



550 Howe Avenue, Suite 210
Sacramento, California 95825

Telephone: (916) 564-8727
Fax: (916) 564-8728

May 13, 2025

Center For Land-Based Learning
Attention: Mary Kimball
40140 Best Ranch Road
Woodland, CA 95776

Dear Mary:

Enclosed is the organization's 2023 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed.

FORM 990 RETURN:

The return must be e-filed. An officer of the organization must provide written approval to file the return by signing the enclosed form 8879-TE. Please sign and date the form 8879-TE. Do not mail a paper copy of the return to the IRS.

CALIFORNIA FORM 199 RETURN:

The return may be e-filed. An officer of the organization must provide written approval to file the return by signing the enclosed form 8453-EO. Do not mail the paper copy of the return to the Franchise Tax Board.

No payment is required.

CALIFORNIA FORM RRF-1:

Instructions for the California Form RRF-1 will be mailed to you separately for you to mail to the Registry of Charities and Fundraisers, along with the payment that is due.

Copies of all the returns are uploaded to the Share File. Keep the copies for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Curt Jenson

Curt Jenson, CPA

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024**2023**Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.****Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

CENTER FOR LAND-BASED LEARNING

EIN or SSN

68-0472121Name and title of officer or person subject to tax **MARY KIMBALL
CEO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>4,051,493.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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 entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 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 **RICHARDSON & COMPANY LLP** to enter my PIN **72121**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 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 entity, I will enter my PIN as my signature on the tax year 2023 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

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.

94679522000**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 **04/29/25**

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

LHA 302521 01-05-24

14480429 791892 CLBL

2023.05070 CENTER FOR LAND-BASED LEARN CLBL__1

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. CENTER FOR LAND-BASED LEARNING	Taxpayer identification number (TIN) 68-0472121
	Number, street, and room or suite no. If a P.O. box, see instructions. 40140 BEST RANCH ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WOODLAND, CA 95776	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **THE ORGANIZATION**
40140 BEST RANCH ROAD - WOODLAND, CA 95776

Telephone No. **(530) 795-1520** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

EXTENDED TO MAY 15, 2025

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**CENTER FOR LAND-BASED LEARNING**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

40140 BEST RANCH ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WOODLAND, CA 95776**F** Name and address of principal officer: **MARY KIMBALL****SAME AS C ABOVE****D** Employer identification number**68-0472121****E** Telephone number**(530) 795-1520****G** Gross receipts \$**4,121,085.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.LANDBASEDLEARNING.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2001****M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE CENTER FOR LAND-BASED LEARNING IS TO INSPIRE, EDUCATE, AND CULTIVATE FUTURE
	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) 12
	4	Number of independent voting members of the governing body (Part VI, line 1b) 12
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 44
	6	Total number of volunteers (estimate if necessary) 150
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,068,794.
	9	Program service revenue (Part VIII, line 2g) 1,712,737.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 39.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,171.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,808,741.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 30,200.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,990,210.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 423,892.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,093,809.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,114,219.
19	Revenue less expenses. Subtract line 18 from line 12 -305,478.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 5,157,824.
	21	Total liabilities (Part X, line 26) 914,069.
	22	Net assets or fund balances. Subtract line 21 from line 20 4,243,755.

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.

Sign Here	Signature of officer		Date		
	MARY KIMBALL, CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CURT JENSON	CURT JENSON	04/29/25		P01208626
Preparer Use Only	Firm's name	Firm's EIN		Phone no. (916) 564-8727	
	RICHARDSON & COMPANY LLP	46-5577902			
	Firm's address	550 HOWE AVENUE, SUITE 210 SACRAMENTO, CA 95825			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE MISSION OF THE CENTER FOR LAND-BASED LEARNING IS TO INSPIRE,
EDUCATE, AND CULTIVATE FUTURE GENERATIONS OF FARMERS, AGRICULTURAL
LEADERS, AND NATURAL RESOURCE STEWARDS.

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 \$ 1,766,473. including grants of \$) (Revenue \$ 1,853,137.)**ADULT EDUCATION AND TRAINING:**

A.THE CALIFORNIA FARM ACADEMY BUSINESS INCUBATOR OFFERS FARMLAND FOR LEASE TO QUALIFIED BEGINNING FARMER TRAINING PROGRAM GRADUATES AND OTHER LOCAL BEGINNING FARMERS ON A CASE-BY-CASE BASIS IF LAND IS AVAILABLE. THE PROGRAM PROVIDES ACCESS TO SHARED INFRASTRUCTURE, EQUIPMENT, AND MENTORSHIP. INCUBATOR SITES ARE LOCATED IN WOODLAND AND WEST SACRAMENTO. PLOTS OF LAND RANGING FROM ONE-QUARTER TO ONE ACRE OR MORE, AS WELL AS GREENHOUSE, WASH AND PACK, TRACTOR, AND COOLER SPACE CAN BE LEASED. LAND CAN BE LEASED ON AN ANNUAL BASIS FOR UP TO FOUR YEARS.

B.THE CALIFORNIA FARM ACADEMY APPRENTICESHIP PROGRAM IS FOR HIGHLY**4b** (Code:) (Expenses \$ 1,021,102. including grants of \$ 28,094.) (Revenue \$ 560,064.)**YOUTH EDUCATION, WORKFORCE DEVELOPMENT AND LEADERSHIP TRAINING:**

A.THE STUDENT AND LANDOWNER EDUCATION AND WATERSHED STEWARDSHIP (SLEWS) PROGRAM SERVED A TOTAL OF 303 STUDENTS FROM 11 DIFFERENT SCHOOLS IN YOLO, SACRAMENTO, AND SAN JOAQUIN COUNTIES DURING THE 2023-24 PROGRAM YEAR AND RECRUITED AND TRAINED 56 VOLUNTEER PROFESSIONAL MENTORS. COMPLETING A TOTAL OF 31 FIELD DAYS, WE PLANTED 3,245 TREES, SHRUBS, AND FORBS, 863 GRASS PLUGS, AND INSTALLED 10 IRRIGATION SYSTEMS WITH FOUR BLUE BIRD BOXES. WHILE TEACHING STUDENTS ABOUT HABITAT RESTORATION AND ENVIRONMENTAL STEWARDSHIP, STUDENTS WORKED ON CALIFORNIA RANCHES AND FARMS TO GAIN HANDS-ON EXPERIENCE AND LEARN ABOUT POTENTIAL CAREERS WITHIN THE NATURAL RESOURCES FIELD. IN THE 2023-24 PROGRAM YEAR WE FURTHER EXPANDED OUR REACH THROUGH A "TRAIN

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 2,787,575.

Form 990 (2023)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 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>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a 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>	11a X	
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>	11b	X
c 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>	11c	X
d 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>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f 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>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 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>	18	X
19 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 79	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 44		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	12													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
b Enter the number of voting members included on line 1a, above, who are independent		12												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2											X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
6 Did the organization have members or stockholders?							6							X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a	X					
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										8a	X			
b Each committee with authority to act on behalf of the governing body?											8b	X		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O												9		X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b													
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a	X											
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					12a	X									
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						12b	X								
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done							12c	X							
13 Did the organization have a written whistleblower policy?								13	X						
14 Did the organization have a written document retention and destruction policy?									14	X					
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official										15a	X				
b Other officers or key employees of the organization											15b	X			
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?													16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

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)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - (530) 795-1520
40140 BEST RANCH ROAD, WOODLAND, CA 95776

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARY KIMBALL CEO	40.00			X				162,902.	0.	21,804.
(2) REBECCA SMITH CHAIR	1.00	X						0.	0.	0.
(3) BEAU ROY TREASURER	1.00	X						0.	0.	0.
(4) DAWN MILLER SECRETARY	1.00	X						0.	0.	0.
(5) MELAYNE ALEXANDER DIRECTOR	1.00	X						0.	0.	0.
(6) KYLE COLLINS DIRECTOR	1.00	X						0.	0.	0.
(7) BRIANNA GIBBS DIRECTOR	1.00	X						0.	0.	0.
(8) JEANA HULTQUIST DIRECTOR	1.00	X						0.	0.	0.
(9) JESSICA LUNDBERG DIRECTOR	1.00	X						0.	0.	0.
(10) ANNE MEGARO DIRECTOR	1.00	X						0.	0.	0.
(11) AMBER NEIMEYER DIRECTOR	1.00	X						0.	0.	0.
(12) DAVID OGILVIE DIRECTOR	1.00	X						0.	0.	0.
(13) MATT PEYRET DIRECTOR	1.00	X						0.	0.	0.

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

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Subtotal								162,902.	0.	21,804.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								162,902.	0.	21,804.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

1

		Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4	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	
5	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
CHRISTINE CALVIN 40140 BEST RANCH ROAD, WOODLAND, CA 95776	DEVELOPMENT AND COMMUNICATIONS	121,144.
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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,673,782.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 9,500.				
	h Total. Add lines 1a-1f			1,673,782.			
Program Service Revenue	2 a CONTRACT REVENUE	Business Code	110000	2,321,373.	2,321,373.		
	b TUITION FEES		611600	29,092.	29,092.		
	c PARTICIPATION FEES		900099	27,975.	27,975.		
	d CFA PLOT RENT		532000	15,401.	15,401.		
	e OTHER OPERATING REVENUE		900099	6,151.	6,151.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,399,992.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b		35,875.			
c Gain or (loss)		7c		-35,875.			
d Net gain or (loss)				-35,875.			-35,875.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a		1,038.			
b Less: direct expenses		8b		660.			
c Net income or (loss) from fundraising events				378.			378.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		46,266.				
b Less: cost of goods sold	10b		33,057.				
c Net income or (loss) from sales of inventory			13,209.	13,209.			
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			4,051,493.	2,413,201.	0.	-35,490.

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 ☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	28,094.	28,094.		
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	184,707.	131,837.	36,805.	16,065.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,905,196.	1,359,862.	379,631.	165,703.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	88,958.	65,897.	15,738.	7,323.
10 Payroll taxes	163,960.	118,194.	32,320.	13,446.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	95,623.	15,300.	78,799.	1,524.
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 Sch O.)	534,206.	365,723.	16,616.	151,867.
12 Advertising and promotion	22,636.	18,664.		3,972.
13 Office expenses				
14 Information technology	31,764.	11,226.	19,863.	675.
15 Royalties				
16 Occupancy	76,993.	60,994.	10,961.	5,038.
17 Travel	86,700.	80,783.	5,288.	629.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	60,812.	44,774.	10,582.	5,456.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	243,718.	180,188.	42,442.	21,088.
23 Insurance	23,898.	18,290.	3,886.	1,722.
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 SUPPLIES	152,554.	140,817.	7,790.	3,947.
b MISCELLANEOUS	120,553.	94,868.	21,685.	4,000.
c TELEPHONE AND CONFERENCE	32,153.	24,837.	5,048.	2,268.
d DUES, SUBSCRIPTIONS AND	28,648.	3,695.	15,518.	9,435.
e All other expenses	38,377.	23,532.	5,111.	9,734.
25 Total functional expenses. Add lines 1 through 24e	3,919,550.	2,787,575.	708,083.	423,892.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	37,411.	1	102,735.
	2 Savings and temporary cash investments	4,972.	2	503.
	3 Pledges and grants receivable, net	341,000.	3	788,760.
	4 Accounts receivable, net	269,808.	4	336,910.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	149,419.	9	4,758.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,481,383.		
	b Less: accumulated depreciation	10b 834,636.	10c	3,646,747.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	677,460.	14	645,200.
	15 Other assets. See Part IV, line 11	12,343.	15	13,337.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,157,824.	16	5,538,950.	
Liabilities	17 Accounts payable and accrued expenses	380,918.	17	517,954.
	18 Grants payable		18	
	19 Deferred revenue	50,456.	19	164,247.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	139,114.	23	80,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	343,581.	25	400,000.
	26 Total liabilities. Add lines 17 through 25	914,069.	26	1,162,201.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,877,005.	27	3,483,282.
	28 Net assets with donor restrictions	366,750.	28	893,467.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,243,755.	32	4,376,749.
	33 Total liabilities and net assets/fund balances	5,157,824.	33	5,538,950.

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,051,493.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,919,550.
3	Revenue less expenses. Subtract line 2 from line 1	3	131,943.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,243,755.
5	Net unrealized gains (losses) on investments	5	1,051.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,376,749.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a 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	2a	X
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	2b	X
c 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.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2023)

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

CENTER FOR LAND-BASED LEARNING

Employer identification number

68-0472121

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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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).)
- 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 on 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).

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		
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2945977.	880,185.	1830440.	1068794.	1673782.	8399178.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2945977.	880,185.	1830440.	1068794.	1673782.	8399178.
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)						1791568.
6 Public support. Subtract line 5 from line 4.						6607610.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	2945977.	880,185.	1830440.	1068794.	1673782.	8399178.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,627.	232.	334.	39.	7.	6,239.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						8405417.
12 Gross receipts from related activities, etc. (see instructions)					12	7,181,649.
13 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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	78.61 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	84.11 %
16a 33 1/3% support test - 2023. 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		
		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. 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		
		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. 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		
		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. 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		
		<input type="checkbox"/>
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		
		<input type="checkbox"/>

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior 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?		
1		
2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on 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 Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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 Part VI .			
3a			
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 Part VI the role played by the organization in this regard.			
3b			

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.

Section A - Adjusted Net Income		(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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
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 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			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 Distributable Amount. 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).			

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

2023

*** Not Open to Public Inspection ***

323171 04-01-23

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

CENTER FOR LAND-BASED LEARNING

Employer identification number

68-0472121

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
CENTER FOR LAND-BASED LEARNING	68-0472121

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	FARM CREDIT ALLIANCE 8899 RED BARON BLVD. RENO, NV 89506	\$ 264,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LANGE TWINS 1525 E JAHANT ROAD ACAMPO, CA 95220	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WOKA FOUNDATION 4041 BARCELONA PLACE NEWBURY PARK, CA 91320	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SANNIE KENTON OSBORN 976 RIVERFRONT ST. WEST SACRAMENTO, CA 95691	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE GAMBLE FOUNDATION 1660 BUSH STREET SUITE 300 SAN FRANCISCO, CA 94109	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AGWEST FARM CREDIT 440 PIONEER AVE WOODLAND CA 95776 WOODLAND, CA 95776	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CENTER FOR LAND-BASED LEARNING	68-0472121

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	CRAIG MCNAMARA 9264 BOYCE RD WINTERS, CA 95694	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CLARK PACIFIC FOUNDATION 1980 S. RIVER ROAD WEST SACRAMENTO, CA 95691	\$ 66,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	IRMA CEUNIS AND SIMONE WYNANT 433 2ND STREET SUITE 106 WOODLAND, CA 95695	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	PAM MARRONE 3333 VICTORIA PL DAVIS, CA 95616	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	DEPARTMENT OF INDUSTRIAL RELATIONS 2211 PARK TOWNE CIR #1 SACRAMENTO, CA 95825	\$ 40,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	GOLDEN1 CREDIT UNION 8945 CAL CENTER DR SACRAMENTO, CA 95826	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

68-0472121

Part II

[illegible]

Name of organization	Employer identification number
CENTER FOR LAND-BASED LEARNING	68-0472121

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 info. once.) \$ _____

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
(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	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CENTER FOR LAND-BASED LEARNING

Employer identification number

68-0472121

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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?

☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a 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.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

332051 09-28-23

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ 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.

1a 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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a 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 in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,243.	9,500.			
b Contributions			10,000.		
c Net investment earnings, gains, and losses	1,108.	843.	-500.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	114.	100.			
g End of year balance	11,237.	10,243.	9,500.		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 100 %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? _____

(ii) Related organizations? _____

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		450,000.		450,000.
b Buildings		3,093,077.	466,795.	2,626,282.
c Leasehold improvements				
d Equipment		710,313.	307,099.	403,214.
e Other		227,993.	60,742.	167,251.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,646,747.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

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

(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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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) LINE OF CREDIT	400,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	400,000.

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... ☐

Schedule D (Form 990) 2023

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.

1	Total revenue, gains, and other support per audited financial statements	1	4,122,976.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,051.
b	Donated services and use of facilities	2b	1,500.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,551.
3	Subtract line 2e from line 1	3	4,120,425.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-68,932.
c	Add lines 4a and 4b	4c	-68,932.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,051,493.

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.

1	Total expenses and losses per audited financial statements	1	3,989,982.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,500.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	68,932.
e	Add lines 2a through 2d	2e	70,432.
3	Subtract line 2e from line 1	3	3,919,550.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,919,550.

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.

PART V, LINE 4:

THE ENDOWMENT FUNDS REPRESENT AMOUNTS DESIGNATED BY THE BOARD TO ESTABLISH AN ENDOWMENT FUND WITH THE YOLO COMMUNITY FOUNDATION, WHICH WAS ESTABLISHED TO ALLOW IT TO ACCEPT FUTURE ENDOWMENTS. ALTHOUGH THE ORGANIZATION DOES NOT INTEND TO SPEND FROM THE BOARD-DESIGNATED ENDOWMENT, THESE AMOUNTS COULD BE MADE AVAILABLE IF NECESSARY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	-33,057.
LOSS ON EQUIPMENT DISPOSED	-35,875.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-68,932.

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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CENTER FOR LAND-BASED LEARNING

Employer identification number
68-0472121

Part I General Information on Grants and Assistance

- 1 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
- 2 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MJDOA SCHOLARSHIPS	12	10,000.	0.		
CARING FOR OUR WATERSHEDS AWARDS	31	18,094.	0.		

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

PART I, LINE 2:

SCHOLARSHIPS AND AWARDS ARE AWARDED TO STUDENTS MEETING CERTAIN CRITERIA.

MJDOA SCHOLARSHIPS ARE AWARDED TO STUDENTS PURUSING DEGREES OR

CERTIFICATIONS IN FIELDS RELATED TO AGRICULTURE AND ENVIRONMENTAL SCIENCES.

CARING FOR OUR WATERSHEDS (CFW) IS AN ENVIRONMENTAL PROPOSAL CONTEST AND A

PROJECT FUNDING OPPORTUNITY FOR HIGH SCHOOL STUDENTS. CFW EMPOWERS STUDENTS

TO IMAGINE AND DEVELOP SOLUTIONS TO ENVIRONMENTAL CONCERNS IN THEIR OWN

COMMUNITIES AND TURN THEIR IDEAS INTO ACTION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CENTER FOR LAND-BASED LEARNING

Employer identification number

68-0472121

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	X
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

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

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CENTER FOR LAND-BASED LEARNING

Employer identification number
68-0472121

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GENERATIONS OF FARMERS, AGRICULTURAL LEADERS, AND NATURAL RESOURCE
STEWARDS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IMPLEMENTATION OF THE 2ND MOBILE FARMERS MARKET TRUCK IN WOODLAND AND
RURAL YOLO. PLANTED 5 ACRES OF OLIVES AND BEGAN A MAJOR RESEARCH
PROJECT IN PARTNERSHIP WITH UC DAVIS AROUND CARBON SEQUESTRATION (PART
OF FARM AND CLIMATE PROGRAM). PLANNING FOR NEW AGHIRE PROGRAM (A NEW
PROGRAM OF APPRENTICESHIP) BEGAN, AND WAS LAUNCHED IN DECEMBER OF 2024.
SIGNIFICANT PROGRAM COSTS INCLUDED ONE NEW HIRE, TRAVEL AND PROGRAM
SUPPLIES AND EXPENSES. AGHIRE IS A 3-MONTH TRAINING PROGRAM FOR
AGRICULTURAL SUPERVISORS.

RESTARTED THE SLEWS ACADEMY PROGRAM (ON HIATUS FOR 5 YEARS), INCLUDED
NEW 1.0 FTE HIRE, PROGRAM SUPPLIES AND EXPENSES. THIS PROGRAM IS A
TRAIN-THE-TRAINER PROGRAM FOR ORGANIZATIONS THROUGHOUT CALIFORNIA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MOTIVATED AND COMMITTED INDIVIDUALS WHO KNOW THEY WANT TO PURSUE A
CAREER IN AGRICULTURE. THE PROGRAM LASTS APPROXIMATELY TWO YEARS AND
INCLUDES BOTH A PAID ON-THE-JOB TRAINING COMPONENT, AS WELL AS
COURSEWORK REQUIREMENTS. UPON COMPLETION, THE APPRENTICE WILL GRADUATE
TO A JOURNEYMAN LEVEL IN THE OCCUPATION OF A BEGINNING FARM AND RANCH
MANAGER. THE APPRENTICESHIP PROGRAM TRAINED 10 APPRENTICE-EMPLOYER
PAIRS, 3 OF WHICH WERE HIRED DURING THIS PERIOD. THE TEAM COMPLETED 11
EVALUATIONS AND AROUND 40 MONTHLY CHECK-INS, AND CONDUCTED 12 COHORT

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

CENTER FOR LAND-BASED LEARNING

Employer identification number

68-0472121

CALLS WITH ALL PARTICIPANTS. THE PROGRAM RECEIVED 20 APPLICATIONS AND ACCEPTED 9 INTO OUR CANDIDATE POOL. TWO 48-HOUR COURSES WERE DESIGNED AND DELIVERED IN SOIL SCIENCE AND IRRIGATION, AND THE PROGRAM OPERATED IN 10 COUNTIES. THE PROGRAM ESTABLISHED AN ADVISORY COMMITTEE OF INDUSTRY REPRESENTATIVES AND EDUCATION PARTNERS TO BEGIN DESIGNING A SPANISH-LANGUAGE UPSKILLING PROGRAM.

C. THE CALIFORNIA FARM ACADEMY (CFA) TRAINING PROGRAM COMBINES CLASSES, HANDS-ON TRAINING, FARM VISITS AND FIELD TRIPS. FROM AGRICULTURAL PRODUCTION TO BUSINESS PLANNING TO MARKETING OF SPECIALTY CROPS, THE CFA TRAINING PROGRAM IS DESIGNED TO START THE NEXT GENERATION OF FARMERS ON THEIR JOURNEY.

D. THE COMMUNITY FOOD PROGRAM CONTINUES TO GROW WITH FUNDING FROM USDA, NRCS, USDA AMS, COUNTY OF YOLO, CITY OF WOODLAND, AND CITY OF WEST SACRAMENTO. IN 2024, THE COMMUNITY FOOD PROGRAM (CFP) HAS THREE PROJECT INITIATIVES: THE MOBILE FARMERS MARKET, COMMUNITY FOOD AMBASSADOR PROGRAM, AND RIVERFRONT URBAN FARM. CFP LEVERAGED THE SUCCESS OF ITS FIRST MOBILE FARMERS MARKET TRUCK IN WEST SACRAMENTO TO LAUNCH A SECOND TRUCK TO SERVE NORTHERN YOLO COUNTY. THE SECOND TRUCK WAS PURCHASED THROUGH A COLLABORATIVE GRANT WITH YOLO COUNTY AND THE CITY OF WOODLAND. A 2024 REPORT FROM THE YOLO FOOD BANK FOUND THAT YOLO COUNTY IS THE MOST IMPOVERISHED COUNTY IN CALIFORNIA LEAVING ONE IN THREE RESIDENTS AS FOOD INSECURE.

THE MOBILE FARMERS MARKET (MFM) HAS "WHEELS" ON THE GROUND TO ADDRESS THIS CRITICAL NEED AND PROVIDE SOLUTIONS TO FOOD ACCESS CHALLENGES BY GOING INTO LOW-INCOME NEIGHBORHOODS THROUGHOUT YOLO COUNTY. THE MFM ALSO PROVIDES AN INNOVATIVE AND EQUITABLE MARKETPLACE FOR SMALL AND

Name of the organization

CENTER FOR LAND-BASED LEARNING

Employer identification number

68-0472121

BEGINNING FARMS TO SELL THEIR PRODUCE WHICH OFFERS LOCAL, SEASONAL, SUSTAINABLY-GROWN PRODUCE TO LOW-INCOME FAMILIES USING SNAP/EBT. THE COMMUNITY FOOD PROGRAM IS ALSO FUNDED IN LARGE PART THANKS TO THE USDA WITH BOTH A NIFA AND A LFPP GRANT.

HIGHLIGHTS OF THE COMMUNITY FOOD PROGRAM INCLUDE:

- LAUNCHED 2ND MFM IN NORTHERN YOLO COUNTY SERVING WOODLAND, ESPARTO, AND KNIGHTS LANDING.
- 10 WEEKLY MFM STOPS MAY THROUGH OCTOBER.
- 70% OF CUSTOMERS ARE NON-ENGLISH SPEAKERS.
- 45% OF CUSTOMERS ARE SENIORS.
- 60% OF CUSTOMERS ARE LOW-INCOME FAMILIES USING SNAP/EBT.
- 7% OF CUSTOMERS USE PRODUCE PRESCRIPTION VOUCHERS.
- ALL SNAP/EBT CUSTOMERS GET 50% OFF WITH THE STATE FUNDED MARKET MATCH PROGRAM.
- 80% OF THE PRODUCE SOLD AT THE MFM IS GROWN WITHIN 50 MILES.
- THE MFM HAS ZERO WASTE DONATING ANY PRODUCE AT THE END OF MARKET TO FOOD BANKS AND HOMELESS SHELTERS, 4,000 LBS IN 2024.
- THE MFM DONATED 3,700 LBS OF SHELF-STABLE PANTRY ITEMS.
- OVER 15 COMMUNITY PARTNERS COME TOGETHER TO MAKE THE MFM POSSIBLE FROM DONATING SERVICES LIKE TRANSLATION AND OUTREACH TO RESOURCE DISSEMINATION AND TABLING.
- THE MFM SERVES OVER 300 HOUSEHOLDS.
- 24,000 LBS OF LOCAL, SEASONAL, SUSTAINABLY-GROWN PRODUCE WAS DISTRIBUTED IN 2024.
- PRODUCE PURCHASES FROM LOCAL FARMS INCREASED 20% IN 2024.
- THE MFM TRUCK ATTENDED 15 COMMUNITY OUTREACH EVENTS.
- OUR AMBASSADOR PROGRAM DOUBLED ITS GRADUATION RATE GROWING FROM 10

Name of the organization

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GRADUATES IN 2023 TO 21 IN 2024. AMBASSADORS LEARN ABOUT THEIR LOCAL FOOD SYSTEM AND SERVE AS ADVOCATES IN THEIR COMMUNITY.

- RIVERFRONT FARM HOSTED 5 SCHOOL TOURS; TWO HIGH SCHOOL INTERNS; TWO COLLEGE INTERNS; WEEKLY VOLUNTEER DAYS; PLANTED A POLLINATOR HEDGEROW; INSTALLED FOUR EDUCATION SIGNS.

E.THE FARM AND CLIMATE PROGRAM AT THE MAPLES FARM SERVES AS A MODEL OF HOW FARM PRACTICES CAN LEAD TO CARBON SEQUESTRATION AND INCREASE BIODIVERSITY IN AGROECOSYSTEMS. WE ARE PARTNERING WITH THE YOLO RESOURCE CONSERVATION DISTRICT AND CARBON CYCLE INSTITUTE TO PILOT CARBON FARM PLANS AT THE MAPLES AND A COUPLE OF OTHER FARMS IN THE REGION, AND THESE PILOT MODELS WILL BE USED TO EDUCATE OTHER FARMERS IN THE REGION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE TRAINER" PROGRAM CALLED SLEWS ACADEMY WITH THE INTENT TO TEACH ORGANIZATIONS ACROSS THE STATE OF CALIFORNIA HOW TO BUILD A SLEWS PROGRAM IN THEIR REGION. THUS FAR, SIX ORGANIZATIONS HAVE COMPLETED THE PROGRAM AND ARE EXECUTING PROGRAMMING WITHIN THEIR LOCAL REGIONS.

B.FARMING, AGRICULTURE, AND RESOURCE MANAGEMENT FOR SUSTAINABILITY (FARMS) LEADERSHIP - THE FARMS LEADERSHIP PROGRAM INTRODUCES, TRAINS, AND RECRUITS HIGH SCHOOL STUDENTS FOR COLLEGE AND CAREER OPPORTUNITIES IN AGRICULTURE AND ENVIRONMENTAL SCIENCES.

C.MJDOA SCHOLARSHIPS - THE ANNUAL FARMS SCHOLARSHIPS ARE A PARTNERSHIP BETWEEN THE CENTER FOR LAND-BASED LEARNING AND MY JOB DEPENDS ON AG. RECIPIENTS OF THE SCHOLARSHIP WILL BE PURSUING DEGREES OR

Name of the organization

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CERTIFICATIONS IN FIELDS RELATED TO AGRICULTURE AND ENVIRONMENTAL SCIENCES.

D. INTERNSHIPS AND JOBS - VARIOUS INTERNSHIPS WERE CREATED IN THE SACRAMENTO REGION THROUGH THE URBAN AG INTERNSHIP PROGRAM WITH GRANT UNION AND LUTHER BURBANK HIGH SCHOOLS.

E. CARING FOR OUR WATERSHEDS (CFW) - A JOINT PROGRAM WITH NUTRIEN, CFW IS AN ENVIRONMENTAL PROPOSAL CONTEST AND A PROJECT FUNDING OPPORTUNITY FOR HIGH SCHOOL STUDENTS. CFW EMPOWERS STUDENTS TO IMAGINE AND DEVELOP SOLUTIONS TO ENVIRONMENTAL CONCERNS IN THEIR OWN COMMUNITIES AND TURN THEIR IDEAS INTO ACTION. EACH YEAR, THE PROGRAM'S FINAL EVENT IS IN APRIL, AS CLOSE AS POSSIBLE TO EARTH DAY.

FORM 990, PART V, LINE 13, LIST OF STATES WITH QUALIFIED HEALTH PLANS:
CA

FORM 990, PART VI, SECTION A, LINE 7A:

CLARK PACIFIC IS THE ORGANIZATION'S CURRENT LANDLORD. THE 25-YEAR LEASE AGREEMENT PROVIDES A DISCOUNTED RENT. THE FMV OF THE RENT LESS AMOUNTS PAID ARE TREATED AS IN-KIND DONATIONS BY THE ORGANIZATION. AS PART OF THE AGREEMENT, CLARK PACIFIC IS ALLOWED ONE MEMBER OF THEIR STAFF TO SIT ON THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS BEFORE IT IS PRESENTED TO THE FULL BOARD.

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FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS POLICY: ANNUALLY, EACH BOARD MEMBER COMPLETES A CONFLICT OF INTEREST FORM. THE FORMS ARE THEN REVIEWED BY THE GOVERNANCE COMMITTEE TO DETERMINE IF A CONFLICT IS SIGNIFICANT ENOUGH THAT A BOARD MEMBER MAY EITHER NEED TO RECUSE HIMSELF OR HERSELF FROM AN AFFECTED ACTION OR BE REQUIRED TO STEP DOWN FROM THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESSING FOR DETERMINING THE COMPENSATION OF THE CEO GOES THROUGH THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS APPROVES THE SALARY COMPENSATION FOR CEO. IN ADDITION, THE BOARD OF DIRECTORS WILL CONDUCT A REVIEW ANALYSIS OF THE FAIR PAY FOR NORTHERN CALIFORNIA NONPROFITS: THE COMPENSATION & BENEFITS SURVEY REPORT OF 728 NONPROFIT ORGANIZATIONS IN NORTHERN CALIFORNIA. THIS REPORT INCLUDES A SURVEY OF MANY VARIABLES, INCLUDING ORGANIZATIONS' ANNUAL EXPENSES, FIELD OF SERVICE, LOCATION, NUMBER OF EMPLOYEES AND MANAGERIAL RESPONSIBILITIES. THE BOARD OF DIRECTORS MEETS AND DISCUSSES ALL THESE VARIABLES AND DETERMINE THE COMPENSATION FOR THE CEO.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE GOVERNING DOCUMENTS ARE MADE AVAILABLE AS REQUESTED.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	365,388.
MANAGEMENT AND GENERAL EXPENSES	14,891.
FUNDRAISING EXPENSES	151,834.
TOTAL EXPENSES	532,113.

Name of the organization

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OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES 335.

MANAGEMENT AND GENERAL EXPENSES 1,725.

FUNDRAISING EXPENSES 33.

TOTAL EXPENSES 2,093.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 534,206.

FORM 990 PAGE 10

[illegible]

2023

California Exempt Organization
Annual Information Return

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 07/01/2023, and ending (mm/dd/yyyy) 06/30/2024

Corporation/Organization name

CENTER FOR LAND-BASED LEARNING

Additional information. See instructions.

California corporation number

2330983

FEIN

68-0472121

Street address (suite or room)

40140 BEST RANCH ROAD

City

WOODLAND

State

CA

ZIP code

95776

Foreign country name

Foreign province/state/county

Foreign postal code

A First return	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended return	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D Final information return?		L Is the organization a limited liability company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized		M Did the organization file Form 100 or Form 109 to report taxable income?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Enter date: (mm/dd/yyyy)		N Is the organization under audit by the IRS or has the IRS audited in a prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other		O Is federal Form 1023/1024 pending? Date filed with IRS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series			
G Is this a group filing? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
H Is this organization in a group exemption? If "Yes," what is the parent's name?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,447,303	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	1,673,782	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 3	4	4,121,085	00
	5	Cost of goods sold	5	33,057	00
	6	Cost or other basis, and sales expenses of assets sold	6	35,875	00
	7	Total costs. Add line 5 and line 6	7	68,932	00
	8	Total gross income. Subtract line 7 from line 4	8	4,052,153	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,920,210	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	131,943	00
Payments	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	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 CEO	Date	• Telephone	
Paid Preparer's Use Only	Preparer's signature	CURT JENSON	Date	04/29/25	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	RICHARDSON & COMPANY LLP 550 HOWE AVENUE, SUITE 210 SACRAMENTO, CA 95825			• PTIN P01208626
					• Firm's FEIN 46-5577902
					• Telephone (916) 564-8727
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

328951 12-26-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	47,304	00
	2	Interest	•	2	7	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions) STATEMENT 4	•	6	0	00
	7	Other income SEE STATEMENT 5	•	7	2,399,992	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,447,303	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 6	•	9	28,094	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 7	•	11	184,707	00
	12	Other salaries and wages	•	12	1,905,196	00
	13	Interest	•	13	60,812	00
	14	Taxes	•	14	163,960	00
	15	Rents	•	15	76,993	00
	16	Depreciation and depletion (See instructions)	•	16	243,718	00
	17	Other expenses and disbursements SEE STATEMENT 8	•	17	1,256,730	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,920,210	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1 Cash			42,383	•	103,238
2 Net accounts receivable			269,808	•	336,910
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments				•	
10 a Depreciable assets STMT 13		3,886,689		4,031,383	
b Less accumulated depreciation		671,278	3,215,411	834,636	3,196,747
11 Land			450,000	•	450,000
12 Other assets STMT 9			1,180,222	•	1,452,055
13 Total assets			5,157,824		5,538,950
Liabilities and net worth					
14 Accounts payable			380,918	•	517,954
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable			139,114	•	80,000
18 Other liabilities STMT 10			394,037		564,247
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund			4,243,755	•	4,376,749
22 Total liabilities and net worth			5,157,824		5,538,950

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	•	132,994	7 Income recorded on books this year not included in this return. Attach schedule *	•	1,051
2 Federal income tax	•		8 Deductions in this return not charged against book income this year.		
3 Excess of capital losses over capital gains	•		Attach schedule	•	
4 Income not recorded on books this year. Attach schedule	•		9 Total. Add line 7 and line 8		1,051
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		10 Net income per return.		
6 Total. Add line 1 through line 5		132,994	Subtract line 9 from line 6		131,943

* SEE STATEMENT

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
FARM CREDIT ALLIANCE	8899 RED BARON BLVD. RENO, NV 89506		264,000.
LANGE TWINS	1525 E JAHANT ROAD ACAMPO, CA 95220		225,000.
WOKA FOUNDATION	4041 BARCELONA PLACE NEWBURY PARK, CA 91320		115,000.
SANNIE KENTON OSBORN	976 RIVERFRONT ST. WEST SACRAMENTO, CA 95691		105,000.
THE GAMBLE FOUNDATION	1660 BUSH STREET SUITE 300 SAN FRANCISCO, CA 94109		85,000.
AGWEST FARM CREDIT	440 PIONEER AVE WOODLAND CA 95776 WOODLAND, CA 95776		75,000.
CRAIG MCNAMARA	9264 BOYCE RD WINTERS, CA 95694		75,000.
CLARK PACIFIC FOUNDATION	1980 S. RIVER ROAD WEST SACRAMENTO, CA 95691		66,500.
IRMA CEUNIS AND SIMONE WYNANT	433 2ND STREET SUITE 106 WOODLAND, CA 95695		50,000.
PAM MARRONE	3333 VICTORIA PL DAVIS, CA 95616		50,000.
DEPARTMENT OF INDUSTRIAL RELATIONS	2211 PARK TOWNE CIR #1 SACRAMENTO, CA 95825		40,583.
GOLDEN1 CREDIT UNION	8945 CAL CENTER DR SACRAMENTO, CA 95826		40,000.
SACRAMENTO REGION COMMUNITY FOUNDATION	955 UNIVERSITY AVE SUITE A SACRAMENTO, CA 95825		27,370.
WELLS FARGO	400 CAPITOL MALL SUITE 2150 SACRAMENTO, CA 95814		25,000.
PEGGY PERRY	564 W 10TH ST. CLAREMONT, CA 91711		22,666.

MARY A. CROCKER TRUST	57 POST STREET SAN FRANCISCO, CA 94104	20,000.
SUNNY SHINE	36 COLLEGE PARK DAVIS, CA 95616	20,000.
BECKY SMITH	36245 COUNTY ROAD 24 WOODLAND, CA 95695	15,000.
TANIMURA FAMILY FOUNDATION	PO BOX 4070 SALINAS, CA 93912	15,000.
BLUE DIAMOND COMMUNITY GIVING	4800 SISK ROAD MODESTO, CA 95356	15,000.
COMMUNITY FOUNDATION FOR MONTEREY COUNTY	2354 GARDEN ROAD MONTEREY, CA 93940	15,000.
CAMPBELL FOUNDATION	4801 HAMPDEN LANE UNIT #106 BETHESDA, MD 20814	12,700.
FULCRUM	1530 J STREET SUITE 200 SACRAMENTO, CA 95814	12,500.
JESSICA LUNDBERG	60 COLLEGE PARK DAVIS, CA 95616	11,500.
CLA	925 HIGHLAND POINTE DRIVE SUITE 450 ROSEVILLE, CA 95678	11,500.
AMERICAN AG CREDIT	400 AVIATION BLVD SUITE 100 SANTA ROSA, CA 95403	10,000.
BAYER FUND	800 N. LINDBERGH BLVD. ST. LOUIS, MO 63167	10,000.
PACIFIC GAS & ELECTRIC	77 BEALE STREET SAN FRANCISCO, CA 94105	10,000.
YOLO COUNTY	625 COURT ST SUITE 202 WOODLAND, CA 95695	10,000.
CHRISTINA BUCCI	4819 S LAND PARK DR. SACRAMENTO, CA 95822	9,000.
BEAU ROY	134 CERRITO DR FOLSOM, CA 95630	6,000.
CENTRAL VALLEY COMMUNITY FOUNDATION	1260 FULTON STREET SUITE 200 FRESNO, CA 93721	5,500.
ANONYMOUS	40140 BEST RANCH ROAD WOODLAND, CA 95776	5,325.

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DAN AND JULIE RAMOS	1126 41ST STREET SACRAMENTO, CA 95819	5,000.
CALIFORNIA COTTON ALLIANCE	1521 I STREET SACRAMENTO, CA 95814	5,000.
JOHNNY'S SELECTED SEEDS	955 BENTON AVE. WINSLOW, ME 04901	5,000.
PACIFIC COAST PRODUCERS	631 NORTH CLUFF AVENUE LODI, CA 95240	5,000.
TEICHERT FOUNDATION	3500 AMERICAN RIVER DRIVE SACRAMENTO, CA 95864	5,000.
TOTAL INCLUDED ON LINE 3		<u>1,505,144.</u>

FORM 199	COST OF GOODS SOLD INCLUDED ON PART I, LINE 5	STATEMENT	2
COST OF GOODS SOLD			
1.	INVENTORY AT BEGINNING OF YEAR		
2.	MERCHANDISE PURCHASED.		
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES	33,057	
5.	OTHER COSTS.		
6.	ADD LINES 1 THROUGH 5		33,057
7.	INVENTORY AT END OF YEAR		
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		33,057

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 3
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CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

HOLT OF CALIFORNIA

3850 CHANNEL DR WEST SACRAMENTO, CA 95691

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

FARMING EQUIPMENT

08/13/23

9,500.

9,500.

TOTAL INCLUDED ON LINE 3

9,500.9,500.

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	4
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
KUBOITA M6L	07/01/23	06/30/24	PURCHASED		
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE	
	71,750.	35,875.	0.	0.	
TOTAL TO FORM 199, PAGE 2, LN 6	71,750.	35,875.	0.	0.	

CA 199	OTHER INCOME	STATEMENT	5
DESCRIPTION	AMOUNT		
CONTRACT REVENUE	2,321,373.		
TUITION FEES	29,092.		
PARTICIPATION FEES	27,975.		
CFA PLOT RENT	15,401.		
OTHER OPERATING REVENUE	6,151.		
TOTAL TO FORM 199, PART II, LINE 7	2,399,992.		

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	6
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ACTIVITY CLASSIFICATION: MJDOA SCHOLARSHIP

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS STUDENTS	40140 BEST RANCH ROAD - WOODLAND, CA 95776	NONE	10,000.

TOTAL FOR THIS ACTIVITY	10,000.
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ACTIVITY CLASSIFICATION: CARING FOR OUR WATERSHEDS AWARDS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS STUDENTS	40140 BEST RANCH ROAD - WOODLAND, CA 95776	NONE	18,094.

TOTAL FOR THIS ACTIVITY	18,094.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	28,094.
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CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	7
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
MARY KIMBALL 40140 BEST RANCH ROAD WOODLAND, CA 95776	CEO 40.00	184,707.	
REBECCA SMITH 40140 BEST RANCH ROAD WOODLAND, CA 95776	CHAIR 1.00	0.	
BEAU ROY 40140 BEST RANCH ROAD WOODLAND, CA 95776	TREASURER 1.00	0.	
DAWN MILLER 40140 BEST RANCH ROAD WOODLAND, CA 95776	SECRETARY 1.00	0.	
MELAYNE ALEXANDER 40140 BEST RANCH ROAD WOODLAND, CA 95776	DIRECTOR 1.00	0.	
KYLE COLLINS 40140 BEST RANCH ROAD WOODLAND, CA 95776	DIRECTOR 1.00	0.	
BRIANNA GIBBS 40140 BEST RANCH ROAD WOODLAND, CA 95776	DIRECTOR 1.00	0.	
JEANA HULTQUIST 40140 BEST RANCH ROAD WOODLAND, CA 95776	DIRECTOR 1.00	0.	
JESSICA LUNDBERG 40140 BEST RANCH ROAD WOODLAND, CA 95776	DIRECTOR 1.00	0.	
ANNE MEGARO 40140 BEST RANCH ROAD WOODLAND, CA 95776	DIRECTOR 1.00	0.	
AMBER NEIMEYER 40140 BEST RANCH ROAD WOODLAND, CA 95776	DIRECTOR 1.00	0.	

DAVID OGILVIE
40140 BEST RANCH ROAD
WOODLAND, CA 95776

DIRECTOR
1.00

0.

MATT PEYRET
40140 BEST RANCH ROAD
WOODLAND, CA 95776

DIRECTOR
1.00

0.

TOTAL TO FORM 199, PART II, LINE 11

184,707.

CA 199	OTHER EXPENSES	STATEMENT	8
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DESCRIPTION	AMOUNT
SUPPLIES	152,554.
MISCELLANEOUS	120,553.
TELEPHONE AND CONFERENC	32,153.
DUES, SUBSCRIPTIONS AND	28,648.
DIRECT EXPENSES OF FUNDRAISING EVENTS	660.
OTHER EMPLOYEE BENEFITS	88,958.
ACCOUNTING FEES	95,623.
OTHER PROFESSIONAL FEES	534,206.
ADVERTISING AND PROMOTION	22,636.
INFORMATION TECHNOLOGY	31,764.
TRAVEL	86,700.
INSURANCE	23,898.
ALL OTHER EXPENSES	38,377.
TOTAL TO FORM 199, PART II, LINE 17	1,256,730.

CA 199	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	341,000.	788,760.
PREPAID EXPENSES AND DEFERRED CHARGES	149,419.	4,758.
INTANGIBLE ASSETS	677,460.	645,200.
DEPOSITS	2,100.	2,100.
ENDOWMENT FUNDS	10,243.	11,237.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,180,222.	1,452,055.

CA 199	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LINE OF CREDIT	343,581.	400,000.
DEFERRED REVENUE	50,456.	164,247.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	394,037.	564,247.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 11
DESCRIPTION	AMOUNT	
UNREALIZED GAINS ON INVESTMENTS	1,051.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	1,051.	

CA 199	FUND BALANCES	STATEMENT 12
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	3,877,005.	3,483,282.
NET ASSETS WITH DONOR RESTRICTIONS	366,750.	893,467.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	4,243,755.	4,376,749.

CA SCHEDULE L	DEPRECIABLE ASSETS		STATEMENT 13
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	END OF YEAR BOOK VALUE
DETAIL AVAIL. UPON REQUEST	4,031,383.	834,636.	3,196,747.
TOTAL TO FORM 199, SCH L, LINE 10	4,031,383.	834,636.	3,196,747.

2023

Corporation Depreciation
and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 68-0472121

Corporation name

California corporation number

CENTER FOR LAND-BASED LEARNING

2330983

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12	13	

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

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 1 DETAIL	AVAIL. UPON REQUEST						
	07/01/22	4,031,383	590,918	SL	40.00	243,718	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15	243,718					

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	243,718
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	243,718
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22					

TAXABLE YEAR

2023**California e-file Return Authorization for
Exempt Organizations**

FORM

8453-EO

Exempt Organization name

Identifying number

CENTER FOR LAND-BASED LEARNING**68-0472121****Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	4,121,085
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	4,052,153
3	Total expenses and disbursements (Form 199, line 9)	3	3,920,210
4	Tax due (Form 109, line 23)	4	
5	Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023**6** ☐ Direct Deposit of refund (Form 109 only.)**7** ☐ Electronic funds withdrawal **7a** Amount**7b** Withdrawal date (mm/dd/yyyy)**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)**10** Routing number _____**11** Account number _____**12** Type of account: ☐ Checking ☐ Savings**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

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 2023 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 tax liability, the exempt organization will remain liable for the tax 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 or the date when the refund was sent.**

**Sign
Here**

Signature of officer

Date

**CEO**

Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

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, 2023 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	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01208626
Must Sign	Firm's name (or yours if self-employed) and address	RICHARDSON & COMPANY LLP 550 HOWE AVENUE, SUITE 210 SACRAMENTO, CA			Firm's FEIN 46-5577902
					ZIP code 95825

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

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310**

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

(For Registry Use Only)

CENTER FOR LAND-BASED LEARNING

Name of Organization

List all DBAs and names the organization uses or has used

40140 BEST RANCH ROAD

Address (Number and Street)

WOODLAND, CA 95776

City or Town, State, and ZIP Code

(530) 795-1520

Telephone Number

E-mail Address

Check if:

- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number **117297**Corporation or Organization No. **2330983**Federal Employer ID No. **68-0472121****ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)****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 - ACTIVITIESFor your most recent full accounting period (beginning **07/01/2023** ending **06/30/2024**) list:

Total Revenue (including noncash contributions) \$ **4,051,493** Noncash Contributions \$ **9,500** Total Assets \$ **5,538,950**

Program Expenses \$ **2,787,575** Total Expenses \$ **3,919,550**

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?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 14	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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.

MARY KIMBALL**CEO**

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1	INFORMATION REGARDING GOVERNMENTAL FUNDING	STATEMENT	14
	PART B, LINE 5		

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
5735 47TH AVENUE
SACRAMENTO, CA 95824

TWIN RIVERS UNIFIED SCHOOL DISTRICT
5115 DUDLEY BLVD
MCCLELLAN, CA 95652

CITY OF SACRAMENTO
OFFICE OF ARTS & CULTURE
915 I STREET
NEW CITY HALL, 5TH FLOOR
SACRAMENTO, CA 95814

LOS RIOS COMMUNITY COLLEGE DISTRICT
1919 SPANOS CT
SACRAMENTO, CA 95825

CITY OF RANCHO CORDOVA
2729 PROSPECT PARK DR.
RANCHO CORDOVA, CA 95670

CITY OF WOODLAND
300 FIRST STREET
WOODLAND, CA 95695

SAN JOAQUIN CTY OFF OF ED APPRENTICESHIP
2922 TRANSWORLD DR
STOCKTON, CA 95206

NATURAL RESOURCES CONSERVATION SERVICE (USDA)
430 G STREET #4164
DAVIS, CA 95616

NATIONAL INSTITUTE OF FOOD & AGRICULTURE (USDA)
805 PENNSYLVANIA AVE.
KANSAS CITY, MO 64105

CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION
4910 N CHESTNUT AVE
FRESNO, CA 93726

CITY OF WEST SACRAMENTO
1110 WEST CAPITOL AVENUE, 3RD FLOOR
WEST SACRAMENTO, CA 95691

AGRICULTURAL MARKETING SERVICE (USDA)
10383 N AMBASSADOR DR
KANSAS CITY, MO 64153

FORM RRF-1

STATEMENT 14

CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE
FEDERAL FUNDS MANAGEMENT OFFICE
1220 N STREET
SACRAMENTO, CA 95814

RESOURCE CONSERVATION DISTRICT OF TEHAMA COUNTY
PO BOX #1232,
RED BLUFF CA 96080

YOLO COUNTY RESOURCE CONSERVATION DISTRICT
221 W. COURT STREET, SUITE 1
WOODLAND, CA 95695

VENTURA COUNTY RESOURCE CONSERVATION DISTRICT
3380 SOMIS RD
SOMIS, CA 93066

SLOUGHHOUSE RESOURCE CONSERVATION DISTRICT
13147 JACKSON RD.
SLOUGHHOUSE CA 95683

INLAND EMPIRE RESOURCE CONSERVATION DISTRICT
25864 BUSINESS CENTER DRIVE SUITE K
REDLANDS CA 92374

EAST STANISLAUS RESOURCE CONSERVATION DISTRICT
3800 CORNUCOPIA WAY, SUITE E
MODESTO, CA 95358

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
2211 PARK TOWNE CIR #1
SACRAMENTO, CA 95825