



550 Howe Avenue, Suite 210
Sacramento, California 95825

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

April 29, 2024

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

Dear Mary:

Enclosed is the organization's 2022 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 Charitable Trusts, 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 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023**2022**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>2,808,741.</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 2022 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 2022 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 2022 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 2022 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

04/23/24

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

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

Form **8879-TE** (2022)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization 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)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

THE ORGANIZATION
• The books are in the care of ► **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, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

- 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.

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.

EXTENDED TO MAY 15, 2024

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

2022Open to Public
Inspection**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023****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 \$**2,842,659.****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 2022 (Part V, line 2a) 31
	6	Total number of volunteers (estimate if necessary) 120
	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) 1,830,440.
	9	Program service revenue (Part VIII, line 2g) 1,073,787.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 334.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 40,981.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,945,542.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,000.
	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) 1,623,433.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 441,853.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,044,567.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,670,000.
19	Revenue less expenses. Subtract line 18 from line 12 275,542.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 5,515,803.
	21	Total liabilities (Part X, line 26) 967,363.
	22	Net assets or fund balances. Subtract line 21 from line 20 4,548,440.

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	04/23/24	<input type="checkbox"/>	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

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 \$ 1,307,699. including grants of \$) (Revenue \$ 1,202,369.)
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. THIS YEAR, THE FOLLOWING WAS ACCOMPLISHED:

(1)THERE WERE FIVE (5) INCUBATOR FARMERS LEASING LAND AT THE MAPLES,
FOR A TOTAL OF 4.5 ACRES, AND 6 INCUBATOR FARMERS IN WEST SACRAMENTO,

4b (Code:) (Expenses \$ 802,593. including grants of \$ 30,200.) (Revenue \$ 538,107.)

YOUTH EDUCATION, WORKFORCE DEVELOPMENT AND LEADERSHIP TRAINING:

A.THE STUDENT AND LANDOWNER EDUCATION AND WATERSHED STEWARDSHIP
(SLEWS) PROGRAM SERVED A TOTAL OF 350 STUDENTS FROM 8 DIFFERENT SCHOOLS
IN YOLO, SACRAMENTO, AND SAN JOAQUIN COUNTIES DURING THE 2022-23
PROGRAM YEAR AND RECRUITED AND TRAINED 60 VOLUNTEER PROFESSIONAL
MENTORS. THIS WAS A BIG INCREASE FROM THE YEAR BEFORE, AND PUT US BACK
IN LINE WITH PREVIOUS, PRE-COVID NUMBERS.

(1)COMPLETING A TOTAL OF 24 FIELD DAYS, WE PLANTED 3,200 TREES,
SHRUBS, AND FORBS, 10,000 GRASS PLUGS, AND INSTALLED 8 IRRIGATION
SYSTEMS WITH 40 BLUE BIRD BOXES.

(2)OUT OF THE STUDENTS SERVED IN THE 2022-23 FIELD SEASON, 96% OF
STUDENTS WERE MORE INTERESTED IN CAREERS RELATED TO AGRICULTURE OR

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 2,110,292.

Form 990 (2022)

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	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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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		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		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		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
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 31		
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				123,148.	0.	6,600.
(2) JEANA HULTQUIST DIRECTOR	1.00	X						0.	0.	0.
(3) REBECCA SMITH CHAIR	1.00	X		X				0.	0.	0.
(4) BEAU ROY TREASURER	1.00	X		X				0.	0.	0.
(5) DAWN MILLER SECRETARY	1.00	X		X				0.	0.	0.
(6) MATT PEYRET DIRECTOR	1.00	X						0.	0.	0.
(7) MELAYNE ALEXANDER DIRECTOR	1.00	X						0.	0.	0.
(8) JESSICA LUNDBERG DIRECTOR	1.00	X						0.	0.	0.
(9) DAVID OGILVIE DIRECTOR	1.00	X						0.	0.	0.
(10) KYLE COLLINS DIRECTOR	1.00	X						0.	0.	0.
(11) BRIANNA GIBBS DIRECTOR	1.00	X						0.	0.	0.
(12) ANNE MEGARO DIRECTOR	1.00	X						0.	0.	0.
(13) AMBER NEIMEYER DIRECTOR	1.00	X						0.	0.	0.

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	1,068,794.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 456,697.				
	h Total. Add lines 1a-1f			1,068,794.			
Program Service Revenue	2 a CONTRACT REVENUE	Business Code	110000	1,635,874.	1,635,874.		
	b TUITION FEES		611600	28,175.	28,175.		
	c PARTICIPATION FEES		900099	23,600.	23,600.		
	d CFA PLOT RENT		532000	15,710.	15,710.		
	e OTHER OPERATING REVENUE		900099	9,378.	9,378.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,712,737.			
	3 Investment income (including dividends, interest, and other similar amounts)			39.			39.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	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					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		19,829.			
	b Less: direct expenses	8b		20,397.			
	c Net income or (loss) from fundraising events			-568.			-568.
	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		41,260.			
	b Less: cost of goods sold	10b		13,521.			
c Net income or (loss) from sales of inventory			27,739.	27,739.			
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			2,808,741.	1,740,476.	0.	-529.

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 ☐

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	30,200.	30,200.		
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	129,748.	88,253.	20,117.	21,378.
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	1,651,758.	1,123,511.	256,095.	272,152.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	74,508.	50,680.	11,551.	12,277.
10 Payroll taxes	134,196.	93,679.	17,798.	22,719.
11 Fees for services (nonemployees):				
a Management				
b Legal	155.	25.	125.	5.
c Accounting	84,957.	13,662.	68,516.	2,779.
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.)	191,713.	153,782.	17,881.	20,050.
12 Advertising and promotion	16,602.	14,859.	39.	1,704.
13 Office expenses				
14 Information technology	31,118.	7,589.	22,507.	1,022.
15 Royalties				
16 Occupancy	55,167.	42,131.	6,320.	6,716.
17 Travel	59,748.	54,016.	4,892.	840.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	34,575.	23,517.	5,361.	5,697.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	231,221.	157,275.	35,849.	38,097.
23 Insurance	23,103.	15,714.	3,582.	3,807.
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 MISCELLANEOUS	139,793.	80,757.	54,367.	4,669.
b SUPPLIES	118,950.	101,022.	10,237.	7,691.
c SMALL EQUIPMENT, REPAIR	43,772.	30,722.	8,201.	4,849.
d TELEPHONE AND CONFERENCE	26,787.	18,644.	4,307.	3,836.
e All other expenses	36,148.	10,254.	14,329.	11,565.
25 Total functional expenses. Add lines 1 through 24e	3,114,219.	2,110,292.	562,074.	441,853.
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	31,457.	1	37,411.
	2 Savings and temporary cash investments	27,715.	2	4,972.
	3 Pledges and grants receivable, net	1,280,197.	3	341,000.
	4 Accounts receivable, net	205,961.	4	269,808.
	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	6,658.	9	149,419.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,336,689.		
	b Less: accumulated depreciation	10b 671,278.	10c	3,665,411.
	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	709,720.	14	677,460.
	15 Other assets. See Part IV, line 11	11,600.	15	12,343.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,515,803.	16	5,157,824.	
Liabilities	17 Accounts payable and accrued expenses	252,539.	17	380,918.
	18 Grants payable		18	
	19 Deferred revenue		19	50,456.
	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	574,824.	23	139,114.
	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	140,000.	25	343,581.
	26 Total liabilities. Add lines 17 through 25	967,363.	26	914,069.
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	3,173,992.	27	3,877,005.
	28 Net assets with donor restrictions	1,374,448.	28	366,750.
	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	4,548,440.	32	4,243,755.
	33 Total liabilities and net assets/fund balances	5,515,803.	33	5,157,824.

Form 990 (2022)

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	2,808,741.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,114,219.
3	Revenue less expenses. Subtract line 2 from line 1	3	-305,478.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,548,440.
5	Net unrealized gains (losses) on investments	5	793.
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	4,243,755.

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 (2022)

SCHEDULE A
(Form 990)

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

2022

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.

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).

(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3108963.	2945977.	880,185.	1830440.	1068794.	9834359.
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	3108963.	2945977.	880,185.	1830440.	1068794.	9834359.
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)						1556338.
6 Public support. Subtract line 5 from line 4.						8278021.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	3108963.	2945977.	880,185.	1830440.	1068794.	9834359.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		5,627.	232.	334.	39.	6,232.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	967.					967.
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						9841558.
12 Gross receipts from related activities, etc. (see instructions)					12	5,453,605.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	84.11 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	98.26 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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) 2022

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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

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

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2022

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
TIM CARO AND MONIQUE MULDER	450,000.	253,169.
DAN BEST	1,500,000.	1,303,169.
Total Excess Contributions to Schedule A, Part II, Line 5		1,556,338.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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).

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	GILL FAMILY BYPASS TRUST 1414 PERKINS WAY SACRAMENTO, CA 95818	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE GAMBLE FOUNDATION 1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WELLS FARGO 1510 ARDEN WAY, SUITE 202 SACRAMENTO, CA 95815	\$ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SACRAMENTO REGION COMMUNITY FOUNDATION 955 UNIVERSITY AVENUE SUITE A SACRAMENTO, CA 95825	\$ 29,094.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PAUL HOLMES-WITZMAN FAMILY 1706 ALICANTE ST DAVIS, CA 95618	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SANNIE KENTON OSBORN 976 RIVERFRONT ST WEST SACRAMENTO, CA 95691	\$ 25,000.	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	LANGE TWINS 1298 W. JAHANT ROAD ACAMPO, CA 95220	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BOUNDARY BEND, INC. 455 HARTER AVE WOODLAND, CA 95695	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TIM CARO AND MONIQUE MULDER 25160 HIGHWAY 128 WINTERS, CA 95694	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
	(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

2022

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 in (a)	2c
d Number of conservation easements included in (c) 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 2(d) 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) 2022

232051 09-01-22

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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 on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,500.				
b Contributions		10,000.			
c Net investment earnings, gains, and losses	843.	-500.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	100.				
g End of year balance	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.	348,088.	2,744,989.
c Leasehold improvements				
d Equipment		567,977.	282,435.	285,542.
e Other		225,635.	40,755.	184,880.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,665,411.

Schedule D (Form 990) 2022

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, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	343,581.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	343,581.

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) 2022

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	2,825,055.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	793.
b	Donated services and use of facilities	2b	2,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,793.
3	Subtract line 2e from line 1	3	2,822,262.
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	-13,521.
c	Add lines 4a and 4b	4c	-13,521.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,808,741.

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	3,129,740.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	13,521.
e	Add lines 2a through 2d	2e	15,521.
3	Subtract line 2e from line 1	3	3,114,219.
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	3,114,219.

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 -13,521.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 13,521.

Part XIII	Supplemental Information <i>(continued)</i>
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[illegible]

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2022

Open to Public Inspection

68-0472121

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SEASONAL GATHERING (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	19,829.			19,829.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	19,829.			19,829.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	9,360.			9,360.
	8 Entertainment	11,037.			11,037.
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				20,397.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-568.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter name and address of the third party:

Name

Address

- 16** Gaming manager information:

Name

Gaming manager compensation \$ _____

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

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

2022

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

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

Schedule I (Form 990) 2022

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	18	13,000.	0.		
CARING FOR OUR WATERSHEDS AWARDS	30	17,200.	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 L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public
Inspection

Name of the organization

CENTER FOR LAND-BASED LEARNING

Employer identification number

68-0472121

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CENTER FOR LAND-BASED LEARNING

Employer identification number

68-0472121

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	450,000.	APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (TREES AND TRELL)	X	1	6,697.	MARKET
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

Supplemental Information.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

2022

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ON THREE PLOTS (5TH AND C, LAKE WASHINGTON, AND CUMMINS WAY) FOR A
TOTAL OF THREE ACRES. RIVERFRONT FARM CONTINUED TO BE FARMED BY CLBL
STAFF, AND ALL FOOD PRODUCED WAS PROVIDED TO THE WEST SACRAMENTO MOBILE
FARMERS MARKET TRUCK.

(2)THE DRIP IRRIGATION SYSTEM WAS EXPANDED TO THE FRONT FIELD,
UTILIZING A CDFA SWEEP GRANT, AND THEN THE NEW 5-ACRE OLIVE ORCHARD WAS
PLANTED IN JUNE OF 2023 IN THAT FIELD.

B.THE CALIFORNIA FARM ACADEMY APPRENTICESHIP PROGRAM IS FOR HIGHLY
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.

(1)IN 2022-23, THE APPRENTICESHIP PROGRAM CONTINUED ITS STATEWIDE
EXPANSION, SERVING A TOTAL OF 12 APPRENTICES IN 10 COUNTIES.

(2) DEVELOPMENT OF THE NEW AGHIRE PROGRAM, WHICH IS A SPANISH LANGUAGE
TRACK FOR FARMWORKERS, FOR A PLANNED LAUNCH IN LATE 2024.

(3)THE PROGRAM GRADUATED FIVE APPRENTICES THAT COMPLETED THEIR 2-YEAR
ON-THE-JOB TRAINING AND CURRICULUM.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

CENTER FOR LAND-BASED LEARNING

Employer identification number

68-0472121

C. THE CALIFORNIA FARM ACADEMY 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.

(1) THE PROGRAM GRADUATED NINE STUDENTS IN SEPTEMBER OF 2022, AND THERE WERE 13 STUDENTS ENROLLED IN THE 2023 CLASS THAT BEGAN IN FEBRUARY. THEY WILL GRADUATE IN SEPTEMBER.

(2) THE 2ND YEAR OF CURRICULUM TRACKS CONTINUED FOR LIVESTOCK, ORCHARD CROPS, AND ON FARM RESEARCH TRIALS. THE 2023 CLASS WAS REQUIRED TO WORK ON THE WEST SACRAMENTO MOBILE FARMERS MARKET TRUCK, WHICH WAS VERY SUCCESSFUL AND LED TO EXCELLENT OPPORTUNITIES TO LEARN THE BASICS OF DIRECT SALES. ANOTHER NEW ASPECT OF THE PROGRAM IN 2023 WAS THE ADDITION OF REQUIRED FRIDAY WORKDAYS TO HARVEST CROPS IN THE TRAINING PLOT, ALL OF WHICH WAS SOLD ON THE WEST SACRAMENTO MOBILE FARMERS MARKET TRUCK.

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. THE 2022 YEAR WAS THE 2ND FOR THE MOBILE FARMERS MARKET TRUCK, AND 2023 WE LAUNCHED THE 3RD YEAR. THROUGH THIS TRUCK, WE ASSISTED MORE OF OUR BEGINNING FARMER ALUMNI SELL PRODUCE TO LOW-INCOME COMMUNITIES USING EBT/SNAP BENEFITS.

(1) 50% OF ALL OF THE PRODUCE AND FRUIT CAME FROM WITHIN 5 MILES, THE REMAINDER FROM WITHIN 50 MILES. OUR GOAL OF PRODUCING LOCAL, HEALTHY FOOD AND GETTING IT TO THE COMMUNITIES THAT WE SERVE IS BEING REALIZED.

Name of the organization CENTER FOR LAND-BASED LEARNING	Employer identification number 68-0472121
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(2) TOTAL SALES IN 2022 WAS \$38,000, AND IN 2023 WE EXPECT \$50,000 BY THE END OF THE PROGRAM YEAR (OCTOBER). ALMOST 75% OF THOSE SALES ARE CALFRESH EBT, WHICH IS MATCHED BY THE STATE AND FEDERAL MARKET MATCH PROGRAM.

(3) THE SUCCESS OF THE WEST SACRAMENTO MOBILE FARMERS MARKET HAS MEANT WE'VE BEEN ABLE TO GARNER ADDITIONAL FUNDING TO ADD A SECOND TRUCK FOR WOODLAND AND RURAL YOLO COUNTY. THIS FUNDING WAS APPROVED BY THE COUNTY OF YOLO (TO PURCHASE THE NEW TRUCK AND OTHER INFRASTRUCTURE, INCLUDING A NEW COOLER), AND THE CITY OF WOODLAND FOR THE OPERATION. DUE TO THIS FUNDING, A 2ND COORDINATOR WILL BE HIRED IN SEPTEMBER OF 2023 TO MANAGE THE WOODLAND OPERATIONS. WE EXPECT TO RECEIVE THE NEW TRUCK IN EARLY 2024 FOR LAUNCH IN MAY OF THE SAME YEAR.

(4) IN 2022, WE MOVED OUR AGGREGATION FACILITY FROM ITS FORMER LOCATION AT CAMPUS BREWING TO A NEW LOCATION, A FORMER TOGO'S RESTAURANT, WITH THE GOAL OF CREATING A FULL-SERVICE AGGREGATION, LIGHT PROCESSING AND POTENTIALLY STOREFRONT FACILITY. WITH OUR LONG-TIME PARTNER, THE WEST SACRAMENTO HOUSING DEVELOPMENT CORPORATION, WE REHABBED THIS SPACE SO THAT OUR FARMERS WOULD HAVE 24-HOUR A DAY ACCESS TO THE COOLER AND STORAGE SPACE, AND THIS WAS ALSO THE HUB FOR OUR WEST SACRAMENTO MOBILE FARMERS MARKET OPERATIONS. THIS FACILITY IS NOW CALLED "THE HUB" AND WE HAVE SEVERAL ADDITIONAL FUNDING SOURCES, INCLUDING THE COMMUNITY FOOD PROJECT (USDA) AND LOCAL FOOD PROMOTION PROGRAM (USDA).

E. THE FARM AND CLIMATE PROGRAM ENTERED ITS SECOND YEAR OF IMPLEMENTATION AT THE MAPLES FARM AND ITS GOAL IS TO SERVE 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

Name of the organization

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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.

(1) THE MAPLES CARBON FARM PLAN WAS COMPLETED IN JUNE OF 2023.

(2) WITH OUR PARTNERS, WE IDENTIFIED AN ADDITIONAL FARM, RIVER GARDEN FARMS (OVER 10,000 ACRES) FOR THE 2ND CARBON FARM PLAN. THIS PLAN WAS STARTED AND IS EXPECTED TO BE COMPLETED IN THE FALL OF 2023.

(3) SEVERAL WORKSHOPS AND TRAININGS ARE PLANNED FOR WINTER OF 2024.

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

NATURAL RESOURCES, 82% OF STUDENTS SHARED WHAT THEY LEARNED WITH THEIR FRIENDS AND FAMILY IN THE COMMUNITY, AND 95% OF STUDENTS FELT THEY WOULD ENGAGE MORE WITH THE OUTDOORS AS A RESULT OF THE SLEWS PROGRAM.

(3) WE ADDED A NEW COUNTY INTO THE SLEWS PROGRAM, SAN JOAQUIN, WITH THE ADDITION OF PARTNERSHIP WITH LANGE TWINS WINERY AND A PROJECT THAT WILL SPAN 10 YEARS. THIS PROJECT WORKED WITH LODI HIGH SCHOOL.

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.

STATEWIDE STATISTICS:

TOTAL FARMS IN-PERSON FIELD DAYS COMPLETED - 50

NUMBER OF SCHOOLS SERVED - 24

NUMBER OF STUDENTS IMPACTED - 266

C. MJDOA SCHOLARSHIPS - THE ANNUAL FARMS SCHOLARSHIPS ARE A PARTNERSHIP BETWEEN THE CENTER FOR LAND-BASED LEARNING AND MY JOB DEPENDS ON AG. IN

Name of the organization

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2023 WE AWARDED 21 SCHOLARSHIPS, TOTALING \$12,000. RECIPIENTS OF THE SCHOLARSHIP WILL BE PURSUING DEGREES OR CERTIFICATIONS IN FIELDS RELATED TO AGRICULTURE AND ENVIRONMENTAL SCIENCES.

(1) THIS YEAR, TWELVE \$500 SENIOR SCHOLARSHIPS WERE AWARDED TO GRADUATING HIGH SCHOOL SENIORS AND SIX \$1,000 SCHOLARSHIPS FOR ALUMNI IN COLLEGE OR A VOCATIONAL PROGRAM.

D. INTERNSHIPS AND JOBS - 25 INTERNSHIPS WERE CREATED IN THE SACRAMENTO REGION THROUGH THE URBAN AG INTERNSHIP PROGRAM WITH GRANT UNION AND LUTHER BURBANK HIGH SCHOOLS

(1) THE URBAN AG INTERNS WERE PROVIDED WITH A YEAR-ROUND JOB, AND A TOTAL OF 5,000 HOURS OF PAID INTERNSHIP HOURS AT \$15/HOUR. THEY ALSO WERE PROVIDED WITH 40 HOURS OF WORKFORCE DEVELOPMENT TRAINING, AND THREE FIELD TRIPS THROUGHOUT THE YEAR TO FARMS, COLLEGES, AND AG BUSINESSES.

(2) FIVE FARMS ALUMNI WERE PLACED IN PAID INTERNSHIPS THROUGHOUT THE STATE, INCLUDING KERN, FRESNO, MONTEREY, AND COLUSA COUNTIES, WITH SUCH COMPANIES AS GROW WEST AND AGENCIES SUCH AS USDA NRCS.

(3) SEVERAL IN-PERSON ALUMNI GATHERINGS WERE PROVIDED, INCLUDING ONE AT THE WORLD AG EXPO IN TULARE IN FEBRUARY OF 2023. THESE EVENTS BRING TOGETHER ALUMNI WITH CURRENT STUDENTS IN THE PROGRAM, AS WELL AS INDUSTRY PARTNERS AND STAKEHOLDERS.

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

Name of the organization

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APRIL, AS CLOSE AS POSSIBLE TO EARTH DAY.

(1) IN 2023, THERE WAS A TOTAL OF 550 STUDENTS, 380 PROPOSALS, AND 10 FINALISTS.

(2) THE 10 FINALISTS RECEIVED \$6,000 IN AWARD FUNDING, AND THEIR SCHOOLS RECEIVED MATCHING FUNDS.

(3) IN ADDITION, WE AWARD FUNDING FOR IMPLEMENTATION PROJECTS, AND THERE WERE 12 PROJECTS COMPLETED DURING THE 22-23 YEAR, FOR MORE THAN \$8,500 IN PROJECT MONIES PROVIDED.

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.

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

Name of the organization

CENTER FOR LAND-BASED LEARNING

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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.

THE ORGANIZATION'S OFFICERS ARE NOT COMPENSATED.

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

COPIES OF THE GOVERNING DOCUMENTS ARE MADE AVAILABLE AS REQUESTED.

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 04/29/2024 08:25:07 FORM 990 FORM 4562 (TOTALS)(1)	

2022

California Exempt Organization Annual Information Return

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022, and ending (mm/dd/yyyy) 06/30/2023.

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 ☐ Yes ☒ No

B Amended return ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ☐ Yes ☒ No

D Final information return?

• ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date: (mm/dd/yyyy) •

E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed? (1) • ☐ 990T (2) • ☐ 990PF (3) • ☐ Sch H (990)

(4) ☒ Other 990 series

G Is this a group filing? See instructions ☐ Yes ☒ No

H Is this organization in a group exemption ☐ Yes ☒ No

If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If "Yes," enter the gross receipts from nonmember sources \$

L Is the organization a limited liability company? ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

O Is federal Form 1023/1024 pending? ☐ Yes ☒ No

Date filed with IRS

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	1,773,865	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,068,794	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 3	4	2,842,659	00
	5	Cost of goods sold STMT 2	5	13,521	00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7	13,521	00
	8	Total gross income. Subtract line 7 from line 4	8	2,829,138	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,134,616	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-305,478	00
Filing Fee	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	04/23/24	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.

228951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	61,089	00
	2	Interest	•	2	39	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)	•	6		00
	7	Other income SEE STATEMENT 4	•	7	1,712,737	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	1,773,865	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 5	•	9	30,200	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 6	•	11	129,748	00
	12	Other salaries and wages	•	12	1,651,758	00
	13	Interest	•	13	34,575	00
	14	Taxes	•	14	134,196	00
	15	Rents	•	15	55,167	00
	16	Depreciation and depletion (See instructions)	•	16	231,221	00
	17	Other expenses and disbursements SEE STATEMENT 7	•	17	867,751	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,134,616	00

Schedule L		Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		59,172		• 42,383		
2	Net accounts receivable		205,961		• 269,808		
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	3,714,812		3,886,689			
	b Less accumulated depreciation	(472,317)	3,242,495	(671,278)	3,215,411		
11	Land				• 450,000		
12	Other assets STMT 8		2,008,175		• 1,180,222		
13	Total assets		5,515,803		5,157,824		
Liabilities and net worth							
14	Accounts payable		252,539		• 380,918		
15	Contributions, gifts, or grants payable				•		
16	Bonds and notes payable				•		
17	Mortgages payable		574,824		• 139,114		
18	Other liabilities STMT 9		140,000		394,037		
19	Capital stock or principal fund				•		
20	Paid-in or capital surplus. Attach reconciliation				•		
21	Retained earnings or income fund		4,548,440		• 4,243,755		
22	Total liabilities and net worth		5,515,803		5,157,824		

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	•	-304,685	7 Income recorded on books this year not included in this return. Attach schedule *	•	793
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		793
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		-304,685	Subtract line 9 from line 6		-305,478

* 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
GILL FAMILY BYPASS TRUST	1414 PERKINS WAY SACRAMENTO, CA 95818		100,000.
THE GAMBLE FOUNDATION	1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109		35,000.
WELLS FARGO	1510 ARDEN WAY, SUITE 202 SACRAMENTO, CA 95815		31,500.
SACRAMENTO REGION COMMUNITY FOUNDATION	955 UNIVERSITY AVENUE SUITE A SACRAMENTO, CA 95825		29,094.
PAUL HOLMES-WITZMAN FAMILY	1706 ALICANTE ST DAVIS, CA 95618		25,000.
SANNIE KENTON OSBORN	976 RIVERFRONT ST WEST SACRAMENTO, CA 95691		25,000.
LANGE TWINS	1298 W. JAHANT ROAD ACAMPO, CA 95220		25,000.
BOUNDARY BEND, INC.	455 HARTER AVE WOODLAND, CA 95695		25,000.
AMERICAN AG CREDIT	2140 PROFESSIONAL DRIVE, #110 ROSEVILLE, CA 95661		18,600.
FARM CREDIT ALLIANCE	8899 RED BARON BLVD RENO, NV 78506		15,000.
CAMPBELL FOUNDATION	1450 SUTTER ST #510 SAN FRANCISCO, CA 94109		15,000.
CAMPBELL SOUP FOUNDATION	1 CAMPBELL PL CAMDEN, NJ 08103		10,000.
SACRAMENTO NATURAL FOODS CO-OP	2820 R STREET SACRAMENTO, CA 95816		10,787.
FIRST NORTHERN BANK	195 N. FIRST STREET DIXON, CA 95620		10,450.
PACIFIC GAS & ELECTRIC	850 STILLWATER ROAD WEST SACRAMENTO, CA 94533		10,000.
PGIM REAL ESTATE	180 N. STETSON AVENUE, SUITE 5400 CHICAGO, IL 60601		10,000.

CENTER FOR LAND-BASED LEARNING		68-0472121
BLUE DIAMOND COMMUNITY GIVING	4800 SISK ROAD MODESTO, CA 95356	10,000.
CENTRAL VALLEY COMMUNITY FOUNDATION	1260 FULTON STREET SUITE 200 FRESNO, CA 93721	8,000.
BAYER CORP	37437 CA-16 WOODLAND, CA 95695	7,000.
ALMOND BOARD OF CA	1150 9TH ST STE 1500 MODESTO, CA 95354	6,000.
18THIRTY ENTERTAINMENT	1703 N. CAROLINA AVE CLOVIS, CA 93619	5,000.
CALIFORNIA COTTON ALLIANCE	1521 I ST. SACRAMENTO, CA 95814	5,000.
KATHLEEN LIEBHARDT	1871 IMPERIAL AVE DAVIS, CA 95616	5,000.
CAPITAL GROUP	PO BOX 6007 INDIANAPOLIS, IN 46206	5,000.
CO BANK	6340 S. FIDDLERS GREEN CIRCLE GREENWOOD VILLIAGE, CO 80111	5,000.
A. TEICHERT & SON, INC.	3500 AMERICAN RIVER DR. SACRAMENTO, CA 95864	5,000.
TAUZER APIARIES	23011 COUNTY ROAD 103 WOODLAND, CA 95776	5,000.
LOS GATOS TOMATO PRODUCTS	P.O. BOX 429 HURON, CA 93234	5,000.
VANGUARD CHARITABLE	2670 WARWICK AVENUE WARWICK, RI 02889	5,000.
MADERA COUNTY FARM BUREAU	1102 SOUTH PINE STREET MADERA, CA 93637	5,000.
PACIFIC COAST PRODUCERS - MICHAEL SALEMI	1376 LEMEN AVE WOODLAND, CA 95776	5,000.
JAY CUTLER	216 BALDWIN ST SANTA CRUZ, CA 95060	5,000.
TOTAL INCLUDED ON LINE 3		486,431.

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	13,521	
5. OTHER COSTS.		
6. ADD LINES 1 THROUGH 5		13,521
7. INVENTORY AT END OF YEAR		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		13,521

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	3
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS
TIM CARO AND MONIQUE MULDER	25160 HIGHWAY 128 WINTERS, CA 95694

PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
LAND LOCATED AT 25160 HIGHWAY 128, WINTERS, CA 95694	01/09/23	450,000.	450,000.
TOTAL INCLUDED ON LINE 3		450,000.	450,000.

CA 199	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
CONTRACT REVENUE	1,635,874.
TUITION FEES	28,175.
CFA PLOT RENT	15,710.
PARTICIPATION FEES	23,600.
OTHER OPERATING REVENUE	9,378.
TOTAL TO FORM 199, PART II, LINE 7	1,712,737.

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	5
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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	13,000.

TOTAL FOR THIS ACTIVITY	13,000.
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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	17,200.

TOTAL FOR THIS ACTIVITY	17,200.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	<u>30,200.</u>
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CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	6
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MARY KIMBALL 40140 BEST RANCH ROAD WOODLAND, CA 95776	CEO 40.00	129,748.
JEANA HULTQUIST 40140 BEST RANCH ROAD WOODLAND, CA 95776	DIRECTOR 1.00	0.
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.
MATT PEYRET 40140 BEST RANCH ROAD WOODLAND, CA 95776	DIRECTOR 1.00	0.
MELAYNE ALEXANDER 40140 BEST RANCH ROAD WOODLAND, CA 95776	DIRECTOR 1.00	0.
JESSICA LUNDBERG 40140 BEST RANCH ROAD WOODLAND, CA 95776	DIRECTOR 1.00	0.
DAVID OGILVIE 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.

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.

TOTAL TO FORM 199, PART II, LINE 11

129,748.

CA 199

OTHER EXPENSES

STATEMENT

7

DESCRIPTION

AMOUNT

MISCELLANEOUS	139,793.
SUPPLIES	118,950.
SMALL EQUIPMENT, REPAIR	43,772.
TELEPHONE AND CONFERENC	26,787.
DIRECT EXPENSES OF FUNDRAISING EVENTS	20,397.
OTHER EMPLOYEE BENEFITS	74,508.
LEGAL FEES	155.
ACCOUNTING FEES	84,957.
OTHER PROFESSIONAL FEES	191,713.
ADVERTISING AND PROMOTION	16,602.
INFORMATION TECHNOLOGY	31,118.
TRAVEL	59,748.
INSURANCE	23,103.
ALL OTHER EXPENSES	36,148.

TOTAL TO FORM 199, PART II, LINE 17

867,751.

CA 199

OTHER ASSETS

STATEMENT

8

DESCRIPTION

BEG. OF YEAR

END OF YEAR

PLEDGES AND GRANTS RECEIVABLE	1,280,197.	341,000.
PREPAID EXPENSES AND DEFERRED CHARGES	6,658.	149,419.
INTANGIBLE ASSETS	709,720.	677,460.
DEPOSITS	2,100.	2,100.
ENDOWMENT FUNDS	9,500.	10,243.

TOTAL TO FORM 199, SCHEDULE L, LINE 12

2,008,175.

1,180,222.

CA 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
LINE OF CREDIT	140,000.	343,581.	
DEFERRED REVENUE	0.	50,456.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	140,000.	394,037.	

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	10
DESCRIPTION		AMOUNT	
UNREALIZED GAINS ON INVESTMENTS		793.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		793.	

CA 199	FUND BALANCES	STATEMENT	11
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
NET ASSETS WITHOUT DONOR RESTRICTIONS	3,173,992.	3,877,005.	
NET ASSETS WITH DONOR RESTRICTIONS	1,374,448.	366,750.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	4,548,440.	4,243,755.	

TAXABLE YEAR

2022**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 (Form 199, line 4)	1	2,842,659
2	Total gross income (Form 199, line 8)	2	2,829,138
3	Total expenses and disbursements (Form 199, line 9)	3	3,134,616

Part II Settle Your Account Electronically for Taxable Year 2022

4 ☐ Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (mm/dd/yyyy)

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

5 Routing number _____ **7** Type of account: ☐ Checking ☐ Savings

6 Account number _____

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign
Here**

Signature of officer

Date

**CEO**

Title

Part V 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, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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

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

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

FTB 8453-EO 2022

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

(For Registry Use Only)

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

State Charity Registration Number **CT117297**

Corporation or Organization No. **2330983**

Federal Employer ID No. **68-0472121**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

Make Check Payable to Department of Justice

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2022 ending 06/30/2023) list:

Total Revenue (including noncash contributions) \$ 2,808,741 Noncash Contributions \$ 456,697 Total Assets \$ 5,157,824
Program Expenses \$ 2,110,292 Total Expenses \$ 3,114,219

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 12	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	12
	PART B, LINE 5		

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

CITY OF SACRAMENTO
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

YOLO COUNTY RCD
221 W. COURT STREET, SUITE 1
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

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