PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 113828 | 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2024 calendar year, or tax year beginning and e	ending				
B c	heck if pplicable	C Name of organization		D Employer identific	cation number		
	Addres	CALIFORNIA FARMLINK					
	Name change	Doing business as		94-33326	30		
	Initial return	,	Room/suite	E Telephone number			
	Final return/ termin	335 SPRECKELS DRIVE, SUITE D		(831)425			
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,865,696.		
	return	APIOS, CA 95005		H(a) Is this a group re			
	Application pendin	F Name and address of principal officer: REGINALD V. KNOX SAME AS C ABOVE		for subordinates			
	3V-0V	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	H(b) Are all subordinates in	list. See instructions		
	Vebsit		<u> </u>	H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: CA		
	rt I	Summary		1	<u> </u>		
_	1	Briefly describe the organization's mission or most significant activities: INVES	T IN	THE PROSPER	ITY OF		
ğ		FARMERS, RANCHERS & FISHERS THROUGH LENDIN					
Activities & Governance		Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass			
Š Š				3	11		
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			11		
ies		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			<u>39</u>		
ţį		Total number of volunteers (estimate if necessary)			0.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		Net difference business taxable income from 1 om 1990-1, 1 at 1, life 11		Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)		7,903,771.	4,881,697.		
nue		Program service revenue (Part VIII, line 2g)		1,618,404.	1,782,000.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		186,108.	201,999.		
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,708,283.	6,865,696.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		185,000.	40,000.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,200,031.	3,840,897.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)1,191,58		0.	0.		
Εχρ				2,270,342.	2,583,563.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,655,373.	6,464,460.		
		Revenue less expenses. Subtract line 18 from line 12		4,052,910.	401,236.		
or es		Teveride 1656 experises. Cubitast line 16 from line 12	Ве	ginning of Current Year	End of Year		
ets (20	Total assets (Part X, line 16)		38,396,371.	41,959,071.		
ASS	21	Total liabilities (Part X, line 26)		23,688,967.	26,850,431.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		14,707,404.	15,108,640.		
Pa	ırt II	Signature Block					
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules a		•	knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.			
.	_	Signature of officer		I Date			
Sign		REGINALD V. KNOX, CHIEF EXECUTIVE OFFICER		Duto			
Her	e	Type or print name and title					
		Preparer's name Preparer's signature		Date Check	PTIN		
Paid		SHERMAN LEONG		if self-employ	P00513747		
	arer	Firm's name LINDQUIST, VON HUSEN & JOYCE LLP			4-1250261		
Use	Only	Firm's address 301 HOWARD STREET, SUITE 850					
		SAN FRANCISCO, CA 94105		Phone no. (4	<u>15) 957-9999</u>		
Мау	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No		

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: AS A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, WE INVEST IN THE
	PROSPERITY AND WELL-BEING OF FARMERS, RANCHERS, AND FISHERS WHO HAVE
	LIMITED ACCESS TO FINANCIAL RESOURCES. SEE SCHEDULE O FOR MORE
	INFORMATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? X 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 X 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 \$2,121,871. including grants of \$40,000.) (Revenue \$1,762,885.)
	FARMLINK'S LENDING PROGRAM PROVIDES FLEXIBLY STRUCTURED FINANCING TO
	UNDERSERVED, LOW-INCOME, BEGINNING FARMERS, RANCHERS AND FISHERS ACROSS
	CALIFORNIA FOR OPERATING, EQUIPMENT AND LAND PURCHASE LOANS. THIS
	PROGRAM SERVES BORROWERS WHO WOULD OTHERWISE HAVE A DIFFICULT TIME
	SECURING FINANCING DUE TO LIMITED HISTORY AS ENTREPRENEURS, LIMITED
	TRADITIONAL CAPITAL, LITTLE OR NO CREDIT HISTORY, SMALL LOAN SIZE,
	LANGUAGE BARRIERS, OR NON-TRADITIONAL MARKETING AND BUSINESS MODELS. IN
	2024, FARMLINK ORIGINATED 40 LOANS (\$13,388,874 IN TOTAL VOLUME) WITH
	AN AVERAGE SIZE OF \$334,721.
	2 400 624
4b	(Code:) (Expenses \$2, 408, 634. including grants of \$) (Revenue \$19, 115.)
	LAND AND BUSINESS (LAB) PROGRAMS. THERE ARE THREE RELATED LAND AND
	BUSINESS PROGRAMS: EQUITY AND CONSERVATION ON WORKING LANDS (ECWL),
	RESILIENCE AND WEALTH BUILDING (RWB) AND BUSINESS AND INNOVATION (B&I).
	IN 2024, FARMLINK STAFF PROVIDED DIRECT, INDIVIDUAL TECHNICAL
	ASSISTANCE TO 313 FARMERS AND RANCHERS ACROSS THESE PROGRAMS.
	THROUGHOUT ITS PROGRAMMING, FARMLINK EMPLOYS THE "CLIENT JOURNEY", A
	CLIENT-CENTRIC SERVICE PHILOSOPHY TO HARNESS THE ORGANIZATIONAL PILLARS
	OF LAND, CAPITAL AND EDUCATION TOWARD THE OVERALL GOAL OF BUSINESS
	STABILITY, OPERATIONAL ADVANCEMENT, AND OVERALL RISK MANAGEMENT OF THE
	ORGANIZATION'S GROWING OUTSTANDING LOAN PORTFOLIO.
4-	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
·u	(Expenses \$ including grants of \$) (Revenue \$)
4e	1 520 505

Form 990 (2024) CALIFORNIA FARMLINK 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	25	
•	the organization's separate of 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)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		25	
ıza	, ,	12a	х	
h	Schedule D, Parts XI and XII	IZa	25	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	111		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		 ^ `
15		4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			\ _{3,7}
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2024) CALIFORNIA FARMLINK
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			۱
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		-25
30		30		X
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization required the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>52</u>		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-33		<u> </u>
-	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	$\Omega\Omega\Omega$	

Form 990 (2024) CALIFORNIA FARMLINK

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

			Yes	No
2 a	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 39		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	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	4-		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
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).			
а	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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:			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
	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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2024) CALIFORNIA FARMLINK 94-3332630 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to lines 2 t 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	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			
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		Х
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		Х
	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		Х
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		
Sec	tion 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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	X Own website X Another's website X 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	financ	cial	
	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			
	REGINALD V. KNOX - (831)425-0303			
	335 SPRECKELS DRIVE, SUITE D, APTOS, CA 95003			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and title	(B) Average			Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per	box	(do not check more than o box, unless person is both officer and a director/trust		n an	compensation	compensation from related	amount of other		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) REGINALD V. KNOX	40.00			v				212 066	0.	F.6 F.0.2
CHIEF EXECUTIVE OFFICER (2) BRETT A MELONE	40.00			Х				212,966.	0.	56,502.
CHIEF CREDIT OFFICER	40.00	1			х			158,589.	0.	56,909.
(3) NATHAN WELLER	40.00								•	00,000
DIRECTOR, DEVELOPMENT AND IMPACT					х			155,278.	0.	11,102.
(4) TINA COSENTINO	40.00									
CHIEF OPERATIONS OFFICER						Х		137,259.	0.	24,608.
(5) TAMELA HUDSON	40.00									
DIRECTOR OF LOAN OPERATIONS						X		123,198.	0.	8,426.
(6) NOAH STROUSE	40.00									
LOAN OFFICER & STRATEGIC INITIATIVES	40.00					Х		103,612.	0.	8,588.
(7) JANE GARCIA	40.00	-								
DIRECTOR OF LENDING	1000					X		101,584.	0.	30,302.
(8) JONATHAN HARRISON	10.00	-		37				00 042	0	0
(9) MARISA ALACORTA	1.00			Х				99,043.	0.	0.
BOARD MEMBER	1.00	Х						1,000.	0.	0.
(10) WESLEY VAN CAMP	1.00	Λ						1,000.	0.	0.
BOARD MEMBER	1.00	х						1,000.	0.	0.
(11) ALICIA PEMAN-DUPIER	1.00	<u> </u>						2,0001		
BOARD MEMBER		Х						1,000.	0.	0.
(12) CHRIS MITTLESTEADT	1.00									
PRESIDENT & CHAIR		Х		Х				0.	0.	0.
(13) ROB HURLBUT	1.00									
BOARD TREASURER		X		Х				0.	0.	0.
(14) MEREDITH STORTON	1.00									
BOARD SECRETARY		X		Х				0.	0.	0.
(15) LARRY CRETAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) SHYAM KAMATH	1.00									
BOARD MEMBER		Х					<u> </u>	0.	0.	0.
(17) ROBIN BOT-MILLER	1.00									_
BOARD MEMBER		X						0.	0.	990 (2024)

432007 12-10-24 Form **990** (2024)

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	<u>l Hi</u>	ghes	st C	ompensated Employee	S (continued)				
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average	(do	Position (do not check more than one				200	Reportable	Reportable	و (Es	timate	ed
	hours per	box	box, unless person is both an			s both	n an	compensation	compensation	on	am	ount	of
	week		officer and a director/trustee)			r/trus	tee)	from	from relate		1	other	
	(list any hours for	recto						the	organization			pensa	
	related	or di	tee			sated		organization	(W-2/1099-MI		l	om the	
	organizations	Individual trustee or director	Institutional trustee		99	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC	'		anizat I relat	
	below	dual tı	ntio na		nploy	st cor	-	1				nizati	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) JENNIFER KUYPER	1.00												
BOARD MEMBER		Х						0.		0.			0.
(19) PABLO SOLARES	1.00												
BOARD MEMBER		Х						0.		0.			0.
											<u> </u>		
											<u> </u>		
											<u> </u>		
1b Subtotal								1,094,529.		0.	196	5,4	37.
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								1,094,529.		0.	196	5,4	37.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportabl	е			
compensation from the organization													7
											\Box	Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensat	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual			4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	om a	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch p	ers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	-								pensat	tion fro	m	
the organization. Report compensation for	he calendar ye	ear e	endir	ng wi	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(C		_
Name and business			~		~		-	Description of s			comper	Isatio	<u>n</u>
SUSTAINABLE TECHNOLOGIES,		KE	CK.	ĽL,	5		- 1	SOLAR COOLING		1	201		1.0
DRIVE, SUITE D, APTOS, CA			017	Tm			$\overline{}$	UNITS-ENGINE		\vdash	300	<i>,</i> 9.	<u> 19.</u>
POPPY DAVIS, 335 SPRECKEL	P DKIAE	′	ธป	T.T.]	Ľ.	υ,	- 1	CURRICULUM C		1	011		2 E
APTOS, CA 95003	225 05	D =-	OT7	TIT 4			$\overline{}$	DEVELOPMENT OF		\vdash),5	25.
MANCERA CONSULTING GROUP, 335 SPRECKELS						CURRICULUM C	ONJ.ENJ.	ı					

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

100,976.

DEVELOPMENT & TRAINI

DRIVE, SUITE D, APTOS, CA 95003

94-3332630

Form 990 (2024) CALIFORNIA FARMLINK
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
တ တ	1	a Federated campaigns 1a					
ant							
9							
Ŧ\$,		· · · · · · · · · · · · · · · · · · ·					
ig ig		d Related organizations e Government grants (contributions) 1d 1e 1,	976,496.				
Sir		• • • • • • • • • • • • • • • • • • • •	J 10 , 1 J 0 •				
e E		f All other contributions, gifts, grants, and	905,201.				
들됨			903,201.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f		4,881,697.			
O 6		n Total. Add lines 1a-1f		4,001,09/.			
		DDOGDAM INTEREST INCOM	Business Code	1 254 010	1 254 010		
<u>:</u>	2			1,354,019.			
er <		PROGRAM FEE REVENUE	522200	408,866.			
n S		PROGRAM REVENUE	541900	19,115.	19,115.		
ar Sev		d					
Program Service Revenue		e					
Δ.		f All other program service revenue		4 500 000			
		Total. Add lines 2a-2f		1,782,000.			
	3	Investment income (including dividends, interes		001 000			001 000
		other similar amounts)		201,999.			201,999.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
e		and sales expenses					
Ven		Gain or (loss) 7c					
Be		d Net gain or (loss)					
her Revenue	8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		b Less: direct expenses8b					
		Net income or (loss) from fundraising events					
	9	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
<u>"</u>			Business Code				
Miscellaneous Revenue	11	a					
ane		b					
eve							
Aisc B		d All other revenue					
2		e Total. Add lines 11a-11d					
	12			6.865.696.	1 782 000.	0.	201 999.

Form 990 (2024) CALIFORNIA FARMLINK Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon			<u> </u>	<u>X</u>
	not include amounts reported on lines 6b, 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	40,000.	40,000.		
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,	752 200	472 040	00 015	100 100
	trustees, and key employees	753,388.	473,040.	98,215.	182,133.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,500,232.	1,569,855.	325,942.	604,435.
7	Other salaries and wages	4,300,434.	1,303,033.	343,344.	004,433.
8	Pension plan accruals and contributions (include	77,733.	48,807.	10 134	18 702
9	section 401(k) and 403(b) employer contributions)	276,021.	173,309.	10,134. 35,983.	18,792. 66,729.
	Other employee benefits	233,523.	146,625.	30,443.	56,455.
10 11	Payroll taxes Fees for services (nonemployees):	255,525•	140,025.	30,443.	30,433.
a	Management	33,677.	23,128.	6,398.	4 151.
	LegalAccounting	82,236.	56,476.	15,624.	4,151. 10,136.
d	Lobbying	02/2301	30/1/00	13,0210	10/1301
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	1,155,134.	1,015,525.	78,735.	60,874.
12	Advertising and promotion	20,768.	2,670.	,	18,098.
13	Office expenses	90,204.	55,350.	13,153.	21,701.
14	Information technology			-	
15	Royalties				
16	Occupancy	149,003.	91,693.	21,362.	35,948.
17	Travel	125,268.	95,663.	12,990.	16,615.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	69,727.	42,980.	10,319.	16,428.
20	Interest	356,157.	356,157.		
21	Payments to affiliates		1		
22	Depreciation, depletion, and amortization	24,622.	15,237.	3,408.	5,977.
23	Insurance	45,570.	28,194.	6,323.	11,053.
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.)				
а	COMPUTER AND IT EXPENSE	253,863.	156,708.	35,717.	61,438.
b	PROGRAM INCENTIVES	119,125.	119,125.		
С	RECRUITING	62,525.	24,279.	37,627.	619.
d	LOAN SERVICE FEES	22,302.	22,302.		
е	All other expenses	-26,618.	-26,618.		
25	Total functional expenses. Add lines 1 through 24e	6,464,460.	4,530,505.	742,373.	1,191,582.
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 if following SOP 98-2 (ASC 958-720)				000

Form 990 (2024)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		4,581,069.	1	4,255,410.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,678,956.	3	2,982,016.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			21,213,805.	7	29,694,944.
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			457,754.	9	534,245.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a 10b	287,239. 68,638.	46.00=		242 524
	b	Less: accumulated depreciation	46,337.	10c	218,601.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		0 000 000	12	2 500 000	
	13	Investments - program-related. See Part IV, line		9,302,279.	13	3,720,282.	
	14	Intangible assets	116 171	14	FF2 F72		
	15	Other assets. See Part IV, line 11	116,171.	15	553,573.		
	16	Total assets. Add lines 1 through 15 (must equ	38,396,371.	16	41,959,071.		
	17	Accounts payable and accrued expenses		772,467.	17	1,138,643.	
	18	Grants payable			1,165,198.	18	1,161,289.
	19	Deferred revenue			1,100,190.	19	1,101,209.
	20	Tax-exempt bond liabilities				20	
	21 22	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or formatrustee, key employee, creator or founder, subs					
pii l		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrel	-	·····		23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·	21,424,796.	24	24,134,344.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Schedule D		·	326,506.	25	416,155.
	26	Total liabilities. Add lines 17 through 25			23,688,967.	26	26,850,431.
		Organizations that follow FASB ASC 958, ch					
ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			8,237,570.	27	9,764,163.
Bal	28	Net assets with donor restrictions			6,469,834.	28	5,344,477.
lud		Organizations that do not follow FASB ASC 9	958, che	eck here			
Ŧ		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	1 - 1 - 1 - 1 - 1
Ne.	32	Total net assets or fund balances			14,707,404.	32	15,108,640.
	33	Total liabilities and net assets/fund balances			38,396,371.	33	41,959,071.

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Pa	rt XI Reconciliation of Net Assets					<u> </u>
	Check 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	6	,86	5,6	96.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,46	4,4	60.
3	Revenue less expenses. Subtract line 2 from line 1	3		40	1,2	36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,70	7,4	04.
5	Net unrealized gains (losses) on investments	5				
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,					
						40.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O	-			
За	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		it			

Form **990** (2024)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

2024

Open to Public Inspection

Employer identification number

CALIFORNIA FARMLINK 94-3332630 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2024 CALIFORNIA FARMLINK 94-3332630 Page 2

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	tion
fails to qualify under the tests listed below, please complete Part III.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3052032.	7804556.	2373356.	7903771.	4881697.	26015412.
2	Tax revenues levied for the organ-						
	ization'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	3052032.	7804556.	2373356.	7903771.	4881697.	26015412.
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)						3757274.
6	Public support. Subtract line 5 from line 4.						22258138.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	3052032.	7804556.	2373356.	7903771.	4881697.	26015412.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,447.	12,340.	27,324.	186,108.	201,999.	435,218.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						26450630.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 6	,346,591.
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2024 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	84.15 %
15	Public support percentage from 2023	Schedule A, Part	II, line 14			15	84.00 %
16a	33 1/3% support test - 2024. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2023. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test	- 2024. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s

Schedule A (Form 990) 2024 CALIFORNIA FARMLINK | 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
Se	ction B. Total Support		1	Γ	1	T	T
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	-					
Sec	check this box and stop here ction C. Computation of Publi	c Support Per	centage				<u></u>
	Public support percentage for 2024 (I			column (f))		15	%
	Public support percentage from 2023					16	
	ction D. Computation of Inves	·				10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				(1)		18	/0 %
	a 33 1/3% support tests - 2024. If the						
.00	more than 33 1/3%, check this box ar						55
ŀ	33 1/3% support tests - 2023. If the						 and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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

- 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.)

	Vaa	No
	Yes	NO
4		
1		
2		
3a		
Oh		
3b		
0-		
3c		
4-		
4a		
4b		
40		
4c		
10		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
401		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
		ly member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Sact	provide	e detail in Part VI. 5. Type I Supporting Organizations	11c		
Jeci	ם ווטו.	. Type i Supporting Organizations		Vaa	Na
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directo	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported			
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	superv	ised, or controlled the supporting organization.	2		
Sect	ion C	. Type II Supporting Organizations			
		r		Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
Sect	the sup	oported organization(s). All Type III Supporting Organizations	1		
-		True Type in Supporting Organizations		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reas	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	suppor	rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a		The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
b c		The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
Ū		entity (see instructions).			
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did sul	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		oported 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 th	ne organization was responsive to those supported organizations, and how the organization determined			
	that the	ese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or es of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	20		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
		,,, manager and the second programmed and the second programme		'	

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	Illy integrate	ed Type III supporting orga	nization (see
	instructions).			

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	dule A (Form 990) 2024 CALIFORNIA FAR.			9	4-3332630 Pa	age 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continue	ed)		
Secti	on D - Distributions				Current Year	
1_	Amounts paid to supported organizations to accomplish exe			1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2024 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	s	(iii) Distributable Amount for 2024	1
1	Distributable amount for 2024 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2024 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2024					
а	From 2019					
b	From 2020					
С	From 2021					
d	From 2022					
е	From 2023					
f	Total of lines 3a through 3e					
g	Applied to under distributions of prior years					
h	Applied to 2024 distributable amount					
i_	Carryover from 2019 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2024 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2024 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2024, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2024. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2025. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2020					
b	Excess from 2021					
С	Excess from 2022					

Schedule A (Form 990) 2024

d Excess from 2023 e Excess from 2024

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.
	line 1: Part IV. Section D. lines 2 and 3: Part IV. Section F. 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 B (Form 990)

Schedule of Contributors

(Rev. December 2024) Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization Employer identification number

CALIFORNIA FARMLINK 94-3332630

Organiza	ation type (check or	ne):
Filers of:		Section:
Form 990) or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note: On	lly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special I	Rules	
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering a instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 grequirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization Employer identification number

CALIFORNIA FARMLINK 94-3332630

I alt I	(see instructions). Ose duplicate copies of Fart in addition	iai space is fieeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 1,920,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 321,291.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 258,513.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 98,912.	Person X Payroll

Name of organization

Employer identification number

CALIFORNIA FARMLINK

94-3332630

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CALIFORNIA FARMLINK

94-3332630

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

Page 4 Schedule B (Form 990) (Rev. 12-2024) Name of organization **Employer identification number** CALIFORNIA FARMLINK 94-3332630 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

(Rev. December 2024) 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 Open to Public Inspection

Name of the organization

CALIFORNIA FARMLINK

Employer identification number 94-3332630

Par	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	e 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									
	are the organization's property, subject to the organization's	_							
6	Did the organization inform all grantees, donors, and donor a								
	for charitable purposes and not for the benefit of the donor or								
	impermissible private benefit?		Yes No						
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.						
1	1 Purpose(s) of conservation easements held by the organization (check all that apply).								
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically important land area						
	Protection of natural habitat	Preservation o	f a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	ied 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						
а	Total number of conservation easements		2a						
			4.						
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c						
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not							
	on a historic structure listed in the National Register		2d						
3	Number of conservation easements modified, transferred, rele								
	year								
4	Number of states where property subject to conservation eas	sement is located							
5	Does the organization have a written policy regarding the per	iodic 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 con-	servation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year						
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h							
9	In Part XIII, describe how the organization reports conservation	·							
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the						
Day	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Transuras or Of	thor Similar Assats						
Fai	Complete if the organization answered "Yes" on Form		iller Sillillar Assets.						
			and balance about a survey of						
па	If the organization elected, as permitted under FASB ASC 95	•							
	of art, historical treasures, or other similar assets held for pub								
	service, provide in Part XIII the text of the footnote to its finan								
b	If the organization elected, as permitted under FASB ASC 95								
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furti	nerance of public service,						
	provide the following amounts relating to these items.		•						
	(i) Revenue included on Form 990, Part VIII, line 1								
_									
2	If the organization received or held works of art, historical treation follows the fall of the following states and the fall of the fall o		ıı gaın, provide						
	the following amounts required to be reported under FASB A	3	•						
a	Revenue included on Form 990, Part VIII, line 1		\$						

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply). a Public exhibition	Par	t III	Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, or	Other S	Similar	Assets	(contin	nued)	
a Public exhibition d Loan or exchange program Description Descript	3	Using	g the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make sign	ificant u	se of its			
b Scholarly research e Other Compared to Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization collection? Yes No During the year, did the organization of the organization asserts to be sold for passe funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is Is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is Beginning belance C Beginning belance C Beginning belance Distributions during the year I tid Distributions during the year I to be obtained using the year I to be obtained the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? I to be obtained the organization answered 'Yes' on Form 990, Part X, line 10. I to Yes' explain the arrangement in Part XIII. Description of year balance Other expenditures for facilities and programs A deriver expenditures for facilities and programs Beginning of year balance Other expenditures for facilities and prog		colle	ction items (check all that apply).			•	_	_					
b Scholarly research e Other Compared to Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization collection? Yes No During the year, did the organization of the organization asserts to be sold for passe funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is Is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is Beginning belance C Beginning belance C Beginning belance Distributions during the year I tid Distributions during the year I to be obtained using the year I to be obtained the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? I to be obtained the organization answered 'Yes' on Form 990, Part X, line 10. I to Yes' explain the arrangement in Part XIII. Description of year balance Other expenditures for facilities and programs A deriver expenditures for facilities and programs Beginning of year balance Other expenditures for facilities and prog	а			d		oan or exc	hange progra	ım					
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 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, line 21. b If "Yes," explain the arrangement in Part XIII and complete the following table:													
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 answered "Yes" on Form 990, Part IV, line 9, or received 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 line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance				ū	·								
50 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to asies funds rather than to be maintained as part of the organization collection? 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. I I I I I I I I I		Drovi	•	منواميد لمم ممانوهاا	hou th	av fuutbar th		n'a avama	+	a in Dort	VIII		
To be sold for raise funds rather than to be maintained as part of the organization's collection? 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, 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, 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 lill and complete the following table: Complete if the organization include an arrangement in Part XIII and complete the following table: Complete if the organization include an arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Impair IV Impair										emPart	AIII.		
Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reproduct 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?	5										٦,,		٦
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/	Dor												NO
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	rai	LIV			te it the d	organization	answered "	res" on Fo	rm 990,	Part IV, II	ne 9, or		
on Form 990, Part X? Ves													
b If "Yes," explain the arrangement in Part XIII and complete the following table: C	та										٦,,		٦
Amount										L	」 Yes		_ No
c Beginning balance 1c	b If "Yes," explain the arrangement in Part XIII and complete the following table:										A		
d Additions during the year Ending balance 11											Amoun	ι .	
e Distributions during the year 1		-	-										
f Ending balance	d								1d				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bid H* Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Viline 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10.	е	Distri	butions during the year						1e				
b If "Ves," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V	f	Endir	ng balance						1f				
Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions	2a	Did t	he organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ıstodial accou	unt liability	?		Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back			es," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided in P	art XIII					
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 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? (iii) Related organizations? 3a(ii) 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 Buildings c Leasehold improvements 4 4,303. 4,240. 63. d Equipment C easehold improvements 4 5 63. d Equipment C enter the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Land b Buildings c Leasehold improvements d Equipment C easehold improvements C eleasehold improveme	Par	t V	Endowment Funds Complete if	the organization ans	wered "	Yes" on For	m 990, Part I	V, line 10.					
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment				(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three ye	ars back	(e) Four	years	back
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c Net investment earnings, gains, and losses d Grants or scholarships													
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year endowment funds end in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements 4 4,303 4,240 63. c Leasehold improvements 5 4,303 64,398. 218,538. c Leasehold improvements 6 64,398. 218,538.	G												
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	ď												
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g End of year balance													
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment													
a Board designated or quasi-endowment							<u> </u>						
b Permanent endowment	2		-	•		, column (a))) held as:						
Tem endowment	а				_%								
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organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) In elated organizations? (iv) Related organizations. (iv) Related organiza		The p	percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
(ii) Unrelated organizations? (iii) Related organizations? 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 Buildings c Leasehold improvements 4 , 303 4 , 240 63 64 398 218 538 64 64 398 218 538 66 64 64 65 64 65 66 64 65 66 66 66 66 66 66	За	Are t	here endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administer	ed for the			,		
(ii) Related organizations? 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 Buildings c Leasehold improvements d Equipment 282,936. 64,398. 218,538. e Other		orgar	nization by:									Yes	No
(ii) Related organizations? 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 Buildings c Leasehold improvements d Equipment 282,936. 64,398. 218,538. e Other		(i) L	Jnrelated organizations?								3a(i)		
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) Buildings Land b Buildings c Leasehold improvements d Equipment e Other											3a(ii)		
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) Buildings Leasehold improvements Leasehold improvements Equipment Other	b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as require	ed on Sc	hedule R?					3b		
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) Buildings Leasehold improvements Leasehold improvements Equipment Other													
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment Other (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4, 303. 4, 240. 63. 282, 936. 64, 398. 218, 538.	Par	t VI											
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b Buildings 4,303. 4,240. 63. c Leasehold improvements 282,936. 64,398. 218,538. e Other 0ther	12	Land		` `	,		` '						
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e Other				I		20	2 026				21		
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Schedule D (Form 990) (Rev. 12-2024) CALIFORNIA	FARMLINK	9.4	1-3332630 Page
Part VII Investments - Other Securities			. Journal of Tage
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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must squal Form 000, Bort V, line 12, col. (B))			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1) VARIOUS INVESTMENTS	3,720,282.	END-OF-YEAR MARKET	•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	3,720,282.		
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	Т
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			+
(9)	-/ (D))		
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	oi. (B))		<u> </u>
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f. See Form 990. Part X. line 25	5.
1. (a) Description of liability	5 555,1 (4.1.1.1,11110		(b) Book value
(1) Federal income taxes			1 ,,

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASES	266,155.
(3)	REFUNDABLE BORROWER ADVANCE LIABILITIES	150,000.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X line 25 col (R))	416,155.

^{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 ... X

_	dule D (Form 990) (Rev. 12-2024) CALIFORNIA FARMLINK			3332630 Page 4
	t XI Reconciliation of Revenue per Audited Financial S	tatements 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	6,865,696.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	3			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	6,865,696.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XII Reconciliation of Expenses per Audited Financial S	12.)	5	6,865,696.
Par			es per Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV	,		
1	Total expenses and losses per audited financial statements		1	6,464,460.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	6,464,460.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b		4c	0.
5	T			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	6,464,460.
Par	rt XIII Supplemental Information	,		
Par Provi	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4; Part IV, lines 1b and 2b; Pa		
Par Provi	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	nd 4; Part IV, lines 1b and 2b; Pa		
Par Providines: PAR	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2:	nd 4; Part IV, lines 1b and 2b; Pa e any additional information.	rt V, line 4; Part X	ζ, line 2; Part XI,
Par Providines: PAR	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: RMLINK BELIEVES THAT IT HAS APPROPRIAT	nd 4; Part IV, lines 1b and 2b; Pa e any additional information.	rt V, line 4; Part X	(, line 2; Part XI,
Providines: PAR FAR AND	rt XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: RMLINK BELIEVES THAT IT HAS APPROPRIAT DETHEREFORE DOES NOT HAVE ANY UNCERTAIN	nd 4; Part IV, lines 1b and 2b; Pa e any additional information. E SUPPORT FOR TA N TAX POSITIONS	rt V, line 4; Part X X POSITIO THAT ARE	ONS TAKEN, MATERIAL
Par Providines: PAR FAR AND	rt XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: RMLINK BELIEVES THAT IT HAS APPROPRIAT D THEREFORE DOES NOT HAVE ANY UNCERTAL THE FINANCIAL STATEMENTS. FARMLINK'S	nd 4; Part IV, lines 1b and 2b; Part IV,	rt V, line 4; Part X X POSITIC THAT ARE E INFORMA	ONS TAKEN, MATERIAL
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Par Providines: PAR FAR AND TO RET	rt XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: RMLINK BELIEVES THAT IT HAS APPROPRIAT DESCRIPTION THEREFORE DOES NOT HAVE ANY UNCERTATE THE FINANCIAL STATEMENTS. FARMLINK'S TURNS FOR THE YEARS 2020 THROUGH 2023	nd 4; Part IV, lines 1b and 2b; Part IV,	rt V, line 4; Part X X POSITIC THAT ARE E INFORMA	ONS TAKEN, MATERIAL
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Par Providines: PAR FAR AND TO RET	rt XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: RMLINK BELIEVES THAT IT HAS APPROPRIAT DESCRIPTION THEREFORE DOES NOT HAVE ANY UNCERTATE THE FINANCIAL STATEMENTS. FARMLINK'S TURNS FOR THE YEARS 2020 THROUGH 2023	nd 4; Part IV, lines 1b and 2b; Part IV,	rt V, line 4; Part X X POSITIC THAT ARE E INFORMA	ONS TAKEN, MATERIAL
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Par Providines: PAR FAR AND TO RET	rt XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: RMLINK BELIEVES THAT IT HAS APPROPRIAT DESCRIPTION THEREFORE DOES NOT HAVE ANY UNCERTATE THE FINANCIAL STATEMENTS. FARMLINK'S TURNS FOR THE YEARS 2020 THROUGH 2023	nd 4; Part IV, lines 1b and 2b; Part IV,	rt V, line 4; Part X X POSITIC THAT ARE E INFORMA	ONS TAKEN, MATERIAL
Par Providines: PAR FAR AND TO RET	rt XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: RMLINK BELIEVES THAT IT HAS APPROPRIAT DESCRIPTION THEREFORE DOES NOT HAVE ANY UNCERTATE THE FINANCIAL STATEMENTS. FARMLINK'S TURNS FOR THE YEARS 2020 THROUGH 2023	nd 4; Part IV, lines 1b and 2b; Part IV,	rt V, line 4; Part X X POSITIC THAT ARE E INFORMA	ONS TAKEN, MATERIAL
Par Providines: PAR FAR AND TO RET	rt XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: RMLINK BELIEVES THAT IT HAS APPROPRIAT DESCRIPTION THEREFORE DOES NOT HAVE ANY UNCERTATE THE FINANCIAL STATEMENTS. FARMLINK'S TURNS FOR THE YEARS 2020 THROUGH 2023	nd 4; Part IV, lines 1b and 2b; Part IV,	rt V, line 4; Part X X POSITIC THAT ARE E INFORMA	ONS TAKEN, MATERIAL
Par Providines: PAR FAR AND TO RET	rt XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: RMLINK BELIEVES THAT IT HAS APPROPRIAT DESCRIPTION THEREFORE DOES NOT HAVE ANY UNCERTATE THE FINANCIAL STATEMENTS. FARMLINK'S TURNS FOR THE YEARS 2020 THROUGH 2023	nd 4; Part IV, lines 1b and 2b; Part IV,	rt V, line 4; Part X X POSITIC THAT ARE E INFORMA	ONS TAKEN, MATERIAL
Par Providines: PAR FAR AND TO RET	rt XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: RMLINK BELIEVES THAT IT HAS APPROPRIAT DESCRIPTION THEREFORE DOES NOT HAVE ANY UNCERTATE THE FINANCIAL STATEMENTS. FARMLINK'S TURNS FOR THE YEARS 2020 THROUGH 2023	nd 4; Part IV, lines 1b and 2b; Part IV,	rt V, line 4; Part X X POSITIC THAT ARE E INFORMA	ONS TAKEN, MATERIAL
Par Providines: PAR FAR AND TO RET	rt XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: RMLINK BELIEVES THAT IT HAS APPROPRIAT DESCRIPTION THEREFORE DOES NOT HAVE ANY UNCERTAL THE FINANCIAL STATEMENTS. FARMLINK'S FURNS FOR THE YEARS 2020 THROUGH 2023	nd 4; Part IV, lines 1b and 2b; Part IV,	rt V, line 4; Part X X POSITIC THAT ARE E INFORMA	ONS TAKEN, MATERIAL
Par Providines: PAR FAR AND TO RET	rt XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: RMLINK BELIEVES THAT IT HAS APPROPRIAT DESCRIPTION THEREFORE DOES NOT HAVE ANY UNCERTAL THE FINANCIAL STATEMENTS. FARMLINK'S FURNS FOR THE YEARS 2020 THROUGH 2023	nd 4; Part IV, lines 1b and 2b; Part IV,	rt V, line 4; Part X X POSITIC THAT ARE E INFORMA	ONS TAKEN, MATERIAL

SCHEDULE I (Form 990)

(Rev. December 2024) 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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

								Employer identification number		
		A FARMLIN	K					94-3332630		
Part I General	Information on Grants a	nd Assistance								
	nization maintain records		-			-				
criteria used to	award the grants or assis	stance?						X Yes No		
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.										
	address of organization jovernment	(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		
	nber of section 501(c)(3) a	-								

Part III	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		
DISASTER	R RELIEF GRANT	5	40,000.	0.				
-			,					
Part IV	Supplemental Information. Provide the information req	uired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.			
-								
-								

SCHEDULE J (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

CALIFORNIA FARMLINK

Employer identification number 94-3332630

			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant Independent compensation consultant Independent compensation consultant					
	Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		Х		
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X		
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		Х		
	Any related organization?	5b		<u>х</u> х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?	6a		X		
	Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53 4958.6(c)2	a				

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of W	l-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	benefits (B)(i)-(D)		
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) REGINALD V. KNOX (i)	212,966.	0.	0.	12,678.	43,824.	269,468.	0.	
CHIEF EXECUTIVE OFFICER (ii)	0.	0.	0.	0.	0.	0.	0.	
(2) BRETT A MELONE (i)	158,589.	0.	0.	10,189.	46,720.	215,498.	0.	
CHIEF CREDIT OFFICER (ii)	0.	0.	0.	0.	0.	0.	0.	
(3) NATHAN WELLER (i)	155,278.	0.	0.	4,719.	6,383.	166,380.	0.	
DIRECTOR, DEVELOPMENT AND IMPACT (ii)	0.	0.	0.	0.	0.	0.	0.	
(4) TINA COSENTINO (i)	137,259.	0.	0.	4,652.	19,956.	161,867.	0.	
CHIEF OPERATIONS OFFICER (ii)	0.	0.	0.	0.	0.	0.	0.	
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
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<u> </u>	
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	

SCHEDULE O (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CALIFORNIA FARMLINK

Employer identification number 94-3332630

FORM 990 PART III, LINE $\overline{1}$, DESCRIPTION OF ORGANIZATION MISSION: CALIFORNIA FARMLINK (FARMLINK), A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, WAS FORMED IN 1999. Α COMMUNITY DEVELOPMENT FINANCIAL AS INSTITUTION, ITS MISSION IS TO INVEST IN THE PROSPERITY AND WELL-BEING FARMERS, RANCHERS, AND FISHERS WHO HAVE LIMITED ACCESS TO FINANCIAL RESOURCES. FARMLINK'S PROGRAMS PROMOTE JUST AND RESILIENT ECONOMIES AND NATURAL RESOURCE CONSERVATION. FARMLINK OFFERS FAIR FINANCING, BUSINESS EDUCATION, AND SUPPORT FOR OWNING OR MANAGING AGRICULTURAL LAND.

FARMLINK WORKS THROUGHOUT CALIFORNIA, WITH PARTICULAR FOCUS ON THE CENTRAL COAST AND IN THE SACRAMENTO AND SAN JOAQUIN VALLEYS, AND THE NORTH BAY REGION OF CALIFORNIA.

FARMLINK'S WORK IS ACCOMPLISHED THROUGH A LENDING PROGRAM AND LAND AND BUSINESS PROGRAM.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
FARMLINK'S BUSINESS AND INNOVATION PROGRAM HOUSES NEW AND EMERGING PROGRAMS.

SOLARFRESCO IS A NEW PROGRAM TO HELP SMALL-SCALE FARMERS AND FARMERS OF COLOR TO LEAD THE TRANSITION TO CLIMATE-SMART COOLING. THE SOLARFRESCO PROGRAM HELPS LOW-INCOME FARMERS ACQUIRE LOW, OR NO-COST SOLAR-POWERED COOLERS TO BUILD WEALTH, PROFITABILITY, AND SUSTAINABILITY, WHILE LOWERING THEIR CARBON FOOTPRINT. THESE INVESTMENTS STRENGTHEN FOOD SYSTEMS BY HELPING FARMERS REDUCE FOOD WASTE AND RELIANCE ON CONVENTIONAL POWER, BUILD EQUITY IN REAL ASSETS, AND SELL IN MORE PROFITABLE AND SUSTAINABLE MARKETS.

BUSINESS SKILLS DEVELOPMENT: IN 2024, FARMLINK ESTABLISHED THE BUSINESS SKILLS DEVELOPMENT PROGRAM TO FACILITATE ONE-ON-ONE TECHNICAL ASSISTANCE FOR LOAN READINESS AND ONGOING COMPLIANCE WITH LOAN CONDITIONS, INCLUDING EDUCATION ON SMALL BUSINESS TAX PREPARATION AND BOOKKEEPING ASSISTANCE.

FORM 990, PART III, LINE 4A:

LENDING PROGRAM. THE LENDING PROGRAM PROVIDES FLEXIBLY STRUCTURED BEGINNING FARMERS, RANCHERS AND FINANCING TO UNDERSERVED, LOW-INCOME, FISHERS ACROSS CALIFORNIA FOR OPERATING, **EQUIPMENT** INFRASTRUCTURE, LAND PURCHASE LOANS. THIS PROGRAM BEGAN IN 2005 WHEN FARMLINK IDENTIFIED A LACK OF ACCESS TO FINANCING AS ONE OF THE TOP OBSTACLES THROUGH FACED BY SMALL-SCALE AND LOW-INCOME FARMERS. PARTNERSHIPS LENDERS, FARMLINK INITIALLY DEVELOPED A FARM LOAN FUND TO PROVIDE FINANCING TO UNDERSERVED GROWERS.

DURING THE FIRST FIVE YEARS OF THE PROGRAM, FARMLINK RAISED LENDING IT TO PARTNERING LENDING INSTITUTIONS WHO ACTED AS CAPITAL AND LENT LOANS TO SMALL FARMERS. FARMLINK OBTAINED ITS LENDER OF RECORD TO MAKE LENDING LICENSE FROM THE CALIFORNIA DEPARTMENT OF CORPORATIONS AT THE SECURED GUARANTEED LENDER STATUS FROM THE UNITED STATES 2010 AND DEPARTMENT OF AGRICULTURE (USDA) FARM SERVICE AGENCY (FSA) IN2011.

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2013, FARMLINK RECEIVED CERTIFICATION FROM THE U.S. DEPARTMENT OF THE TREASURY AS A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION (CDFI). A CDFI IS A SPECIALIZED FINANCIAL INSTITUTION THAT WORKS IN MARKETS THAT ARE UNDERSERVED BY TRADITIONAL FINANCIAL INSTITUTIONS. WITH THIS CERTIFICATION, FARMLINK IS ELIGIBLE TO ACCESS FINANCIAL AND TECHNICAL ASSISTANCE AWARDS FROM THE U.S. DEPARTMENT OF TREASURY'S CDFI FUND. TO MAINTAIN GOOD STANDING UNDER THIS PROGRAM, FARMLINK IS REQUIRED TO MAKE AT LEAST 60% OF ITS ANNUAL LOAN ORIGINATIONS AND DOLLAR VOLUME TO AN ELIGIBLE "TARGET MARKET" OF BUSINESS BORROWERS. IN 2013, FARMLINK IDENTIFIED LOW-INCOME AND LATINE BUSINESS BORROWERS AS ITS TARGET MARKET.

FARMLINK'S LENDING PROGRAM SERVES BORROWERS WHO WOULD OTHERWISE HAVE A DIFFICULT TIME SECURING FINANCING DUE TO LIMITED HISTORY AS ENTREPRENEURS, LIMITED TRADITIONAL COLLATERAL, LITTLE OR NO CREDIT HISTORY, SMALL LOAN SIZE, LANGUAGE BARRIERS, OR NON-TRADITIONAL MARKETING AND BUSINESS MODELS. FARMLINK ALSO DIRECTS FARMERS TO OTHER APPROPRIATE SOURCES OF FINANCING SUITED TO THE SCALE AND TYPE OF THE BUSINESS.

IN 2024, FARMLINK ORIGINATED 40 LOANS (\$13,388,874 IN TOTAL VOLUME)
WITH AN AVERAGE SIZE OF \$334,721. IN 2023, FARMLINK ORIGINATED 65 LOANS
(\$10,185,000 IN TOTAL VOLUME) WITH AN AVERAGE SIZE OF \$156,984. IN
2024, 80% OF LOAN ORIGINATIONS SERVED ITS TARGET MARKET, COMPRISING 82%
OF ANNUAL LOAN VOLUME DEPLOYED. IN 2023, 86% OF LOAN ORIGINATIONS
SERVED ITS TARGET MARKET, COMPRISING 82% OF TOTAL LOAN VOLUME.

FARMLINK ALSO FOCUSES ON GENERATING PATHWAYS TO OWNERSHIP AND HELPING FARMERS, RANCHERS AND FISHERS PLAN FOR LOWER-INTEREST LAND LOANS AND OTHER MEANS TO ESTABLISH SECURE LONG-TERM LAND TENURE. WITH SECURE LAND TENURE, FARMERS CAN BUILD FINANCIAL EQUITY BY INVESTING IN IMPROVEMENTS TO SOIL HEALTH, FARM INFRASTRUCTURE AND ON-FARM HOUSING. OF THE \$7.76 MILLION FARMLINK DEPLOYED IN 12 LAND LOANS TO BUSINESSES IN 2024, 77% SUPPORTED LAND FINANCING LOANS FOR LOW-INCOME FARM BUSINESSES, AND/OR FARM BUSINESSES OWNERS OF COLOR.

IN 2021, FARMLINK WAS APPROVED BY THE CALIFORNIA OCEAN PROTECTION
COUNCIL TO MANAGE THE "CALIFORNIA FISHERIES FUND." AS OF DECEMBER 31,
2024, FARMLINK WAS SERVICING AN OUTSTANDING PORTFOLIO OF 23 LOANS AND
\$2,868,746 THROUGH THE PROGRAM. FARMLINK PRIORITIZES LOANS TO
BEGINNING, LOW-INCOME AND DISADVANTAGED SMALL-SCALE FISHERS. FISHERS
FROM THE COASTAL COMMUNITIES ON THE MONTEREY BAY AND SOUTHERN
CALIFORNIA PORTS ARE DIVERSE IN ETHNICITY (LATINO, SICILIAN,
VIETNAMESE), AND MANY COME FROM MULTI-GENERATIONAL FISHING FAMILIES.
SIMILAR TO SMALL-SCALE AGRICULTURE, THE AVERAGE AGE OF FISHERS IS
55-60, THERE ARE CONSIDERABLE BARRIERS TO STARTING A BUSINESS, A
COMPLEX REGULATORY ENVIRONMENT, AND A CHALLENGE TO RETAIN THESE
BUSINESSES FOR THE NEXT GENERATION. IN 2024, FARMLINK DEPLOYED \$944,093
THROUGH 7 LOANS, AND IN 2023 IT DEPLOYED \$523,000 THROUGH 6 LOANS TO
SMALL SCALE FISHERS.

FORM 990, PART III, LINE 4B:

LAND AND BUSINESS (LAB) PROGRAMS. THERE ARE THREE RELATED LAND AND BUSINESS PROGRAMS: EQUITY AND CONSERVATION ON WORKING LANDS (ECWL), RESILIENCE AND WEALTH BUILDING (RWB), AND BUSINESS AND INNOVATION

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(B&I). IN 2024, FARMLINK STAFF PROVIDED DIRECT, INDIVIDUALIZED TECHNICAL ASSISTANCE TO 313 FARMERS AND RANCHERS ACROSS THESE PROGRAMS. THROUGHOUT ITS PROGRAMMING, FARMLINK EMPLOYS THE "CLIENT JOURNEY," A CLIENT-CENTRIC SERVICE PHILOSOPHY TO HARNESS THE ORGANIZATIONAL PILLARS OF LAND, CAPITAL AND EDUCATION TOWARD THE OVERALL GOAL OF BUSINESS STABILITY, OPERATIONAL ADVANCEMENT, AND OVERALL RISK MANAGEMENT OF THE ORGANIZATION'S GROWING OUTSTANDING LOAN PORTFOLIO.

EQUITY AND CONSERVATION ON WORKING LANDS:

LAND ACCESS: FARMLINK INCREASES OPPORTUNITIES FOR CALIFORNIA'S
SMALL-SCALE AND BEGINNING FARMERS TO OBTAIN SECURE, AFFORDABLE,
LONG-TERM ACCESS TO FARMLAND THROUGH LEASE OR PURCHASE. FARMLINK
APPLIES PROVEN STRATEGIES TO HELP LANDHOLDERS WORK WITH BEGINNING AND
SMALL-SCALE FARMERS, INCLUDING WAYS TO IDENTIFY A QUALIFIED TENANT, HOW
TO ASSESS A PROPERTY, AND BEST PRACTICES FOR DEVELOPING AN EQUITABLE
LEASE AGREEMENT. FARMLINK'S LAND PORTAL OFFERS A BILINGUAL ONLINE
COMMUNITY TO CONNECT QUALIFIED BUSINESSES WITH LAND AVAILABLE FOR LEASE
OR SALE, AND STAFF FACILITATE THE DEVELOPMENT AND NEGOTIATION OF STRONG
AND EQUITABLE LEASE AGREEMENTS, AND SUPPORT FARMERS WITH FINANCING AND
NEGOTIATING LAND PURCHASES. SINCE 2011, FARMLINK STAFF HAVE DEVELOPED
592 SUCCESSFUL LEASES OR PURCHASES TAILORED TO THE NEEDS OF LANDHOLDERS
AND GROWERS.

CONSERVATION: FARMLINK INCREASES OPPORTUNITIES FOR CALIFORNIA'S SMALL-SCALE AND BEGINNING FARMERS TO PARTICIPATE IN PROGRAMS DESIGNED TO HELP THEM ADOPT PRACTICES THAT PROTECT AND IMPROVE NATURAL RESOURCES, SOIL HEALTH, WATER QUALITY AND BIODIVERSITY. IMPORTANT ASPECTS OF THE WORK INCLUDE DEEPENING PARTNERSHIPS WITH LAND TRUSTS, RESOURCE CONSERVATION DISTRICTS (RCDS) AND OTHER CONSERVATION ORGANIZATIONS, AND ORIGINATING LOANS DESIGNED TO SUPPORT REGENERATIVE FARMING PRACTICES. AS OF DECEMBER 31, 2024, FARMLINK PRODUCED A CONSERVATION BRIDGE LOAN PARTNER GUIDE, AND COLLABORATED WITH RCDS IN CORE LENDING COUNTIES (MONTEREY AND SANTA CRUZ) TO SUPPORT 10 FARM BUSINESSES IN ACCESSING STATE AND FEDERAL CONSERVATION INCENTIVES.

SUCCESSION: THE CALIFORNIA DEPARTMENT OF CONSERVATION ESTIMATES THAT CLOSE TO 50,000 ACRES OF CALIFORNIA'S AGRICULTURAL LAND IS TAKEN OUT OF PRODUCTION EACH YEAR, MOST OF IT CONVERTED TO URBAN, HIGHLY DEVELOPED, AND LOW-DENSITY RESIDENTIAL USES. MOST AGRICULTURAL LAND LEAVES AGRICULTURE IN THE YEARS IMMEDIATELY FOLLOWING THE DEATH OF THE PRIMARY OPERATOR, OFTEN BECAUSE THE FAMILY HAS NOT MADE A PLAN TO ENSURE THE LAND WILL REMAIN IN THE FAMILY OR IN AGRICULTURE. "THE REGENERATOR: A YEAR OF FARM SUCCESSION PLANNING, " IS DESIGNED TO SUPPORT FARM FAMILIES IN PLANNING TO ENSURE THAT THEIR LANDS CAN REMAIN IN THEIR FAMILY AND CAN REMAIN IN PRODUCTIVE AGRICULTURE. PARTICIPANTS CONVENE MONTHLY TO LEARN FROM PROFESSIONALS, COMPARE NOTES WITH THEIR PEERS, AND WORK STEP-BY-STEP TO PLAN FOR THEIR ESTATE'S FUTURE, AND THE HEALTH AND CONTINUITY OF THEIR WORKING FARMS AND RANCHES. EACH FAMILY RECEIVES SUBSTANTIAL MEDIATION AND FACILITATION SUPPORT FROM THE CALIFORNIA AGRICULTURAL MEDIATION PROGRAM, AND \$1,800 TO BE USED FOR LEGAL AND ACCOUNTING FEES. AT THE END OF THE PROGRAM, EACH MEMBER OF THE SENIOR GENERATION IS EXPECTED TO HAVE A CURRENT WILL, TRUST, POWER OF ATTORNEY, AND ADVANCED MEDICAL DIRECTIVE, AND EACH FAMILY HAS A DETAILED PLAN FOR TRANSITIONING KNOWLEDGE, ACCESS AND AUTHORITY DAILY OPERATIONS. IN 2024, FARMLINK SUPPORTED 6 FARM FAMILIES WITH SUCCESSION PLANNING, PROTECTING 1,344 ACRES OF FARMLAND.

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RESILIENCE AND WEALTH BUILDING:

FARMLINK'S EDUCATION PROGRAMS ASSIST FARMERS, RANCHERS AND FISHERS IN UNDERSTANDING THE LEGAL AND FINANCIAL STRUCTURE OF THEIR BUSINESSES AND HELP THEM ESTABLISH PRACTICES THAT WILL ENSURE THE FARM, RANCH OR FISHING BUSINESS IS RESILIENT TO FINANCIAL AND LEGAL RISKS, AND ABLE TO REMAIN VIABLE OVER THE LONG-TERM.

THE TWO MAIN EDUCATIONAL PROGRAMS ARE THE ENGLISH-LANGUAGE RESILERATOR AND THE SPANISH-LANGUAGE RESILERADOR. BOTH PROGRAMS ARE COHORT-BASED AND INCLUDE GROUP LEARNING AND ONE-ON-ONE TECHNICAL ASSISTANCE. THE GOAL IS TO BUILD FINANCIAL STABILITY, INCLUDING THE ABILITY TO RECOVER FROM SHORT-TERM SETBACKS, THE ABILITY TO SAVE FOR RETIREMENT AND THE ABILITY TO PASS WEALTH TO FUTURE GENERATIONS. DURING 2024, A TOTAL OF 44 FARMS, RANCHES AND FISHING BUSINESSES COMPLETED THE TWO PROGRAMS.

BOTH THE ENGLISH AND SPANISH LANGUAGE PROGRAMS UTILIZE A COMPREHENSIVE SELF-ASSESSMENT TOOL, THE FARMLINK BUSINESS RESILIENCE SELF-ASSESSMENT, TO HELP PARTICIPANTS SET LEARNING GOALS AND TO ASSIST IN LONG-TERM EVALUATION OF HOW EDUCATIONAL PROGRAMMING SHAPES FUTURE BUSINESS SUCCESS. FARMLINK ENGAGES LEADERSHIP FROM AGRICULTURAL BUSINESS ADVISORS FROM THE COMMUNITIES FARMLINK SERVES, AS WELL AS PROGRAM ALUMNI SERVING AS PEER-BASED GUEST INSTRUCTORS, TO DESIGN AND DELIVER PROGRAMMING THAT IS RESPONSIVE TO HOW A COHORT OF PARTICIPANTS LEARN NEW SKILLS AND BEHAVIORS.

FARMLINK ALSO OFFERS AN ADVANCED BUSINESS EDUCATION PROGRAM CALLED THE EMPLOYMENT RESILERATOR. THE EMPLOYMENT RESILERATOR IS A COHORT-BASED PROGRAM AVAILABLE TO GRADUATES OF THE RESILERATOR. PARTICIPANTS RECEIVE TEN WEEKS OF INSTRUCTION ON LABOR MANAGEMENT FOR FARM BUSINESS EMPLOYERS AS WELL AS FINANCIAL INCENTIVES TO HELP THEM ADOPT NEW PRACTICES. THE PROGRAM IS DESIGNED WITH AN EMPHASIS ON HELPING PARTICIPANTS TO BECOME HIGH-QUALITY EMPLOYERS AND TO MAKE IMPROVEMENTS IN THE WORKPLACE TO CREATE HIGH QUALITY JOBS. THE COURSE SERVED 15 BUSINESSES IN 2024 AND 18 IN 2023. FARMLINK IS FUNDED TO DEVELOP A SPANISH-LANGUAGE VERSION OF THE PROGRAM DURING 2025 FOR DELIVERY IN 2026.

BUSINESS AND INNOVATION:

FARMLINK'S BUSINESS AND INNOVATION PROGRAM HOUSES NEW AND EMERGING PROGRAMS.

SOLARFRESCO IS A NEW PROGRAM TO HELP SMALL-SCALE FARMERS AND FARMERS OF COLOR TO LEAD THE TRANSITION TO CLIMATE-SMART COOLING. THE SOLARFRESCO PROGRAM HELPS LOW-INCOME FARMERS ACQUIRE LOW, OR NO-COST SOLAR-POWERED COOLERS TO BUILD WEALTH, PROFITABILITY, AND SUSTAINABILITY, WHILE LOWERING THEIR CARBON FOOTPRINT. THESE INVESTMENTS STRENGTHEN FOOD SYSTEMS BY HELPING FARMERS REDUCE FOOD WASTE AND RELIANCE ON CONVENTIONAL POWER, BUILD EQUITY IN REAL ASSETS, AND SELL IN MORE PROFITABLE AND SUSTAINABLE MARKETS. AFFORDABLE SOLAR COOLERS FREE FARMERS FROM RELIANCE ON COOLERS OWNED BY OTHERS, ALLOWING THEM TO DECREASE COSTS, REALIZE HIGHER PRICES, AND MANAGE TIME MORE EFFICIENTLY. SOLAR COOLERS ALSO LOWER A FARM'S CARBON FOOTPRINT BY REDUCING FOOD WASTE AND DECREASING RELIANCE ON CONVENTIONAL ENERGY.

THE SOLARFRESCO PROGRAM INCLUDES ACCESS TO SUBSTANTIAL EDUCATION AND OTHER DIRECT SUPPORT TO HELP FARMERS MANAGE THE COOLERS AS STRATEGIC

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ASSETS TO IMPROVE LONG-TERM OPERATIONAL SUSTAINABILITY AND PROFITABILITY. FARMLINK WILL EXPAND AND SUSTAIN THE PROGRAM UTILIZING INVESTMENTS AND GRANT FUNDS FROM FOUNDATIONS, THE USDA RURAL ENERGY FOR AMERICA PROGRAM (REAP), AND REFUNDABLE FEDERAL TAX CREDITS. AS OF DECEMBER 31, 2024, TWO COOLERS WERE INSTALLED ON FARMS AND UNDER OPERATION, AND TWO MORE WERE CONSTRUCTED AND AWAITING DELIVERY

DISASTER RESPONSE AND PREPAREDNESS: BETWEEN 2023 AND 2024, FARMLINK
DIRECTLY SUPPORTED 42 FARM BUSINESSES TO APPLY FOR FEDERAL, STATE AND
PRIVATE DISASTER ASSISTANCE RELATED TO EMERGENCY DECLARATIONS AND STORM
AND DROUGHT RESPONSE IN CALIFORNIA, AND DIRECTLY PROVIDED SUPPORT IN
ACCESSING RELIEF GRANTS TO 27 BUSINESSES INELIGIBLE FOR PUBLIC
PROGRAMS, IN COLLABORATION WITH LOCAL COMMUNITY FOUNDATIONS.

BUSINESS SKILLS DEVELOPMENT: IN 2024, FARMLINK ESTABLISHED THE BUSINESS SKILLS DEVELOPMENT PROGRAM TO FACILITATE ONE-ON-ONE TECHNICAL ASSISTANCE FOR LOAN READINESS AND ONGOING COMPLIANCE WITH LOAN CONDITIONS, INCLUDING EDUCATION ON SMALL BUSINESS TAX PREPARATION AND BOOKKEEPING ASSISTANCE. CENTRAL TO THIS APPROACH ARE NEWLY DEVELOPED MATERIALS CALLED PASO A PASO. PASO A PASO IS DESIGNED PRIMARILY FOR SPANISH-SPEAKING CLIENTS WHO NEED ADDITIONAL SUPPORT IN DEVELOPING FOUNDATIONAL BUSINESS SKILLS SUCH AS USING A DEDICATED BUSINESS BANK ACCOUNT, KEEPING RECEIPTS WITH APPROPRIATE CONTEMPORANEOUS NOTATIONS, AND WORKING WITH A BOOKKEEPER TO REGULARLY SUMMARIZE BUSINESS TRANSACTIONS INTO A STANDARD AND USEFUL FORMAT. THE PROGRAM UTILIZES A BUSINESS ADVISING APPROACH, WITH FARMLINK STAFF SERVING AS A LIAISON BETWEEN THE CLIENT, APPLICABLE FARMLINK PROGRAMS AND SPECIALIZED SERVICE PROVIDERS TO READY CLIENTS TO ACCESS LOANS, GRANTS, AND OTHER PROGRAMS AND SERVICES BOTH WITHIN AND OUTSIDE OF FARMLINK ALL WHILE ADHERING TO FARMLINK POLICIES AND PROCEDURES IN A WAY THAT IS BOTH TRANSPARENT, CONSISTENT, AND COLLABORATIVE. IN 2024, FARMLINK SUPPORTED 45 FARM BUSINESSES IN DEVELOPING NEW BUSINESS SKILLS TO SUPPORT THEIR ABILITY TO USE FINANCIAL RECORDS TO ACTIVELY PLAN AND MANAGE A SUCCESSFUL FARM BUSINESS.

IN DEVELOPING A GROWING ECOSYSTEM OF BUSINESS SUPPORT TO SERVE
AGRICULTURE AND FISHERIES ACROSS THE STATE, FARMLINK CONVENED TWO
COHORTS OF 39 SERVICE PROVIDERS AND PROFESSIONALS IN 2024 TO LEARN HOW
TO BEST SUPPORT FARMING AND FISHING ENTREPRENEURS ACROSS BUSINESS
MANAGEMENT TOPICS. PARTICIPANTS LEARN HOW TO ADDRESS COMMON QUESTIONS
AND WHAT QUESTIONS TO ASK IN ORDER TO DIG DEEPER INTO A CLIENT'S UNIQUE
SITUATION. THIS SERIES ADDRESSED BUSINESS STRUCTURES, ACCOUNTING AND
BOOKKEEPING, TAXATION, CASH FLOW MANAGEMENT, LABOR AND INSURANCE, AND
ENVIRONMENTAL REGULATION.

FOR A DETAILED DISCUSSION OF FARMLINK'S BUSINESS MODEL, PLEASE SEE THE PUBLICATION "WHAT IS AN AGRICULTURAL CDFI?" ON FARMLINK'S WEBSITE.

FORM 990, PART VI, SECTION A, LINE 3:

CALIFORNIA FARMLINK CONTRACTS WITH JONATHAN HARRISON TO PERFORM THE DUTIES OF CHIEF FINANCIAL OFFICER AT APPROXIMATELY 10 HOURS PER WEEK.

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

THE PROCESS TO PREPARE AND REVIEW FORM 990:

IN SEPTEMBER OF 2025, CALIFORNIA FARMLINK CONDUCTED AN INTERNAL REVIEW OF

Page 2 Name of the organization **Employer identification number** CALIFORNIA FARMLINK 94-3332630 2024'S FORM 990. REVIEWERS INCLUDED THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, CONTROLLER, AND THE COMPLIANCE MANAGER. THEN, A DRAFT COPY WAS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE PROCESS TO MONITOR CONFLICT OF INTEREST: CALIFORNIA FARMLINK'S BOARD OF DIRECTORS AND STAFF ARE SUBJECT TO LEGAL REQUIREMENTS AS OUTLINED IN FARMLINK'S CONFLICT OF INTEREST POLICY. BOARD AND STAFF ARE TO PROMPTLY DISCLOSE ANY AFFILIATIONS OR OTHER MATTERS THAT MAY CONSTITUTE A CONFLICT OF INTEREST. THESE PARTIES ARE SUBJECT TO APPROPRIATE DISCIPLINARY AND/OR CORRECTIVE ACTIONS FOR FAILURE TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15A: THE PROCESS FOR DETERMINING THE CEO'S COMPENSATION: A COMPENSATION ANALYSIS WAS PREPARED BY OUR HUMAN RESOURCES GENERALIST, UTILIZING CONTEMPORANEOUS SALARY SURVEYS AND DATA FROM SIMILAR NOT FOR PROFIT ORGANIZATIONS, REVIEWED BY AN INDEPENDENT HUMAN RESOURCE PROFESSIONAL, AND SUBMITTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. DELIBERATIONS ARE DOCUMENTED IN CALIFORNIA FARMLINK'S BOARD MINUTES. FORM 990, PART VI, SECTION C, LINE 19: AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS: THESE DOCUMENTS ARE AVAILABLE UPON REQUEST. AUDITED FINANCIALS ARE POSTED ON OUR WEBSITE. FORM 990, PART IX, LINE 11G, OTHER FEES: PROFESSIONAL FEES: 1,015,525. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 78,735. FUNDRAISING EXPENSES 60,874. 1,155,134. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,155,134. FORM 990, PART XII, LINE 2C: RESPONSIBILITY FOR OVERSIGHT OF AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANTS: CALIFORNIA FARMLINK'S AUDIT COMMITTEE WAS ESTABLISHED AS AN ADVISORY COMMITTEE OF THE BOARD OF DIRECTORS, AND IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND AUDITOR SELECTION PROCESS.

Schedule O (Form 990) 2024 432212 01-29-25