add the amounts in \$2,000. See instruct							15		1,58	6	
Par	t III Summary	10115 101 11116 14, 00	iuiiii (ii)					13	•	1,30	0.	
	Total: If the corporat	tion is electing:										
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15,	column (g)	or						
	Additional first year										6	
17	Depreciation (if no e Total depreciation cl	* *				107					7	
	Depreciation adjustn									· · · - ·	•	
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Forn	n 100	or			
	Form 100W, Side 2, state adjustments or									1	8	
Par		11 01111 100 01 1 011	ii 100vv, 110 aujustii	HEIR IS I	160633a1 y . <i>)</i> .					•	0	
19	(a)	(b)	(c)		((d)	(e)	(f)			(g)
	Description	Date acquire	ed Cost o		Amorti	zation	R&	ŤС	Period			Amortization
	of property	(mm/dd/yyy)	/) other bas	sis	allowed or in earlie		sect (see i		percent	age		for this year
					iii canit	, years	(366.1	11311)				
								+				
								+				
							-					
20	Total Add the array	into in column (=)	J							20		_
20	Total. Add the amou	(0)								20		
21	Total amortization cl		'		•					21		
22	Amortization adjustr Form 100W, Side 1,	nent. It line 21 is g line 6. If line 21 is	reater than line 20	, enter t enter th	he difference e difference	e here and	d on For	rm 100 n 100	J or or			
	Form 100W, Side 2,									22		

CACA3501L 12/07/18 059 7621184 FTB 3885 2018

CALIFORNIA FORM

TAXABLE YEAR

2018 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FORI	M 199								
Corpoi	ration name								Californ	nia corpora	ation number
COF	ASTSIDE LAND	TRUST							2060	0918	
Parl	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79						
1	Maximum deduction	under IRC Section	179 for California.							1	\$25 , 000
2	Total cost of IRC Se		•							2	
3	Threshold cost of IR									3	\$200,000
4	Reduction in limitation									4	
	Dollar limitation for t		act line 4 from line							5	
6	(a)	Description of property		(b) C	ost (business ι	ise only)	(c) El	ected c	ost		
	1 :- 1 1 1 7 - 1	.t I IDO O ti 1	70+								
7	Listed property (elec		•				ino 7			8	
8 9	Total elected cost of Tentative deduction.									9	
10	Carryover of disallov									10	
11	Business income lim									11	
12	IRC Section 179 exp									12	
13	Carryover of disallov					_					
Parl	Depreciation a	nd Election of Addit	ional First Year Dep	reciatior	n Deduction	Under R&T	C Section	24356	ŝ		
14	(a)	(b)	(c)		(d)	(e)	(f)		(<u>c</u>	1)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	Life o	r I	Deprecia this		
	or property	(IIIII/dd/yyyy)	Other basis		wable in	method	Tale		uns	year	year depreciation
				earli	er years						,
	SERVATION EA		21.					0			
	MPUTER EQUIPM		2,170.		2,046.	S/L		5		124	•
LAN			177,378.					0			
LAN			2,683,000.					0			
FUF	RNITURE AND E	VARIOUS	5,754.		2,642.	S/L		5	1	L , 173	•
15	Add the amounts in \$2,000. See instruct							5			
Parl		10113 101 11110 14, 00	<u> </u>								
	Total: If the corporat	tion is electing:									
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15	column (g)	or	F	(=)	(ما) امصما		
	Additional first year Depreciation (if no e										
17	Total depreciation cl	•									
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16,	, enter t	he differenc	e here and	on Form	100	or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16, line 16, line am	enter th	e difference	here and o	on Form	100 ol	r ore		
	state adjustments or									18	
Par	IV Amortization		·								•
19	(a)	(b)	(c)		(((e)		_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or		R&TC section		Period percenta		Amortization for this year
	or property	(IIIII) aan yyyy	ourior bas	515	in earlie		(see ins		porcorre	, go	ioi tilis year
				-					-		
20	Total. Add the amou	ınts in column (g).								20	
21	Total amortization cl	laimed for federal p	ourposes from fede	ral Forn	n 4562, line	44			[21	
22	Amortization adjustr	nent. If line 21 is g	reater than line 20	, enter t	he differenc	e here and	l on_Form	100	or		
	Form 100W, Side 1,									22	
	Form 100W, Side 2,	IIIIC 12								~~	

CACA3501L 12/07/18 059 7621184 FTB 3885 2018

CALIFORNIA FORM

2018 Corporation Depreciation and Amortization

3885

Attac	ch to Form 100 or For	m 100W. FOR	M 199									
Corpo	ration name								Califor	nia corp	oration	n number
COF	ASTSIDE LAND	TRUST							206	0918		
Par	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79				•			
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service							2		
3	Threshold cost of IR	C Section 179 prop	perty before reducti	ion in lin	nitation					3		\$200,000
4	Reduction in limitation									4		
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zei	ro or less, e	enter -0				5		
6	(a)	Description of property		(b) Co	ost (business ı	use only)	(c)	Elected	cost			
7	Listed property (elec		•									
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov		,							10 11		
11 12	Business income lim IRC Section 179 exp				•					12		
13	Carryover of disallov			-		_				12		
Par			ional First Year Dep					n 243	56			
14	(a)	(b)	(c)		(d)	(e)	(f		(9	1)		(h)
'	Description	Date acquired	Cost or		eciation	Depreciation			Deprecia	ation f	or	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rat	е	this	year		year
					vable in er years							depreciation
LAN	ND HELD IN F	VARIOUS	104,996.					0				
LAN			78,000.					0				
LAN			78,803.					0				
	JIPMENT - OTH		1,443.		881.	S/L		5		28	9.	
LAN		12/31/2016	24,756.					0				
	Add the amounts in			of colur	nn (h) may	not oveco	4					
13	\$2,000. See instruct							15				
Par		,					1				-	
	Total: If the corporat	tion is electing:										
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15,	column (g)	or	1E ooluu	mna (a) and (h'	\		
	Depreciation (if no e										6	
17	Total depreciation cl	•			•	107				_	7	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter th	ne differenc	e here and	d on_For	m 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments or									1	8	
Par	t IV Amortization											
19	(a)	(b)	(c)			d)	(e)		_ (f)			(g)
	Description of property	Date acquire (mm/dd/yyy			Amorti allowed or		R&T secti		Period percenta			Amortization
	or property	(ITIITII dai yyyy	y) other bas	313	in earlie		(see ir		percent	age		for this year
20	Total. Add the amou	ints in column (a).								20		
21	Total amortization cl	107								21		
22	Amortization adjustr	nent. If line 21 is c	reater than line 20	. enter tl	ne differenc	e here and	d on For	m 100	or or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form	100 i	or	00		
	Form 100W, Side 2,	line 12								22		

CACA3501L 12/07/18 059 7621184 FTB 3885 2018

CALIFORNIA FORM TAXABLE YEAR

2018 **Corporation Depreciation and Amortization**

ALII OTATATA
3885
n number
\$25 , 000
\$200,000

			p. 00.00.00.						
	ch to Form 100 or For	rm 100W. FORI	М 199				10.17		
Corpo	ration name						California	corporati	on number
	ASTSIDE LAND '	TRUST					20609	18	
<u>Par</u>			perty Under IRC S						
1	Maximum deduction								\$25 , 000
2	Total cost of IRC Se		•				<u> </u>	2	
3	Threshold cost of IR		-					3	\$200,000
4 5	Reduction in limitation for							1 5	
6		•	act line 4 from line	(b) Cost (busines		(c) Electe		,	
	(a)	Description of property		(b) Cost (busines	ss use only)	(C) Electe	u cost		
	Listed property (alac	atad IDC Saction 1	70 aaat)		7				
8	Listed property (electronal elected cost of					ino 7		3	
9	Tentative deduction.								
10	Carryover of disallov								
11	Business income lin		,						
12	IRC Section 179 exp			•	•			2	
13	Carryover of disallov				_				
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	on Under R&T	C Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date acquired	Cost or other basis	Depreciation allowed or	Depreciation method	1 Life or	Depreciation		Additional first
	of property	(mm/dd/yyyy)	Other basis	allowable in	memod	rate	this yea	11	year depreciation
				earlier years					'
LAN		12/31/2017	18,980.			0			
COl	SERVATION EA	12/31/2017	20.			0			
LAN	ND HELD IN F	12/31/2018	136,700.			0			
15	Add the amounts in	column (g) and co	lumn (h). The total	of column (h) ma	ay not exceed	d			
	\$2,000. See instruct								
Par									
16	Total: If the corpora			line 1E selveen	(a) a.u				
	IRC Section 179 exp Additional first year	dense, add the amo	R&TC Section 243	1116 15, column 156. add the amo	(g) or unts on line 1	15. columns	(a) and (h) o	r	
	Depreciation (if no e							16	
	Total depreciation c		•					17	
18	Depreciation adjustr Form 100W, Side 1,	ment. If line 17 is g	reater than line 16,	enter the differe	nce here and	d on Form 10	0 or		
	Form 100W, Side 1,	line 12. (If Californ	nia depreciation am	ounts are used t	o determine i	net income b	efore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is necessary	<u>′.)</u>			18	
Par									
19	(a) Description	(b) Date acquire	d (c) Cost o	r Amo	(d) ortization	(e) R&TC	(f) Period or		(g)
	of property	(mm/dd/yyyy			or allowable	section	percentage		Amortization for this year
				in ear	lier years	(see instr)			
20	Total. Add the amou	unts in column (g).					20)	
21	Total amortization c	laimed for federal p	ourposes from fede	ral Form 4562, lii	ne 44		2	I	
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20,	, enter the differe	nce here and	d on Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. It line 21 is	iess than line 20,	enter the differen	ce here and	on Form 100	or 2 2	,	
	Tomin roovs, Side 2,	IIIG 12	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			24	-	

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2018	CALIFORNIA STATEMENTS		PAGE 1
CLIENT CSLANDTR	COASTSIDE LAND TRUST		94-3290067
6/03/19			03:12PM
STATEMENT 1 FORM 199, PART II, LINE OTHER INCOME	7		
MISCELLANEOUSOTHER INVESTMENT INC	OME TOTAI	\$ \$	26,417. 5,275. 31,692.

STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JO CHAMBERLAIN PO BOX 3205 HALF MOON BAY, CA 94019	EXECUTIVE DIR. 35.00			
PAUL REIDL PO BOX 3205 HALF MOON BAY, CA 94019	PRESIDENT 1.00	0.	0.	0.
MIKE KIMSEY PO BOX 3205 HALF MOON BAY, CA 94019	VICE PRESIDENT1 7.00	0.	0.	0.
BOB BUFFIN PO BOX 3205 HALF MOON BAY, CA 94019	TREASURER 3.00	0.	0.	0.
BARBARA LOHMAN PO BOX 3205 HALF MOON BAY, CA 94019	SECRETARY 1.00	0.	0.	0.
BOB ROGERS PO BOX 3205 HALF MOON BAY, CA 94019	ASSISTTREASURER 2.00	0.	0.	0.
JACK MCCARTHY PO BOX 3205 HALF MOON BAY, CA 94019	DIRECTOR 1.00	0.	0.	0.
PATRICK J. RYAN PO BOX 3205 HALF MOON BAY, CA 94019	DIRECTOR 1.00	0.	0.	0.
ROBIN KIRBY PO BOX 3205 HALF MOON BAY, CA 94019	DIRECTOR 1.00	0.	0.	0.

2018	CALIFORNIA STATEM	IENTS		PAGE
CLIENT CSLANDTR	COASTSIDE LAND TRUS	ST		94-329006
6/03/19				03:12F
STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS,	DIRECTORS, TRUSTEES AND KEY	Y EMPLOYEES	3	
CURRENT OFFICERS:				
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
SARA POLGAR PO BOX 3205 HALF MOON BAY, CA 94019	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0
	TOTAL	\$ 100,123.	\$ 0.	\$ 0
STATEMENT 3 FORM 199, PART II, LINE 17				
FORM 199, PART II, LINE 17 OTHER EXPENSES ACCOUNTING FEES. ADVERTISING AND PROMOTION COST OF GOODS SOLD. GENERAL ADMINISTRATION. OTHER EMPLOYEE BENEFIT. OTHER EXPENSES. OTHER FEES. PUBLIC RELATIONS.	J			12,083. 1,868. 20,739. 34,432. 7,446. 1,412. 3,346. 15,228. 181,459. 278,013.

STATEMENT 5 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES	
ACCRUED VACATION PAYABLE TOTAL	5,165. \$ 5,165.