

**TORKELSON & ASSOCIATES CPAS, LLP**  
**3835 CYPRESS DR. STE 110**  
**PETALUMA, CA 94954**  
**707-795-2691**

May 8, 2023

BOLINAS COMMUNITY LAND TRUST  
PO BOX 805  
BOLINAS, CA 94924

Dear Client:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2020 Federal Exempt Organization Business Income Tax Return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2020 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your 2020 California Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail the California return on or before May 17, 2021 to:

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0700

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$200 payable by November 15, 2021. Make the check or money order payable to "Department of Justice" and mail your California report on or before November 15, 2021 to:

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Kathleen E. Doyle

**TORKELSON & ASSOCIATES CPAS, LLP**  
3835 CYPRESS DR. STE 110  
PETALUMA, CA 94954  
707-795-2691

Client BOLINAS  
May 8, 2023

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**BOLINAS COMMUNITY LAND TRUST**  
PO BOX 805  
BOLINAS, CA 94924  
415-868-8880

**FEDERAL FORMS**

Form 990	2020 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule D	Schedule D
Schedule I	Grants and Other Assistance Inside U.S.
Schedule O	Supplemental Information
Form 990-T	2020 Exempt Organization Bus. Income Tax Return
Schedule A (990-T)	Schedule A (990-T)
Form 4562 (T)	Depreciation and Amortization
	Depreciation Schedules
Form 8879-EO	IRS e-file Signature Authorization

**CALIFORNIA FORMS**

Form 199	2020 California Exempt Organization Return
Schedule B	Schedule of Contributors
Form 3885F (199)	Depreciation and Amortization - Trusts
Form 8453-EO	California e-file Return Authorization for Exempt
Form 109	2020 California Exempt Org. Bus. Inc. Tax Return
Form 3805V	NOL Deduction - Trusts
Form 3885F (109)	Depreciation and Amortization - Trusts
Form RRF-1	2021 Registration/Renewal Fee Report
	California Depreciation Schedules

**FEE SUMMARY**

Preparation Fee

You can now pay your invoice online by Credit Card or eCheck  
Please visit our website at [tnacpas.com](http://tnacpas.com) & click Pay Invoice

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**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

BOLINAS COMMUNITY LAND TRUST

68-0007197

ARIANNE Z DAR

EXECUTIVE DIR

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1 a</b> Form 990 check here . . . . . <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1 b</b> <u>2,843,127.</u>
<b>2 a</b> Form 990-EZ check here . . . . . <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2 b</b> _____
<b>3 a</b> Form 1120-POL check here . . . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . .	<b>3 b</b> _____
<b>4 a</b> Form 990-PF check here . . . . . <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	<b>4 b</b> _____
<b>5 a</b> Form 8868 check here . . . . . <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) . . . . .	<b>5 b</b> _____
<b>6 a</b> Form 990-T check here . . . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .	<b>6 b</b> _____
<b>7 a</b> Form 4720 check here . . . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .	<b>7 b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize TORKELSON & ASSOCIATES CPAS, LLP to enter my PIN 25294 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_ Date ▶ 11/15/2021

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN . . . . . 68137494954  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 11/15/2021

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

BOLINAS COMMUNITY LAND TRUST

68-0007197

ARIANNE Z DAR

EXECUTIVE DIR

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1 a</b> Form 990 check here . . . . .	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1 b</b> _____
<b>2 a</b> Form 990-EZ check here . . . . .	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2 b</b> _____
<b>3 a</b> Form 1120-POL check here . . . . .	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . .	<b>3 b</b> _____
<b>4 a</b> Form 990-PF check here . . . . .	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	<b>4 b</b> _____
<b>5 a</b> Form 8868 check here . . . . .	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) . . . . .	<b>5 b</b> _____
<b>6 a</b> Form 990-T check here . . . . .	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .	<b>6 b</b> _____ 0.
<b>7 a</b> Form 4720 check here . . . . .	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .	<b>7 b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize TORKELSON & ASSOCIATES CPAS, LLP to enter my PIN 25294 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date ▶ 11/15/2021

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN . . . . . 68137494954  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date ▶ 11/15/2021

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

## Return of Organization Exempt From Income Tax

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

2020

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

<b>A</b> For the 2020 calendar year, or tax year beginning		, 2020, and ending		, 20		
<b>B</b> Check if applicable:	<input type="checkbox"/> Address change	<b>C</b> BOLINAS COMMUNITY LAND TRUST PO BOX 805 BOLINAS, CA 94924			<b>D</b> Employer identification number 68-0007197	
	<input type="checkbox"/> Name change				<b>E</b> Telephone number 415-868-8880	
<input type="checkbox"/> Initial return	<b>G</b> Gross receipts \$ 3,091,490.					
<input type="checkbox"/> Final return/terminated	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input type="checkbox"/> Amended return	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. See instructions</small>					
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: SAME AS C ABOVE			<b>H(c)</b> Group exemption number ▶		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>J</b> Website: ▶ BOLINASLANDTRUST.ORG						
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1982		<b>M</b> State of legal domicile: CA		

Part I Summary				
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>TO PRESERVE AND MAINTAIN OPEN SPACE AND TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS THROUGH SHARED LIVING.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	52
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	110,534.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,433,291.	2,331,571.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	327.	731.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,215.	112,417.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,516,833.	2,843,127.
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	197,635.	236,919.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,150.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	97,170.	904,265.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	294,805.	1,451,008.
19	Revenue less expenses. Subtract line 18 from line 12	2,222,028.	1,392,119.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	7,255,087.	9,862,488.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,693,341.	2,908,623.
			5,561,746.	6,953,865.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	▶ <u>ARIANNE Z DAR</u>		EXECUTIVE DIR		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>KATHLEEN E. DOYLE</u>			<input type="checkbox"/>	<u>P01322431</u>
	Firm's name ▶ <u>TORKELSON &amp; ASSOCIATES CPAS, LLP</u>			Firm's EIN ▶ <u>26-3701192</u>	
	Firm's address ▶ <u>3835 CYPRESS DR. STE 110</u> <u>PETALUMA, CA 94954</u>			Phone no. <u>707-795-2691</u>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III 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:

TO PRESERVE AND MAINTAIN OPEN SPACE AND TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS THROUGH SHARED LIVING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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?

Yes No

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 \$ 1,173,477. including grants of \$ 309,824.) (Revenue \$ 398,408.)

SHARED LIVING UNITS WITH AFFORDABLE RENTS BEING PROVIDED TO LOW INCOME INDIVIDUALS.

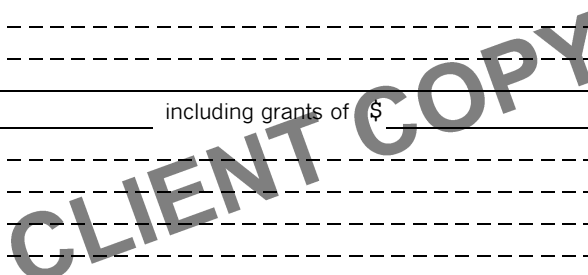
4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,173,477.



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
<b>5</b> 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? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
<b>6</b> 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? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
<b>9</b> 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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
<b>c</b> 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
<b>15</b> 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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
<b>16</b> 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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
<b>17</b> 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? <i>If 'Yes,' complete Schedule G, Part I</i> See instructions.		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....	X	
<b>23</b> 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? <i>If 'Yes,' complete Schedule J.</i> .....		X
<b>24a</b> 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>25b</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? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>26</b> 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 of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> 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? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>28b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
<b>35b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. ....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....		
<b>1 b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....		
<b>1 c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	X	



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

		Yes	No
<b>2a</b>	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. . . . . <b>2a</b> 8		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>	X	
<b>b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . . <b>3b</b>	X	
<b>4a</b>	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)? . . . . . <b>4a</b>		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>		X
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>		
<b>6a</b>	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? . . . . . <b>6a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . . <b>7a</b>		X
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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. . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>		X
<b>b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . . <b>14b</b>		
<b>15</b>	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? . . . . . <b>15</b>		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>16</b>		X
If 'Yes,' complete Form 4720, Schedule O.			

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . .	<b>1 a</b> 10		
If there are material differences in voting rights among members SEE SCH. O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . .	<b>1 b</b> 10		
<b>2</b> 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? . . . . .	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	X	
<b>7 a</b> 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? . . . . .	<b>7 a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7 b</b>	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8 a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8 b</b>	X	
<b>9</b> 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 . . . . .	<b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10 a</b>	X
<b>b</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? . . . . .	<b>10 b</b>	
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11 a</b>	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O . . . . .		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	<b>12 a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12 b</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done . . . . .	<b>12 c</b>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official. . . . .	<b>15 a</b>	X
<b>b</b> Other officers or key employees of the organization. . . . .	<b>15 b</b>	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16 a</b>	X
<b>b</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? . . . . .	<b>16 b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 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.  
 Own website  Another's website  Upon request  Other (explain on Schedule O) SEE SCH. 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. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
 ARIANNE DAR PO BOX 805 BOLINAS CA 94924 415-868-9468

**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**

**1 a** 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 related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ARIANNE Z DAR EXECUTIVE DIR	40 0			X			39,378.	0.	0.	
(2) MEG SIMONDS PRESIDENT	1 0	X		X			0.	0.	0.	
(3) KAREN DIBBLEE SECRETARY	1 0	X		X			0.	0.	0.	
(4) PATRICIA BRADFORD DIRECTOR	1 0	X					0.	0.	0.	
(5) DON READ DIRECTOR	1 0	X					0.	0.	0.	
(6) HOWARD DILLON DIRECTOR	1 0	X					0.	0.	0.	
(7) JEFF CLAPP TREASURER	1 0	X		X			0.	0.	0.	
(8) EMMELINE CRAIG DIRECTOR	1 0	X					0.	0.	0.	
(9) ANDREW ALEXANDER GREEN DIRECTOR	1 0	X					0.	0.	0.	
(10) LEILA MONROE DIRECTOR	1 0	X					0.	0.	0.	
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Subtotal</b> .....						39,378.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....						0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....						39,378.	0.	0.	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0									

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	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PETER SMITH CONSTRUCTION PO BOX 376 BOLINAS, CA 94924	CONSTRUCTION	412,055.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>					
	<b>b</b> Membership dues .....	<b>1 b</b>					
	<b>c</b> Fundraising events .....	<b>1 c</b>					
	<b>d</b> Related organizations .....	<b>1 d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b> 743,400.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 1,588,171.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1 g</b>					
	<b>h Total.</b> Add lines 1a-1f .....		2,331,571.				
	<b>Program Service Revenue</b>	<b>2 a</b> <u>LOW INCOME HOUSING RENT</u> Business Code 531110		313,485.	313,485.		
		<b>b</b> <u>RENTAL ENERGY REBATES</u> 531120		78,623.	78,623.		
<b>c</b> <u>MANAGEMENT FEES</u> 561000		6,300.	6,300.				
<b>d</b> -----							
<b>e</b> -----							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			398,408.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		731.	731.			
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6 a</b> (i) Real (ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7 a</b> (i) Securities (ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8 a</b> 2,641.					
		<b>b</b> Less: direct expenses .....					
<b>c</b> Net income or (loss) from fundraising events .....			1,883.		1,883.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9 a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10 a</b> 358,139.						
	<b>b</b> Less: cost of goods sold. ....						
	<b>c</b> Net income or (loss) from sales of inventory .....			110,534.	110,534.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> ----- Business Code						
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			2,843,127.	399,139.	110,534.	1,883.	

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**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.

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	309,824.	309,824.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	39,378.	0.	39,378.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	173,937.	87,896.	77,666.	8,375.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,268.	5,414.	-159.	13.
10 Payroll taxes	18,336.	8,055.	9,640.	641.
11 Fees for services (nonemployees):				
a Management				
b Legal	10,830.		10,830.	
c Accounting	9,603.		9,603.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,109.	5,112.	9,997.	
12 Advertising and promotion	308.	128.	180.	
13 Office expenses	12,384.	3,866.	8,518.	
14 Information technology				
15 Royalties				
16 Occupancy	291,835.	260,594.	13,120.	18,121.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	75,237.	9,177.	66,060.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,872.	157,872.		
23 Insurance	5,548.		5,548.	
24 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.)				
a <u>COVID TESTING EXPENSE</u>	325,539.	325,539.		
b _____				
c _____				
d _____				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e.	<b>1,451,008.</b>	<b>1,173,477.</b>	<b>250,381.</b>	<b>27,150.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing		<b>1</b>	
	<b>2</b> Savings and temporary cash investments	1,109,058.	<b>2</b>	662,175.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	13,699.	<b>8</b>	16,895.
	<b>9</b> Prepaid expenses and deferred charges	21,000.	<b>9</b>	51,000.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 10,674,804.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,546,029.	6,103,347.	<b>10c</b> 9,128,775.
	<b>11</b> Investments – publicly traded securities		<b>11</b>	
	<b>12</b> Investments – other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	7,983.	<b>15</b>	3,643.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33).	7,255,087.	<b>16</b>	9,862,488.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	17,662.	<b>17</b>	70,172.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	1,665,819.	<b>23</b>	2,774,968.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,860.	<b>25</b>	63,483.
	<b>26 Total liabilities.</b> Add lines 17 through 25.	1,693,341.	<b>26</b>	2,908,623.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	4,647,411.	<b>27</b>	6,039,530.
	<b>28</b> Net assets with donor restrictions	914,335.	<b>28</b>	914,335.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	5,561,746.	<b>32</b>	6,953,865.
<b>33</b> Total liabilities and net assets/fund balances	7,255,087.	<b>33</b>	9,862,488.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,843,127.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,451,008.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,392,119.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,561,746.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,953,865.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	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?		X
<b>3b</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		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
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**Part I 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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 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)**.
- 4  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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college 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.
  - a  **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.**
  - 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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .	57,796.	398,871.	2,202,004.	2,433,291.	2,331,571.	7,423,533.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
4 <b>Total.</b> Add lines 1 through 3. . . . .	57,796.	398,871.	2,202,004.	2,433,291.	2,331,571.	7,423,533.
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) . . . . .						800,259.
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						6,623,274.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . . . .	57,796.	398,871.	2,202,004.	2,433,291.	2,331,571.	7,423,533.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .		132.	24.	327.	731.	1,214.
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0.
11 <b>Total support.</b> Add lines 7 through 10. . . . .						7,424,747.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	0.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). . . . .	14	89.21 %
15 Public support percentage from 2019 Schedule A, Part II, line 14. . . . .	15	99.99 %

16a **33-1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶

b **33-1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶

17a **10%-facts-and-circumstances test—2020.** 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 organization. . . . . ▶

b **10%-facts-and-circumstances test—2019.** 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 supported organization. . . . . ▶

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. . . . . ▶

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .						
<b>b</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. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	%

**19a 33-1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶

**b 33-1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>7</b> 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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>b</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? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>c</b> 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? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If 'Yes,' answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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 tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>			
<b>a</b> 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 <b>Part VI</b> 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.	<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
<b>a</b> 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? If 'Yes' or 'No,' provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015 .....			
<b>b</b> From 2016 .....			
<b>c</b> From 2017 .....			
<b>d</b> From 2018 .....			
<b>e</b> From 2019 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7:			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016 .....			
<b>b</b> Excess from 2017 .....			
<b>c</b> Excess from 2018 .....			
<b>d</b> Excess from 2019 .....			
<b>e</b> Excess from 2020 .....			

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**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.)

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Schedule B

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

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

2020

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

BOLINAS COMMUNITY LAND TRUST

Employer identification number

68-0007197

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

[X] 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 (entering 'N/A' in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year. \$

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 <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 63,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 408,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

BOLINAS COMMUNITY LAND TRUST

68-0007197

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional 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 ----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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Name of organization **BOLINAS COMMUNITY LAND TRUST** Employer identification number **68-0007197**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... ▶\$ \_\_\_\_\_ *N/A*  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<i>N/A</i>		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

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

Name of the organization

Employer identification number

BOLINAS COMMUNITY LAND TRUST

68-0007197

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for conservation easement statistics.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 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?  Yes  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 Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Yes  No

**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
1 a 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%.

- 3 a 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  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

- 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 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		962,157.		962,157.
b Buildings		1,389,925.	714,072.	675,853.
c Leasehold improvements		921,622.	370,276.	551,346.
d Equipment		6,450.	6,297.	153.
e Other		7,394,650.	455,384.	6,939,266.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 9,128,775.

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) . . . ▶		

**Part VIII Investments – Program Related.**

N/A

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)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶		

**Part IX Other Assets.**

N/A

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)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) . . . . . ▶	

**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 taxes	
(2) PPP ADVANCE	36,296.
(3) RENT DEPOSITS	27,187.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . . . ▶	63,483.

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.



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	2,843,127.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	<b>a</b> Net unrealized gains (losses) on investments .....	<b>2 a</b>	
	<b>b</b> Donated services and use of facilities .....	<b>2 b</b>	
	<b>c</b> Recoveries of prior year grants .....	<b>2 c</b>	
	<b>d</b> Other (Describe in Part XIII.) .....	<b>2 d</b>	
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2 e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	2,843,127.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4 a</b>	
	<b>b</b> Other (Describe in Part XIII.) .....	<b>4 b</b>	
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4 c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	2,843,127.

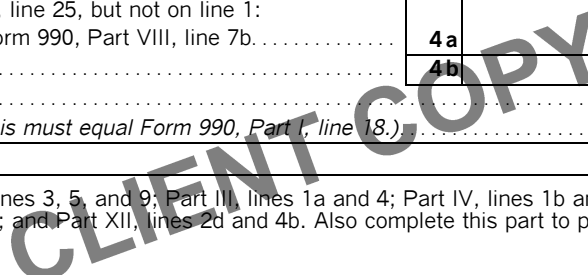
**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	1,451,008.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	<b>a</b> Donated services and use of facilities .....	<b>2 a</b>	
	<b>b</b> Prior year adjustments .....	<b>2 b</b>	
	<b>c</b> Other losses .....	<b>2 c</b>	
	<b>d</b> Other (Describe in Part XIII.) .....	<b>2 d</b>	
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2 e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	1,451,008.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4 a</b>	
	<b>b</b> Other (Describe in Part XIII.) .....	<b>4 b</b>	
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4 c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	1,451,008.

**Part XIII Supplemental Information.**

Provide 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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

BOLINAS COMMUNITY LAND TRUST

Employer identification number

68-0007197

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ----- -----							
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 0  
3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 RENTAL ASSISTANCE	156	246,456.		CASH	
2 GENERAL RELIEF	140	56,618.		CASH	
3 BOLINAS COMMUNITY CENTER	1	6,750.		CASH	
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

BOLINAS COMMUNITY LAND TRUST

Employer identification number

68-0007197

**FORM 990, PART VI, LINE 1A - EXPLANATION OF MATERIAL DIFFERENCES OF VOTING RIGHTS**

DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

RETURNS ARE PREPARED BY ACCOUNTING FIRM AND REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR  
TO FILING

**FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION**

GUIDESTAR.COM

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND  
FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST.

**CLIENT COPY**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2020**

For calendar year 2020 or other tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_,

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed. <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( C )( 3 ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	<input type="checkbox"/> Check box if name changed and see instructions.) BOLINAS COMMUNITY LAND TRUST PO BOX 805 BOLINAS, CA 94924	<b>D</b> Employer identification number 68-0007197 <b>E</b> Group exemption number (see instructions.) <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year. . . . . ▶ 9,862,488.			

**G** Check organization type . . . ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to . . . . . ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ▶

**J** Enter the number of attached Schedules A (Form 990-T). . . . . ▶ 1

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsi-diary controlled group? . . . ▶  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

**L** The books are in care of ▶ **ARIANNE DAR PO BOX 805 BOLINAS CA 94924** Telephone number ▶ **415-868-9468**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). . . . .	1	5,208.
2 Reserved. . . . .	2	
3 Add lines 1 and 2. . . . .	3	5,208.
4 Charitable contributions (see instructions for limitation rules). . . . .	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3. . . . .	5	5,208.
6 Deduction for net operating loss. See instructions. . . . . SEE ST 1	6	5,208.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5. . . . .	7	0.
8 Specific deduction (generally \$1,000, but see instructions for exceptions). . . . .	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions . . . . .	9	
10 <b>Total deductions.</b> Add lines 8 and 9. . . . .	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. . . . .	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21). . . . . ▶	1	
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	2	0.
3 <b>Proxy tax.</b> See instructions. . . . . ▶	3	
4 Other tax amounts. See instructions . . . . .	4	
5 Alternative minimum tax (trusts only). . . . .	5	
6 <b>Tax on noncompliant facility income.</b> See instructions. . . . .	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies. . . . .	7	0.

**BAA For Paperwork Reduction Act Notice, see instructions.**

Part III Tax and Payments

Table with 11 rows for tax and payment calculations, including lines 1a-1e, 2, 3, 4, 5, 6a-6g, 7, 8, 9, 10, and 11. Columns include description, line number, and amount.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

Table with 4 rows of questions regarding foreign accounts, distributions, tax-exempt interest, and accounting changes. Includes Yes/No columns.

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Signature area for officer: KATHLEEN E. DOYLE, EXECUTIVE DIR. Includes date and title fields.

Paid Preparer Use Only section: Preparer KATHLEEN E. DOYLE, firm TORKELSON & ASSOCIATES CPAS, LLP. Includes firm name, address, EIN, and phone number.

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2020**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization BOLINAS COMMUNITY LAND TRUST	<b>B</b> Employer identification number 68-0007197
<b>C</b> Unrelated business activity code (see instructions) ▶ 453000	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business ▶ GAS STATION

<b>Part I</b>	<b>Unrelated Trade or Business Income</b>	(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>358,139.</u>			
<b>b</b>	Less returns and allowances <u>                    </u> <b>c</b> Balance ▶	<b>1c</b> 358,139.		
<b>2</b>	Cost of goods sold (Part III, line 8).....	<b>2</b> 247,605.		
<b>3</b>	Gross profit. Subtract line 2 from line 1c.....	<b>3</b> 110,534.		110,534.
<b>4a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions).....	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions).....	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts.....	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement).....	<b>5</b>		
<b>6</b>	Rent income (Part IV).....	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Part V).....	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI).....	<b>8</b>		
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII).....	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Part VIII).....	<b>10</b>		
<b>11</b>	Advertising income (Part IX).....	<b>11</b>		
<b>12</b>	Other income (see instructions; attach statement).....	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12.....	<b>13</b> 110,534.		110,534.

<b>Part II</b>	<b>Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
<b>1</b>	Compensation of officers, directors, and trustees (Part X).....	<b>1</b>		
<b>2</b>	Salaries and wages.....	<b>2</b>		35,469.
<b>3</b>	Repairs and maintenance.....	<b>3</b>		1,334.
<b>4</b>	Bad debts.....	<b>4</b>		
<b>5</b>	Interest (attach statement) (see instructions)..... SEE STATEMENT 2.....	<b>5</b>		9,177.
<b>6</b>	Taxes and licenses.....	<b>6</b>		4,432.
<b>7</b>	Depreciation (attach Form 4562) (see instructions).....	<b>7</b>	21,448.	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return.....	<b>8a</b>		<b>8b</b> 21,448.
<b>9</b>	Depletion.....	<b>9</b>		
<b>10</b>	Contributions to deferred compensation plans.....	<b>10</b>		
<b>11</b>	Employee benefit programs.....	<b>11</b>		
<b>12</b>	Excess exempt expenses (Part VIII).....	<b>12</b>		
<b>13</b>	Excess readership costs (Part IX).....	<b>13</b>		
<b>14</b>	Other deductions (attach statement)..... SEE STATEMENT 3.....	<b>14</b>		17,724.
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14.....	<b>15</b>		89,584.
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C).....	<b>16</b>		20,950.
<b>17</b>	Deduction for net operating loss (see instructions)..... SEE STATEMENT 4.....	<b>17</b>		15,742.
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16.....	<b>18</b>		5,208.

**BAA** For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold** Enter method of inventory valuation ► **LOWER OF COST OR MARKET**

<b>1</b>	Inventory at beginning of year .....	<b>1</b>	13,699.
<b>2</b>	Purchases .....	<b>2</b>	170,134.
<b>3</b>	Cost of labor .....	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach statement) .....	<b>4</b>	
<b>5</b>	Other costs (attach statement) .....	<b>5</b>	80,667.
<b>6</b>	<b>Total.</b> Add lines 1 through 5 .....	<b>6</b>	264,500.
<b>7</b>	Inventory at end of year .....	<b>7</b>	16,895.
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part 1, line 2 .....	<b>8</b>	247,605.
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Rent received or accrued				
<b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50% .....				
<b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
<b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
<b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). ►				
<b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
<b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....				

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross income from or allocable to debt-financed property .....				
<b>3</b> Deductions directly connected with or allocable to debt-financed property				
<b>a</b> Straight line depreciation (attach statement)				
<b>b</b> Other deductions (attach statement) .....				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) .....				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
<b>6</b> Divide line 4 by line 5 .....	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6 .....				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				
<b>9</b> Allocable deductions. Multiply line 3c by line 6 .....				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				
<b>11</b> <b>Total dividends-received deductions</b> included in line 10 .....				



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5 Gross income from activity that is not unrelated business income .....	5
6 Expenses attributable to income entered on line 5 .....	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

<b>A</b>	<input type="checkbox"/>	_____
<b>B</b>	<input type="checkbox"/>	_____
<b>C</b>	<input type="checkbox"/>	_____
<b>D</b>	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income .....				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A)..... ▶	_____			
<b>3</b> Direct advertising costs by periodical .....				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B)..... ▶	_____			
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8. ....				
<b>5</b> Readership costs .....				
<b>6</b> Circulation income .....				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....	_____			

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

**Total.** Enter here and on Part II, line 1 .....

**Part XI Supplemental Information** (see instructions)

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2020**

Attachment  
Sequence No. **179**

Name(s) shown on return

**BOLINAS COMMUNITY LAND TRUST**

Identifying number

**68-0007197**

Business or activity to which this form relates

**FORM 990-T SCH A - GAS STATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions) .....	1	
2	Total cost of section 179 property placed in service (see instructions) .....	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) .....	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 .....	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562 .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 .....	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions .....	14	
15	Property subject to section 168(f)(1) election .....	15	
16	Other depreciation (including ACRS) .....	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020 .....	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input checked="" type="checkbox"/>		

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property .....						
b 5-year property .....						
c 7-year property .....						
d 10-year property .....						
e 15-year property .....						
f 20-year property .....						
g 25-year property .....			25 yrs		S/L	
h Residential rental property .....			27.5 yrs	MM	S/L	
i Nonresidential real property .....			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20 a Class life .....					S/L	
b 12-year .....			12 yrs		S/L	
c 30-year .....			30 yrs	MM	S/L	
d 40-year .....			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28 .....	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions .....	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

**BAA For Paperwork Reduction Act Notice, see separate instructions.**

FDIZ0812L 07/07/20

Form **4562** (2020)

## BOLINAS COMMUNITY LAND TRUST

68-0007197

**STATEMENT 1**  
**FORM 990-T, PART I, LINE 6**  
**NET OPERATING LOSS DEDUCTION**

PRE-2018 NOLS CARRIED FORWARD FROM PRIOR YEAR		23,783.
PRE-2018 NOLS INCLUDED ON FORM 990-T, PART I, LINE 6	5,208.	
TOTAL PRE-2018 NOLS APPLIED	0.	5,208.
PRE-2018 NOLS EXPIRING THIS TAX YEAR		0.
PRE-2018 NOLS CARRIED OVER TO SUBSEQUENT TAX YEARS		18,575.

**STATEMENT 2**  
**SCHEDULE A, PART II, LINE 5**  
**INTEREST EXPENSE**

RCAC LOAN.....		\$ 9,177.
	TOTAL	<u>\$ 9,177.</u>

**STATEMENT 3**  
**SCHEDULE A, PART II, LINE 14**  
**OTHER DEDUCTIONS**

EMPLOYEE BENEFITS.....		\$ 2,511.
INSURANCE.....		3,381.
MISCELLANEOUS.....		463.
RENT.....		1,500.
UTILITIES.....		6,635.
WORKERS COMP.....		3,234.
	TOTAL	<u>\$ 17,724.</u>

**STATEMENT 4**  
**SCHEDULE A, PART II, LINE 17**  
**NET OPERATING LOSS DEDUCTION**

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
12/31/18	\$ 1,325.	\$ 0.	\$ 1,325.
12/31/19	14,417.	0.	14,417.
TOTAL NET OPERATING LOSS DEDUCTION.....			<u>\$ 15,742.</u>

**STATEMENT 5**  
**SCHEDULE A, PART III, LINE 5**  
**OTHER COST OF GOODS SOLD**

GAS TAXES.....		\$ 79,667.
R&M.....		1,000.
	TOTAL	<u>\$ 80,667.</u>

BOLINAS COMMUNITY LAND TRUST

68-0007197

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 990/990-PF																	
27	WATER METER (NOT IN SVC)	1/31/18		350,935							350,935					0	
46	PREPURCH INSP (NOT IN SVC)	12/31/19		3,475							3,475					0	
47	PILOT SEPTIC PROG (NOT IN SVC)	8/29/19		1,894							1,894					0	
55	PILOT SEPTIC PROG (NOT IN SVC)	12/31/20		8,150							8,150					0	
TOTAL				364,454		0	0	0	0	0	364,454	0				0	
31 WHARF RD (NOT IN SVC)																	
41	WARF CAPITALIZED COSTS	12/31/19		70,701							70,701					0	
45	LAND - 31 WHARF	1/22/19		902,879							902,879					0	
51	WARF CAPITALIZED COSTS	12/31/20		255,257							255,257					0	
TOTAL 31 WHARF RD (NOT IN SVC)				1,228,837		0	0	0	0	0	1,228,837	0				0	
3755 ROUTE 1 (NOT IN SVC)																	
56	CAPITALIZED COSTS	12/31/20		16,107							16,107					0	
TOTAL 3755 ROUTE 1 (NOT IN SVC)				16,107		0	0	0	0	0	16,107	0				0	
430 ASPEN																	
25	430 ASP-BLDG	5/15/20		81,000							81,000		S/L	MM	27.5	.02273	1,841
26	430 ASPEN - LAND	11/17/17		219,000							219,000						0
29	UNIMPRVD ASPEN LOT - LAND	5/15/20		156,457							156,457		S/L	MM	27.5	.02273	3,556
33	430 ASPEN CAP COSTS	5/15/20		11,515							11,515		S/L	MM	27.5	.02273	262
38	430 ASPEN CAP COSTS	5/15/20		77,607							77,607		S/L	MM	27.5	.02273	1,764
49	430 ASPEN CAP COSTS	5/15/20		297,129							297,129		S/L	MM	27.5	.02273	6,754
TOTAL 430 ASPEN				842,708		0	0	0	0	0	842,708	0					14,177

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BOLINAS COMMUNITY LAND TRUST

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
6 WHARF RD																
5	LAND - 6 WHARF RD	5/07/04		597,009							597,009					0
6	BLDGING - 6 WHARF RD	5/07/04		752,611							752,611	443,594	S/L MM	27.5	.03636	27,365
7	FURNITURE & FIXTURES	1/15/05		4,988							4,988	4,988	S/L HY	7		0
8	BLDG IMPR - OTHER	8/01/06		12,433							12,433	6,309	S/L MM	27.5	.03637	452
9	BLDG IMPR - OTHER	8/18/15		5,296							5,296	844	S/L MM	27.5	.03636	193
10	BLDG IMPR - OTHER	11/30/15		18,312							18,312	2,747	S/L MM	27.5	.03636	666
43	ENERGY EFFICIENT UPGRADES	12/24/19		28,162							28,162	43	S/L HY	7	.14290	4,024
53	SOLAR	11/25/20		19,339							19,339		S/L MQ	7	.01790	346
60	HEATING EQUIPMENT	2/14/20		8,804							8,804		S/L MM	27.5	.03182	280
	TOTAL 6 WHARF RD			1,446,954		0	0	0	0	0	1,446,954	458,525				33,326
ASPEN BY ALDER (NOT IN SVC)																
32	ASPEN BY ALDER CAP COSTS	12/31/18		11,027							11,027					0
39	ASPEN BY ALDER CAP COSTS	12/31/19		1,530							1,530					0
	TOTAL ASPEN BY ALDER (NOT IN			12,557		0	0	0	0	0	12,557	0				0
COTTAGE																
11	BLDING IMPR - COTTAGE	7/26/04		49,239							49,239	28,726	S/L MM	27.5	.03637	1,791
	TOTAL COTTAGE			49,239		0	0	0	0	0	49,239	28,726				1,791
DUPLEX																

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BOLINAS COMMUNITY LAND TRUST

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12	BLDING IMPR - DUPLEX	8/01/06		464,713							464,713	235,876	S/L MM	27.5	.03637	16,902
13	BLDING IMPR - DUPLEX	8/01/07		9,429							9,429	4,245	S/L MM	27.5	.03636	343
	TOTAL DUPLEX			474,142		0	0	0	0	0	474,142	240,121				17,245
GAS STATION/GARAGE																
1	BUILDING IMP - GARAGE	1/15/05		45,182							45,182	25,535	S/L MM	27.5	.03637	1,643
2	2009 GAS STATION UPGRADE	8/07/09		29,275							29,275	20,504	S/L HY	15	.06670	1,953
3	COMPRESSION & PUMP	7/09/10		2,116							2,116	2,116	S/L HY	7		0
4	2012 GAS STATION UPGRADE	11/30/12		6,146							6,146	2,921	S/L HY	15	.06670	410
22	CREDIT CARD READER	7/12/04		4,334							4,334	4,334	S/L HY	7		0
34	NEW GAS PUMP (2018)	4/25/19		28,804							28,804	2,057	S/L HY	7	.14290	4,116
35	GAS STN UPGR (2018)	4/25/19		99,062							99,062	3,299	S/L HY	15	.06670	6,607
36	GAS STN UPGR (2019)	4/25/19		40,101							40,101	1,335	S/L HY	15	.06670	2,675
42	NEW GAS PUMP (2019)	4/25/19		28,299							28,299	2,021	S/L HY	7	.14290	4,044
	TOTAL GAS STATION/GARAGE			283,319		0	0	0	0	0	283,319	64,122				21,448
GIBSON																
14	FURNITURE & FIXT -GIBSON	12/31/12		1,700							1,700	1,579	S/L HY	7		0
15	LAND #20 WHARF RD-GIBSON	8/01/01		365,148							365,148					0
16	BLDING - GIBSON	8/01/01		321,000							321,000	221,305	S/L MM	27.5	.03636	11,672
17	BLDING RENOVATIONS GIBSON	2/19/03		316,314							316,314	200,810	S/L MM	27.5	.03637	11,504
18	FURNISHINGS & FIXTURES	12/16/02		5,850							5,850	5,850	S/L HY	7		0
19	REFRIDGERATOR	7/07/09		520							520	520	S/L HY	7		0
20	ROOF REPAIR	6/01/13		15,757							15,757	3,748	S/L MM	27.5	.03636	573
21	BLDING IMPR - OTHER	6/27/16		2,595							2,595	333	S/L MM	27.5	.03636	94

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44	ENERGY EFFICIENT UPGRADES	12/24/19		41,657							41,657	63	S/L HY	7	.14290	5,953
52	SOLAR	11/25/20		19,339							19,339		S/L MQ	7	.01790	346
TOTAL GIBSON				1,089,880		0	0	0	0	0	1,089,880	434,208				30,142
MESA RD (NOT IN SVC)																
28	MESA RD PROPERTY - LAND	10/29/18		1,705,480							1,705,480					0
31	MESA CAPITALIZED COSTS	12/31/18		2,480							2,480					0
40	MESA CAPITALIZED COSTS	12/31/19		117,457							117,457					0
50	MESA CAPITALIZED COSTS	12/31/20		25,230							25,230					0
TOTAL MESA RD (NOT IN SVC)				1,850,647		0	0	0	0	0	1,850,647	0				0
OVERLOOK (NOT IN SVC)																
24	OVERLOOK - UNIMP. PARCELS	12/31/17		120,000							120,000					0
30	OVERLOOK CAPITALIZED EXPS	12/31/18		28,236							28,236					0
37	OVERLOOK CAPITALIZED EXPS	12/31/19		35,116							35,116					0
48	OVERLOOK CAPITALIZED EXPS	12/31/20		35,754							35,754					0
54	AUD AND IMPROVEMENTS	12/31/20		209,121							209,121					0
TOTAL OVERLOOK (NOT IN SVC)				428,227		0	0	0	0	0	428,227	0				0
STINSON BEACH																
57	BUILDING	3/24/20		990,380							990,380		S/L MM	27.5	.02879	28,513
58	LAND	3/24/20		1,279,840							1,279,840					0
59	IMPROVEMENTS	6/30/20		18,848							18,848		S/L MM	27.5	.01970	371
TOTAL STINSON BEACH				2,289,068		0	0	0	0	0	2,289,068	0				28,884

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STUDIOS																
23	BLDING IMPR - STUDIOS	8/10/05		298,666							298,666	162,455	S/L MM	27.5	.03636	10,859
	TOTAL STUDIOS			298,666		0	0	0	0	0	298,666	162,455				10,859
	TOTAL DEPRECIATION			10,674,805		0	0	0	0	0	10,674,805	1,388,157				157,872
	GRAND TOTAL DEPRECIATION			10,674,805		0	0	0	0	0	10,674,805	1,388,157				157,872



California Exempt Organization Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name: BOLINAS COMMUNITY LAND TRUST
California corporation number: 1229172
FEIN: 68-0007197
Street address: PO BOX 805
City: BOLINAS
State: CA
Zip code: 94924

A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return
E Check accounting method
F Federal return filed
G Is this a group filing?
H Is this organization in a group exemption

I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (Total gross receipts: 3,091,490), Expenses (Total expenses: 1,451,766), and Filing Fee (Balance due: 0).

Sign Here: Signature of officer, Title EXECUTIVE DIR, Date
Paid Preparer's Use Only: Preparer's signature, Date, Firm's name TORKELSON & ASSOCIATES CPAS, LLP, Address 3835 CYPRESS DR. STE 110, PETALUMA, CA 94954, Telephone 707-795-2691
May the FTB discuss this return with the preparer shown above? [X] Yes [ ] No

**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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	1	358,139.
	2	Interest	2	731.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See Instructions)	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	7	401,049.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1.	8	759,919.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	9	309,824.
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 3	11	39,378.
	12	Other salaries and wages	12	173,937.
	13	Interest	13	75,237.
	14	Taxes	14	18,336.
	15	Rents	15	291,835.
	16	Depreciation and depletion (See instructions)	16	157,872.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 4	17	385,347.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9.	18	1,451,766.

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		1,109,058.		662,175.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		13,699.		16,895.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	6,529,347.		9,712,647.	
b Less accumulated depreciation	1,388,157.	5,141,190.	1,546,029.	8,166,618.
11 Land		962,157.		962,157.
12 Other assets. Attach schedule. STM 5		28,983.		54,643.
13 <b>Total assets</b>		7,255,087.		9,862,488.
<b>Liabilities and net worth</b>				
14 Accounts payable		17,662.		70,172.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		1,665,819.		2,774,968.
18 Other liabilities. Attach schedule. STM 6		9,860.		63,483.
19 Capital stock or principal fund		5,561,746.		6,953,865.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 <b>Total liabilities and net worth</b>		7,255,087.		9,862,488.

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000				
1	Net income per books	1,392,119.	7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6
5	Expenses recorded on books this year not deducted in this return. Attach schedule			
6	<b>Total.</b> Add line 1 through line 5	1,392,119.		1,392,119.

Schedule B

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

Department of the Treasury Internal Revenue Service

CA PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

2020

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

BOLINAS COMMUNITY LAND TRUST

Employer identification number

68-0007197

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

[X] 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 (entering 'N/A' in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year. \$

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 <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 30,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 63,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 408,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

BOLINAS COMMUNITY LAND TRUST

68-0007197

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

BOLINAS COMMUNITY LAND TRUST

68-0007197

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional 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 ----- -----	\$-----	-----
-----	----- -----	\$-----	-----
-----	----- -----	\$-----	-----
-----	----- -----	\$-----	-----
-----	----- -----	\$-----	-----
-----	----- -----	\$-----	-----
-----	----- -----	\$-----	-----
-----	----- -----	\$-----	-----
-----	----- -----	\$-----	-----

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Name of organization **BOLINAS COMMUNITY LAND TRUST** Employer identification number **68-0007197**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... ▶\$ \_\_\_\_\_ *N/A*  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<i>N/A</i>		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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# Depreciation and Amortization

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

Name as shown on tax return

FEIN

**BOLINAS COMMUNITY LAND TRUST**

68-0007197

**Depreciation** Tangible and intangible assets placed in service during the 2020 taxable year:

1	(a) Description of property	(b) Date placed in service (mm/dd/yyyy)	(c) Cost or other basis	(d) Method of figuring depreciation	(e) Life or rate	(f) Depreciation for this year
	430 ASP-BLDG	5/15/2020	81,000.	S/L	28	1,841.
	UNIMPRVD ASPEN LOT - LAND	5/15/2020	156,457.	S/L	28	3,556.
	430 ASPEN CAP COSTS	5/15/2020	11,515.	S/L	28	262.
	430 ASPEN CAP COSTS	5/15/2020	77,607.	S/L	28	1,764.
	430 ASPEN CAP COSTS	5/15/2020	297,129.	S/L	28	6,754.
	SOLAR	11/25/2020	19,339.	S/L	7	346.
	SOLAR	11/25/2020	19,339.	S/L	7	346.
	BUILDING	3/24/2020	990,380.	S/L	28	28,513.
	IMPROVEMENTS	6/30/2020	18,848.	S/L	28	371.
	HEATING EQUIPMENT	2/14/2020	8,804.	S/L	28	280.

Add line 1 column (f) amounts. See instructions ..... 1 (f) 44,033.

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**Amortization** Tangible and intangible assets placed in service during the 2020 taxable year:

1	(a) Description of property	(b) Date placed in service (mm/dd/yyyy)	(c) Cost or other basis	(g) Code section	(h) Period or percentage	(i) Amortization for this year

Add line 1 and column (i) amounts. See instructions ..... 1 (i) \_\_\_\_\_

**Depreciation**

- 2 California depreciation for assets placed in service beginning before the 2020 taxable year. 2 113,839.  
 Be sure to make adjustments for any basis differences.
- 3 Total California depreciation. Add line 1(f) and line 2. 3 157,872.

**Amortization**

- 4 California amortization for intangibles placed in service beginning before the 2020 taxable year. 4 \_\_\_\_\_  
 Be sure to make adjustments for any basis differences.
- 5 Total California amortization. Add line 1(i) and line 4. 5 \_\_\_\_\_
- 6 Total depreciation and amortization. Add line 3 and line 5. See instructions. 6 157,872.

BOLINAS COMMUNITY LAND TRUST

68-0007197

**STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME**

INCOME FROM SPECIAL EVENTS.....	\$	2,641.
PROGRAM SERVICE REVENUE.....		398,408.
	TOTAL \$	<u>401,049.</u>

**STATEMENT 2  
FORM 199, PART II, LINE 9  
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	RENTAL ASSISTANCE	
AMOUNT GIVEN:		246,456.
METHOD USED TO DETERMINE BV:	CASH	
CLASS OF ACTIVITY:	GENERAL RELIEF	
AMOUNT GIVEN:		56,618.
METHOD USED TO DETERMINE BV:	CASH	
CLASS OF ACTIVITY:	BOLINAS COMMUNITY CENTER	
AMOUNT GIVEN:		6,750.
METHOD USED TO DETERMINE BV:	CASH	
	TOTAL \$	<u>309,824.</u>

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**STATEMENT 3  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>TOTAL COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MEG SIMONDS PO BOX 805 ,	PRESIDENT 1.00	\$ 0.	\$ 0.	\$ 0.
KAREN DIBBLEE PO BOX 805 ,	SECRETARY 1.00	0.	0.	0.
PATRICIA BRADFORD PO BOX 805 ,	DIRECTOR 1.00	0.	0.	0.
DON READ PO BOX 805 ,	DIRECTOR 1.00	0.	0.	0.

**STATEMENT 3 (CONTINUED)**  
**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
HOWARD DILLON PO BOX 805 ,	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
JEFF CLAPP PO BOX 805 ,	TREASURER 1.00	0.	0.	0.
ARIANNE Z DAR PO BOX 805 ,	EXECUTIVE DIR 40.00	39,378.	0.	0.
EMMELINE CRAIG PO BOX 805 ,	DIRECTOR 1.00	0.	0.	0.
ANDREW ALEXANDER GREEN PO BOX 805 ,	DIRECTOR 1.00	0.	0.	0.
LEILA MONROE PO BOX 805 ,	DIRECTOR 1.00	0.	0.	0.
<b>TOTAL</b>		<u>\$ 39,378.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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**STATEMENT 4**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$ 9,603.
ADVERTISING AND PROMOTION.....	308.
COVID TESTING EXPENSE.....	325,539.
INSURANCE.....	5,548.
LEGAL FEES.....	10,830.
OFFICE EXPENSES.....	12,384.
OTHER EMPLOYEE BENEFIT.....	5,268.
OTHER FEES.....	15,109.
SPECIAL EVENT EXPENSES.....	758.
<b>TOTAL</b>	<u>\$ 385,347.</u>

**STATEMENT 5**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

PREPAID EXPENSES AND DEFERRED CHARGES.....	51,000.
REFUNDABLE DEPOSITS.....	1,327.
SECURITY DEPOSIT.....	2,316.
TOTAL \$	<u>54,643.</u>

**STATEMENT 6**  
**FORM 199, SCHEDULE L, LINE 18**  
**OTHER LIABILITIES**

PPP ADVANCE.....	36,296.
RENT DEPOSITS.....	27,187.
TOTAL \$	<u>63,483.</u>

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Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name **BOLINAS COMMUNITY LAND TRUST** California corporation number **1229172**  
Additional information. See instructions. FEIN **68-0007197**

Street address (suite/room no.) **PO BOX 805** PMB no. \_\_\_\_\_

City (If the corporation has a foreign address, see instructions.) **BOLINAS** State **CA** ZIP code **94924**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

- A** First return filed?  Yes  No
- B** Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No
- C** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- D** Final return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
Enter date (mm/dd/yyyy) \_\_\_\_\_
- E** Amended return?  Yes  No
- F** Accounting method used: (1)  Cash (2)  Accrual (3)  Other
- G** Nature of trade or business **GAS STATION**
- H** Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No
- I** Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?  Yes  No
- J** Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?  Yes  No
- K** Unrelated Business Activity (UBA) code **453000**
- L** Is this a hospital?  Yes  No  
If "Yes," attach federal Schedule H (Form 990)

<b>Taxable Corporation</b>	<b>1</b> Unrelated business taxable income from Page 2, Part II, line 30	1	
	<b>2</b> Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	2	
	<b>3</b> Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	3	
<b>Taxable Trust</b>	<b>4</b> Unrelated business taxable income from Side 2, Part II, line 30	4	19,950.
	<b>5</b> Unrelated business taxable income from line 3 or line 4	5	19,950.
	<b>6</b> EZ, LAMBRA, or TTA NOL carryover deduction	6	
	<b>7</b> Net Operating Loss deduction. See General Information N.	7	19,950.
	<b>8</b> Add line 6 and line 7	8	19,950.
	<b>9</b> Net unrelated business taxable income. Subtract line 8 from line 5	9	0.
	<b>10</b> Tax _____ % x line 9. See General Information J.	10	
	<b>11</b> Tax credits from Schedule B. See instructions.	11	
	<b>12</b> Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	12	0.
<b>Total Tax</b>	<b>13</b> Alternative minimum tax. See General Information O.	13	
	<b>14</b> Total tax. Add line 12 and line 13	14	
<b>Payments</b>	<b>15</b> Overpayment from a prior year allowed as a credit	15	
	<b>16</b> 2020 estimated tax payments. See instructions	16	
	<b>17</b> Withholding (Form 592-B and/or 593). See instructions	17	
	<b>18</b> Amount paid with extension (form FTB 3539)	18	
	<b>19</b> Total payments and credits. Add line 15 through line 18	19	
<b>Use Tax/ Tax Due/ Overpayment</b>	<b>20</b> Use tax. See instructions	20	
	<b>21</b> Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	21	
	<b>22</b> Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	22	
	<b>23</b> Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	23	
	<b>24</b> Overpayment. Subtract line 14 from line 21. See instructions	24	
	<b>25</b> Enter amount of line 24 to be applied to 2021 estimated tax	25	

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24. ....	●	26	
	a Fill in the account information to have the refund directly deposited. Routing number .....	●	26 a	
	b Type: Checking ● <input type="checkbox"/> Savings ● <input type="checkbox"/> c Account Number .....	●	26 c	
	27 Penalties and interest. See General Information M. ....	●	27	
	28 ● <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.			
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24 .....	⊙	29		

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales <u>358,139</u> . b Less returns and allowances _____ c Balance ●	1c	358,139.
2 Cost of goods sold and/or operations (Schedule A, line 7) .....	2	247,605.
3 Gross profit. Subtract line 2 from line 1c .....	3	110,534.
4a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541) .....	4a	
b Net gain (loss) from Part II, Schedule D-1 .....	4b	
c Capital loss deduction for trusts .....	4c	
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule .....	5	
6 Rental income (Schedule C) .....	6	
7 Unrelated debt-financed income (Schedule D) .....	7	
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) .....	8	
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) .....	9	
10 Exploited exempt activity income (Schedule G) .....	10	
11 Advertising income (Schedule H, Part III, Column A) .....	11	
12 Other income. Attach schedule .....	12	
13 Total unrelated trade or business income. Add line 3 through line 12 .....	13	110,534.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I .....	14	
15 Salaries and wages .....	15	35,469.
16 Repairs .....	16	1,334.
17 Bad debts .....	17	
18 Interest. Attach schedule. .... SEE STATEMENT 1	18	9,177.
19 Taxes. Attach schedule. .... SEE STATEMENT 2	19	4,432.
20 Contributions. See instructions and attach schedule .....	20	
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) .....	21 a	21,448.
b Less: depreciation claimed on Schedule A. See instructions .....	21 b	21,448.
22 Depletion. Attach schedule .....	22	
23 a Contributions to deferred compensation plans .....	23 a	
b Employee benefit programs. See instructions .....	23 b	
24 Other deductions. Attach schedule. .... SEE STATEMENT 3	24	17,724.
25 Total deductions. Add line 14 through line 24 .....	25	89,584.
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 .....	26	20,950.
27 Excess advertising costs (Schedule H, Part III, Column B) .....	27	
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26 .....	28	20,950.
29 Specific deduction. See instructions .....	29	1,000.
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 .....	30	19,950.

**Sign Here**

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title EXECUTIVE DIR	Date	Telephone 415-868-8880
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01322431
Firm's name (or yours, if self-employed) and address TORKELSON & ASSOCIATES CPAS, LLP 3835 CYPRESS DR. STE 110 PETALUMA, CA 94954			Firm's FEIN 26-3701192 Telephone 707-795-2691

May the FTB discuss this return with the preparer shown above? See instructions .....  Yes  No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) LOWER OF COST OR MARKET

Table with 7 rows for Schedule A. Line 1: 13,699; Line 2: 170,134; Line 4b: 80,667; Line 5: 264,500; Line 6: 16,895; Line 7: 247,605. Includes a checkbox for IRC Section 263A rules.

Schedule B Tax Credits.

Table for Schedule B with 4 rows for entering tax credits and a total line.

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

Table for Schedule K with 5 rows for interest computation, installment obligations, and credit recapture.

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

Table for Part A of Schedule R with 2 rows for total sales and apportionment percentage.

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

Table for Part B of Schedule R with 5 rows for property factor, payroll factor, sales factor, total percentage, and average apportionment percentage.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table for Schedule C with 4 main columns: Description of property, Rent received or accrued, Percentage of rent attributable to personal property, and Deductions/Income breakdown.

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6.

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income.

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 11 columns: 1 Name of controlled organizations, 2 Employer identification number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5), 7 Taxable income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column (10).

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible.

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Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Instructions for calculation.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns, same as Part I, for separate basis reporting.

Part III Column A - Net Advertising Income

Table with 1 column: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals

Part III Column B - Excess Advertising Costs

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations — Individuals, Estates, and Trusts

Attach to your California tax return.

Names as shown on tax return

SSN or ITIN

FEIN

68-0007197

BOLINAS COMMUNITY LAND TRUST

Part I Computation of Current Year NOL for Individuals, Estates, and Trusts. If you do not have a current year NOL, go to Part II.

Section A — California Residents Only (Nonresidents go to Section B.)

1 Adjusted gross income from 2020 Form 540, line 17. If negative, use brackets. Estates and Trusts, begin on line 3. 2 Itemized deductions or standard deduction from 2020 Form 540, line 18. 3a Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instructions.) If negative, use brackets. If positive, enter -0- here and on line 25. Do not complete the rest of Section A. You do not have a current year NOL. Complete Part II and Part III if you have a carryover from prior years. 3b 2020 declared disaster loss included in line 3a. Enter as a positive number. 3c Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero or more, do not complete the rest of Part I. Enter the amount from line 3b, if any, in Part III, line 3, column (d) and complete Part II and Part III as instructed. Enter amounts on line 4 through line 24 as if they were all positive numbers. See instructions. 4 Nonbusiness capital losses. 5 Nonbusiness capital gains. 6 If line 4 is more than line 5, enter the difference; otherwise, enter -0-. 7 If line 4 is less than line 5, enter the difference; otherwise, enter -0-. 8 Nonbusiness deductions. See instructions. 9 Nonbusiness income other than capital gains. See instructions. 10 Add line 7 and line 9. 11 If line 8 is more than line 10, enter the difference; otherwise, enter -0-. 12 If line 8 is less than line 10, enter the difference; otherwise, enter -0-. 13 Business capital losses. 14 Business capital gains. 15 Add line 12 and line 14. 16 If line 13 is more than line 15, enter the difference; otherwise, enter -0-. See instructions. 17 Add line 6 and line 16. 18 Enter the loss, if any, from Schedule D (540), line 8. Estates and Trusts, enter the loss, if any, from Schedule D (541), line 9, column (c). If you do not have a loss on that line, skip line 18 through line 21 and enter on line 22 the amount from line 17. 19 Enter the loss, if any, from Schedule D (540), line 9. Estates and Trusts, enter the loss, if any, from Schedule D (541), line 10. Enter as a positive number. 20 If line 18 is more than line 19, enter the difference; otherwise, enter -0-. 21 If line 19 is more than line 18, enter the difference; otherwise, enter -0-. 22 Subtract line 20 from line 17. If zero or less, enter -0-. 23 NOL and disaster loss carryovers from prior years. See instructions. 24 Add lines 11, 21, 22, and 23. 25 Current Year NOL. Combine line 3c and line 24. If more than zero, enter -0-. You do not have a current year NOL to carryover. See instructions.

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Section B – Nonresidents and Part-Year Residents Only – Computation of Current Year California NOL

	(a) Enter total amounts as if you were a CA resident for entire year.	(b) Enter total amounts earned or received from CA sources as if you were a nonresident for the entire year.	(c) Enter amounts earned or received during the portion of the year you were a CA resident.	(d) Enter amounts earned or received from CA sources during the portion of the year you were a nonresident.	(e) Total Combine columns (c) and (d)
<b>1</b> Adjusted gross income. See instructions. If negative, use brackets.....	<b>1</b>				
<b>2</b> Itemized deductions or standard deduction. See instructions.....	<b>2</b> ( ) ( ) ( ) ( ) ( )				
<b>3a</b> Combine line 1 and line 2. See instructions.....	<b>3a</b>				
<b>b</b> 2020 declared disaster loss included in line 3a. Enter as a positive number.....	<b>3b</b>				
<b>c</b> Combine line 3a and line 3b. If negative, use brackets and continue to line 4.....	<b>3c</b>				
Enter amounts on line 4 through line 24 as if they were all <b>positive</b> numbers.					
<b>4</b> Nonbusiness capital losses.....	<b>4</b>				
<b>5</b> Nonbusiness capital gains.....	<b>5</b>				
<b>6</b> If line 4 is more than line 5, enter the difference; otherwise, enter -0-	<b>6</b>				
<b>7</b> If line 4 is less than line 5, enter the difference; otherwise, enter -0-	<b>7</b>				
<b>8</b> Nonbusiness deductions.....	<b>8</b>				
<b>9</b> Nonbusiness income other than capital gains.....	<b>9</b>				
<b>10</b> Add line 7 and line 9.....	<b>10</b>				
<b>11</b> If line 8 is more than line 10, enter the difference; otherwise, enter -0-	<b>11</b>				
<b>12</b> If line 8 is less than line 10, enter the difference; otherwise, enter -0-	<b>12</b>				
<b>13</b> Business capital losses.....	<b>13</b>				
<b>14</b> Business capital gains.....	<b>14</b>				
<b>15</b> Add line 12 and line 14.....	<b>15</b>				
<b>16</b> If line 13 is more than line 15, enter the difference; otherwise, enter -0:.....	<b>16</b>				
<b>17</b> Add line 6 and line 16.....	<b>17</b>				
<b>18</b> Enter the loss, if any, from line 4 of Schedule D (540NR) Worksheet for nonresidents and part-year residents. See instructions.....	<b>18</b>				
<b>19</b> Enter the loss, if any, from line 5 of Schedule D (540NR) Worksheet for nonresidents and part-year residents. Enter as a positive number.....	<b>19</b>				
<b>20</b> If line 18 is more than line 19, enter the difference; otherwise, enter -0:.....	<b>20</b>				
<b>21</b> If line 19 is more than line 18, enter the difference; otherwise, enter -0:.....	<b>21</b>				
<b>22</b> Subtract line 20 from line 17. If zero or less, enter -0:.....	<b>22</b>				
<b>23</b> NOL and disaster loss carryovers from prior years.....	<b>23</b>				
<b>24</b> Add lines 11, 21, 22, 23.....	<b>24</b>				
<b>25</b> Current Year NOL. Combine line 3c and line 24. If more than zero, enter -0-. See instructions.	<b>25</b>				

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**Part II Determine 2020 Modified Taxable Income (MTI).** Be sure to read the instructions for Part II.

1	Taxable income. See instructions	1	0.
Enter amounts on line 2 through line 5 as if they were all <b>positive</b> numbers.			
2	Capital loss deduction included in line 1	2	
3	Disaster loss carryover included in line 1	3	
4	NOL carryover included in line 1	4	19,950.
5	Adjustments to itemized deductions. See instructions	5	
6	MTI. Combine line 1 through line 5. If line 6 is zero or less, enter -0-	6	19,950.

**Part III NOL Carryover and Disaster Loss Carryover Limitations.** See instructions.

1	MTI from Part II, line 6. If your net business income or modified adjusted gross income is \$1,000,000 or more for the taxable year, see instructions	1	(g) Available balance	
			19,950.	

**Prior Year NOLs**

(a) Year of loss	(b) Code See instructions	(c) Type of NOL See below*	(d) Initial loss	(e) Carryover from 2019	(f) Amount used in 2020	(g)	(h) Carryover to 2021 col. (e) minus col. (f)
2017		ESB	23,783.	23,783.	19,950.	0.	3,833.
2018		ESB	1,325.	1,325.	0.	0.	1,325.
2019		ESB	14,417.	14,417.	0.	0.	14,417.

**Current Year NOLs**

							(h) col. (d) minus col. (f) See instructions
3	2020		DIS				
4	2020						
	2020						
	2020						

\*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

5	NOL carryover. Add the carryover amounts in column (h) that are not the result of a disaster loss	5	19,575.
6	Disaster loss carryover. Enter the total loss carryover amounts in column (h) that are the result of disaster losses	6	

2020

Depreciation and Amortization

3885F

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

Name as shown on tax return

FEIN

BOLINAS COMMUNITY LAND TRUST

68-0007197

Depreciation Tangible and intangible assets placed in service during the 2020 taxable year:

Table with 6 columns: (a) Description of property, (b) Date placed in service, (c) Cost or other basis, (d) Method of figuring depreciation, (e) Life or rate, (f) Depreciation for this year.

Add line 1 column (f) amounts. See instructions 1 (f)

Amortization Tangible and intangible assets placed in service during the 2020 taxable year:

Table with 6 columns: (a) Description of property, (b) Date placed in service, (c) Cost or other basis, (g) Code section, (h) Period or percentage, (i) Amortization for this year.

Add line 1 and column (i) amounts. See instructions 1 (i)

Depreciation

- 2 California depreciation for assets placed in service beginning before the 2020 taxable year. 2
3 Total California depreciation. Add line 1(f) and line 2. 3

Amortization

- 4 California amortization for intangibles placed in service beginning before the 2020 taxable year. 4
5 Total California amortization. Add line 1(i) and line 4. 5
6 Total depreciation and amortization. Add line 3 and line 5. See instructions. 6

**STATEMENT 1  
FORM 109, PART II, LINE 18  
INTEREST EXPENSE**

RCAC LOAN.....	\$ 9,177.
TOTAL	<u>\$ 9,177.</u>

**STATEMENT 2  
FORM 109, PART II, LINE 19  
TAXES**

PAYROLL.....	\$ 3,295.
PROPERTY.....	1,137.
TOTAL	<u>\$ 4,432.</u>

**STATEMENT 3  
FORM 109, PART II, LINE 24  
OTHER EXPENSES**

EMPLOYEE BENEFITS.....	\$ 2,511.
INSURANCE.....	3,381.
MISCELLANEOUS.....	463.
RENT.....	1,500.
UTILITIES.....	6,635.
WORKERS COMP.....	3,234.
TOTAL	<u>\$ 17,724.</u>

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**STATEMENT 4  
FORM 109, SCHEDULE A, LINE 4B  
OTHER COSTS**

GAS TAXES.....	\$ 79,667.
R&M.....	1,000.
TOTAL	<u>\$ 80,667.</u>

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](http://www.oag.ca.gov/charities)



(For Registry Use Only)

## 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.**

<p><b>BOLINAS COMMUNITY LAND TRUST</b> Name of Organization</p> <p>List all DBAs and names the organization uses or has used <b>PO BOX 805</b> Address (Number and Street)</p> <p><b>BOLINAS, CA 94924</b> City or Town, State, and ZIP Code</p> <p><b>415-868-8880</b>      <b>ADAR@BOLINASLANDTRUST.ORG</b> Telephone Number      E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>053178</u></p> <p>Corporation or Organization No. <u>1229172</u></p> <p>Federal Employer ID No. <u>68-0007197</u></p>
--	---

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/20 ending 12/31/20) list:

**Total Revenue \$** (including noncash contributions) 2,843,127.    **Noncash Contributions \$** 0.    **Total Assets \$** 9,862,488.

**Program Expenses \$** 0.    **Total Expenses \$** 1,451,766.

**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.**

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding? <span style="float: right;">SEE STATEMENT 1</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

	<b>ARIANNE Z DAR</b>	<b>EXECUTIVE DIR</b>	
Signature of Authorized Agent	Printed Name	Title	Date

**STATEMENT 1  
FORM RRF-1, PART B, LINE 5  
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

COUNTY OF MARIN (\$552,499)  
3501 CIVIC CENTER DRIVE  
SAN RAFAEL, CA 94903

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Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM

2020

8453-EO

Exempt Organization name

Identifying number

BOLINAS COMMUNITY LAND TRUST

68-0007197

## Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	3,091,490.
2	Total gross income (Form 199, line 8)	2	2,843,885.
3	Total expenses and disbursements (Form 199, line 9)	3	1,451,766.

## Part II Settle Your Account Electronically for Taxable Year 2020

4  Electronic funds withdrawal    4a Amount \_\_\_\_\_    4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

## Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_  
6 Account number \_\_\_\_\_    7 Type of account:  Checking     Savings

## Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**    Signature of officer \_\_\_\_\_    Date 11/15/2021    Title EXECUTIVE DIR

## Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO Must Sign**

ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Firm's name (or yours if self-employed) and address				Firm's FEIN
TORKELSON & ASSOCIATES CPAS, LLP				26-3701192
3835 CYPRESS DR. STE 110				CA ZIP code 94954
PETALUMA				

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid Preparer Must Sign**

Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address			Firm's FEIN
			ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

BOLINAS COMMUNITY LAND TRUST

68-0007197

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 199																	
27	WATER METER (NOT IN SVC)	1/31/18		350,935							350,935					0	
46	PREPURCH INSP (NOT IN SVC)	12/31/19		3,475							3,475					0	
47	PILOT SEPTIC PROG (NOT IN SVC)	8/29/19		1,894							1,894					0	
55	PILOT SEPTIC PROG (NOT IN SVC)	12/31/20		8,150							8,150					0	
TOTAL				364,454		0	0	0	0	0	364,454	0				0	
31 WHARF RD (NOT IN SVC)																	
41	WARF CAPITALIZED COSTS	12/31/19		70,701							70,701					0	
45	LAND - 31 WHARF	1/22/19		902,879							902,879					0	
51	WARF CAPITALIZED COSTS	12/31/20		255,257							255,257					0	
TOTAL 31 WHARF RD (NOT IN SVC)				1,228,837		0	0	0	0	0	1,228,837	0				0	
3755 ROUTE 1 (NOT IN SVC)																	
56	CAPITALIZED COSTS	12/31/20		16,107							16,107					0	
TOTAL 3755 ROUTE 1 (NOT IN SVC)				16,107		0	0	0	0	0	16,107	0				0	
430 ASPEN																	
25	430 ASP-BLDG	5/15/20		81,000							81,000		S/L	MM	27.5	.02273	1,841
26	430 ASPEN - LAND	11/17/17		219,000							219,000						0
29	UNIMPRVD ASPEN LOT - LAND	5/15/20		156,457							156,457		S/L	MM	27.5	.02273	3,556
33	430 ASPEN CAP COSTS	5/15/20		11,515							11,515		S/L	MM	27.5	.02273	262
38	430 ASPEN CAP COSTS	5/15/20		77,607							77,607		S/L	MM	27.5	.02273	1,764
49	430 ASPEN CAP COSTS	5/15/20		297,129							297,129		S/L	MM	27.5	.02273	6,754
TOTAL 430 ASPEN				842,708		0	0	0	0	0	842,708	0					14,177

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
6 WHARF RD																
5	LAND - 6 WHARF RD	5/07/04		597,009							597,009					0
6	BLDGING - 6 WHARF RD	5/07/04		752,611							752,611	443,594	S/L MM	27.5	.03636	27,365
7	FURNITURE & FIXTURES	1/15/05		4,988							4,988	4,988	S/L HY	7		0
8	BLDG IMPR - OTHER	8/01/06		12,433							12,433	6,309	S/L MM	27.5	.03637	452
9	BLDG IMPR - OTHER	8/18/15		5,296							5,296	844	S/L MM	27.5	.03636	193
10	BLDG IMPR - OTHER	11/30/15		18,312							18,312	2,747	S/L MM	27.5	.03636	666
43	ENERGY EFFICIENT UPGRADES	12/24/19		28,162							28,162	43	S/L HY	7	.14290	4,024
53	SOLAR	11/25/20		19,339							19,339		S/L MQ	7	.01790	346
60	HEATING EQUIPMENT	2/14/20		8,804							8,804		S/L MM	27.5	.03182	280
TOTAL 6 WHARF RD				1,446,954		0	0	0	0	0	1,446,954	458,525				33,326
ASPEN BY ALDER (NOT IN SVC)																
32	ASPEN BY ALDER CAP COSTS	12/31/18		11,027							11,027					0
39	ASPEN BY ALDER CAP COSTS	12/31/19		1,530							1,530					0
TOTAL ASPEN BY ALDER (NOT IN				12,557		0	0	0	0	0	12,557	0				0
COTTAGE																
11	BLDING IMPR - COTTAGE	7/26/04		49,239							49,239	28,726	S/L MM	27.5	.03637	1,791
TOTAL COTTAGE				49,239		0	0	0	0	0	49,239	28,726				1,791
DUPLEX																

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
12	BLDING IMPR - DUPLEX	8/01/06		464,713							464,713	235,876	S/L MM	27.5	.03637	16,902
13	BLDING IMPR - DUPLEX	8/01/07		9,429							9,429	4,245	S/L MM	27.5	.03636	343
	TOTAL DUPLEX			474,142		0	0	0	0	0	474,142	240,121				17,245
GAS STATION/GARAGE																
1	BUILDING IMP - GARAGE	1/15/05		45,182							45,182	25,535	S/L MM	27.5	.03637	1,643
2	2009 GAS STATION UPGRADE	8/07/09		29,275							29,275	20,504	S/L HY	15	.06670	1,953
3	COMPRESSION & PUMP	7/09/10		2,116							2,116	2,116	S/L HY	7		0
4	2012 GAS STATION UPGRADE	11/30/12		6,146							6,146	2,921	S/L HY	15	.06670	410
22	CREDIT CARD READER	7/12/04		4,334							4,334	4,334	S/L HY	7		0
34	NEW GAS PUMP (2018)	4/25/19		28,804							28,804	2,057	S/L HY	7	.14290	4,116
35	GAS STN UPGR (2018)	4/25/19		99,062							99,062	3,299	S/L HY	15	.06670	6,607
36	GAS STN UPGR (2019)	4/25/19		40,101							40,101	1,335	S/L HY	15	.06670	2,675
42	NEW GAS PUMP (2019)	4/25/19		28,299							28,299	2,021	S/L HY	7	.14290	4,044
	TOTAL GAS STATION/GARAGE			283,319		0	0	0	0	0	283,319	64,122				21,448
GIBSON																
14	FURNITURE & FIXT -GIBSON	12/31/12		1,700							1,700	1,579	S/L HY	7		0
15	LAND #20 WHARF RD-GIBSON	8/01/01		365,148							365,148					0
16	BLDING - GIBSON	8/01/01		321,000							321,000	221,305	S/L MM	27.5	.03636	11,672
17	BLDING RENOVATIONS GIBSON	2/19/03		316,314							316,314	200,810	S/L MM	27.5	.03637	11,504
18	FURNISHINGS & FIXTURES	12/16/02		5,850							5,850	5,850	S/L HY	7		0
19	REFRIDGERATOR	7/07/09		520							520	520	S/L HY	7		0
20	ROOF REPAIR	6/01/13		15,757							15,757	3,748	S/L MM	27.5	.03636	573
21	BLDING IMPR - OTHER	6/27/16		2,595							2,595	333	S/L MM	27.5	.03636	94

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BOLINAS COMMUNITY LAND TRUST

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
44	ENERGY EFFICIENT UPGRADES	12/24/19		41,657							41,657	63	S/L HY	7	.14290	5,953
52	SOLAR	11/25/20		19,339							19,339		S/L MQ	7	.01790	346
TOTAL GIBSON				1,089,880		0	0	0	0	0	1,089,880	434,208				30,142
MESA RD (NOT IN SVC)																
28	MESA RD PROPERTY - LAND	10/29/18		1,705,480							1,705,480					0
31	MESA CAPITALIZED COSTS	12/31/18		2,480							2,480					0
40	MESA CAPITALIZED COSTS	12/31/19		117,457							117,457					0
50	MESA CAPITALIZED COSTS	12/31/20		25,230							25,230					0
TOTAL MESA RD (NOT IN SVC)				1,850,647		0	0	0	0	0	1,850,647	0				0
OVERLOOK (NOT IN SVC)																
24	OVERLOOK - UNIMP. PARCELS	12/31/17		120,000							120,000					0
30	OVERLOOK CAPITALIZED EXPS	12/31/18		28,236							28,236					0
37	OVERLOOK CAPITALIZED EXPS	12/31/19		35,116							35,116					0
48	OVERLOOK CAPITALIZED EXPS	12/31/20		35,754							35,754					0
54	AUD AND IMPROVEMENTS	12/31/20		209,121							209,121					0
TOTAL OVERLOOK (NOT IN SVC)				428,227		0	0	0	0	0	428,227	0				0
STINSON BEACH																
57	BUILDING	3/24/20		990,380							990,380		S/L MM	27.5	.02879	28,513
58	LAND	3/24/20		1,279,840							1,279,840					0
59	IMPROVEMENTS	6/30/20		18,848							18,848		S/L MM	27.5	.01970	371
TOTAL STINSON BEACH				2,289,068		0	0	0	0	0	2,289,068	0				28,884

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BOLINAS COMMUNITY LAND TRUST

68-0007197

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
STUDIOS																
23	BLDING IMPR - STUDIOS	8/10/05		298,666							298,666	162,455	S/L MM	27.5	.03636	10,859
	TOTAL STUDIOS			298,666		0	0	0	0	0	298,666	162,455				10,859
	TOTAL DEPRECIATION			10,674,805		0	0	0	0	0	10,674,805	1,388,157				157,872
	GRAND TOTAL DEPRECIATION			10,674,805		0	0	0	0	0	10,674,805	1,388,157				157,872

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