TAXABLE YEAR **2023**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 01/01/2023, and ending (mm/dd/yyyy) 12/31/2023.

Corporation/Organization name	California corporation number
TERRA CULTURA	C3973962
Additional information. See instructions.	FEIN 81-4943293
Street address (suite or room) PO Box 288	PMB no.
City Aromas	State CA / ZIP code 95004
Foreign country name	Foreign province/state/county / Foreign postal code

A First return . . . ☐ Yes ☒ No
B Amended return . . . ● ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust . . . ☐ Yes ☒ No
D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● ____ / _____ / _____
E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF (3) ● ☐ Sch H (990) (4) ☒ Other 990 series
G Is this a group filing? See instructions. . . . ● ☐ Yes ☒ No
H Is this organization in a group exemption . . . ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. . . . ● ☐ Yes ☒ No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. . . . ● ☐ Yes ☒ No
K Is the organization exempt under R&TC Section 23701g?. . ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources . . $ _____
L Is the organization a limited liability company? . . . ● ☐ Yes ☒ No
M Did the organization file Form 100 or Form 109 to report taxable income? . . . ● ☐ Yes ☒ No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . ● ☐ Yes ☒ No
O Is federal Form 1023/1024 pending? . . . ☐ Yes ☒ No
Date filed with IRS _____

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			1	$17,132 00
	2 Gross dues and assessments from members and affiliates			2	$0 00
	3 Gross contributions, gifts, grants, and similar amounts received			3	$104,837 00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B			4	$121,969 00
	5 Cost of goods sold	5	00		
	6 Cost or other basis, and sales expenses of assets sold	6	00		
	7 Total costs. Add line 5 and line 6.			7	$0 00
	8 Total gross income. Subtract line 7 from line 4.			8	$121,969 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18			9	$155,525 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	$(33,556) 00
Payments	11 Total payments			11	$0 00
	12 Use tax. See General Information K			12	$0 00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14	00
	15 Penalties and interest. See General Information J.			15	$0 00
	16 **Balance due.** Add line 12 and line 15. Then subtract line 11 from the result			16	$0 00

Sign Here

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

Signature of officer ▶	Title	Date	● Telephone
Travis Hill	CFO	02/08/2024	(650) 766-1261

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	● PTIN
Firm's name (or yours, if self-employed) and address ▶			● Firm's FEIN
			● Telephone

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

Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

Receipts from Other Sources	**1** Gross sales or receipts from all business activities. See instructions	**1**	$17,132	00
	2 Interest	**2**	$0	00
	3 Dividends	**3**	$0	00
	4 Gross rents	**4**	$0	00
	5 Gross royalties	**5**	$0	00
	6 Gross amount received from sale of assets (See instructions)	**6**		00
	7 Other income. Attach schedule	**7**		00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	**8**	$17,132	00
Expenses and Disbursements	**9** Contributions, gifts, grants, and similar amounts paid. Attach schedule	**9**	$0	00
	10 Disbursements to or for members	**10**	$0	00
	11 Compensation of officers, directors, and trustees. Attach schedule	**11**		00
	12 Other salaries and wages	**12**	$90,247	00
	13 Interest	**13**	$0	00
	14 Taxes	**14**	$0	00
	15 Rents	**15**	$26,528	00
	16 Depreciation and depletion (See instructions)	**16**		00
	17 Other expenses and disbursements. Attach schedule	**17**	$38,750	00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	**18**	$155,525	00

Schedule L **Balance Sheet**

Assets	**Beginning of taxable year** (a)	(b)	**End of taxable year** (c)	(d)
1 Cash		$72,777		$34,948
2 Net accounts receivable		$0		$0
3 Net notes receivable		$0		$0
4 Inventories		$0		$0
5 Federal and state government obligations		$0		$0
6 Investments in other bonds		$0		$0
7 Investments in stock		$0		$0
8 Mortgage loans		$0		$0
9 Other investments. Attach schedule				
10 **a** Depreciable assets	$0		$0	
b Less accumulated depreciation	$0	$0	$0	$0
11 Land		$0		$0
12 Other assets. Attach schedule				
13 **Total assets**		$72,777		$34,948
Liabilities and net worth				
14 Accounts payable		$23,826		$21,577
15 Contributions, gifts, or grants payable		$42,716		$40,692
16 Bonds and notes payable		$0		$0
17 Mortgages payable		$0		$0
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund		$0		$0
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		$0		$0
22 **Total liabilities and net worth**		$66,542		$62,269

Schedule M-1 **Reconciliation of income per books with income per return**
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

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

Name of the organization	Employer identification number
TERRA CULTURA	81-4943293

LineReferenceDesc: Part II, line 17

1. Explanation:

Professional Fees and Independent Contractors

Amount: $19,290.00

2. Explanation:

Printing Publications Postage and Shipping

Amount: $815.00

3. Explanation:

Dues Fees and Licenses

Amount: $1,890.00

4. Explanation:

Insurance

Amount: $3,087.00

5. Explanation:

Program Expenses

Amount: $10,165.00

6. Explanation:

Worker's Compensation Insurance

Amount: $3,503.00