Form	990

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

AI	For the	e 2022 calendar year, or tax year beginning and	ending	_	
B	Check if applicabl	e: C Name of organization		D Employer identifie	cation number
	Addre				
	Name Chang	e Doing business as		01-07694	56
	Initial		E Telephone number		
	Final return termir	P.O. BOX 1284	805-643-		
_	ateu	G Gross receipts \$	1,546,010.		
	Amen	VENIORA, CA 93002		H(a) Is this a group re	
				for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates ir	icluded? Yes No
1	Tax-ex	empt status: 🚺 501(c)(3) 🛄 501(c) () (insert no.) 🛄 4947(a)(1) (or 📃 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
Κ	orm of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 2003 N	State of legal domicile: CA
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: TO P	ERMANE	NTLY PROTEC	T THE LAND,
anc		WATER, WILDLIFE AND SCENIC BEAUTY OF THE	VENTU	RA REGION	
srn:	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Ň	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	30
viti	6	Total number of volunteers (estimate if necessary)		6	612
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		2,278,178.	981,697.
ent	9	Program service revenue (Part VIII, line 2g)		491,591.	429,799.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,635.	24,440.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		75,494.	58,579.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,870,898.	1,494,515.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	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)		796,051.	961,446.
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		13,907.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 244,8	26.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		483,648.	623,575.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,293,606.	1,585,021.
		Revenue less expenses. Subtract line 18 from line 12		1,577,292.	-90,506.
s or			Be	ginning of Current Year	End of Year
Net Assets (Fund Balanc	20	Total assets (Part X, line 16)		13,301,062.	12,769,680.
t As	21	Total liabilities (Part X, line 26)		1,626,424.	1,241,283.
		Net assets or fund balances. Subtract line 21 from line 20		11,674,638.	11,528,397.
_		Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	/ knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date						
	MELISSA BAFFA, EXECUTIVE	DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	JESSICA MOITOZA			self-employed P01282487						
Preparer	Firm's name HUTCHINSON & BLOC	DGOOD, LLP		Firm's EIN 95-0858589						
Use Only	Firm's address 200 EAST CARRILLC	STREET, SUITE 303								
	SANTA BARBARA, CA	93101		Phone no. 805 - 963 - 1837						
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

Form	1990 (2022) VENTURA LAND TRUST	01-0769456	Page 2
_	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: THE MISSION OF THE VENTURA LAND TRUST IS TO PERMANENTI		
	LAND, WATER, WILDLIFE AND SCENIC BEAUTY OF THE VENTURA	REGION FOR	
	CURRENT AND FUTURE GENERATIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service		
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services	as measured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 355, 209. including grants of \$) (Ref	154	357.)
4a	(Code:) (Expenses \$ 355,209 including grants of \$) (Re STEWARDSHIP - THE VENTURA LAND TRUST IS COMMITTED TO S		<u>, , , , , , , , , , , , , , , , , , , </u>
		LANCE COMMUNI	ГҮ
	ACCESS AND ENVIRONMENTAL PROTECTION TO BEST SERVE OUR		
	LOCAL COMMUNITY. TO ACHIEVE OUR GOALS WE ENGAGE IN IN		
	REMOVAL, RIVER/ESTUARY CLEANUPS, TRAIL BUILDING AND MA		
	PLANTING OF NATIVE PLANTS.	·	
	210 407		
4b	(Code:)(Expenses \$ 318,497. including grants of \$) (Re LAND CONSERVATION - A COMMUNITY BASED NONPROFIT ORGANI)
	LAND TRUST BELIEVES THAT PRESERVING OPEN SPACE AND PRO		
	ACCESS ENHANCES THE ECONOMY, QUALITY OF LIFE, AND PUBLI		0F
	VENTURA AND SURROUNDING COMMUNITIES.		-
	(Code:) (Expenses \$ 335,686. including grants of \$) (Re	evenue \$ 275,4	112
4c	(Code:) (Expenses \$ 535,000 including grants of \$) (Re EDUCATION - THROUGH HANDS-ON, STANDARDS-BASED WATERSHE		442 •)
	RESTORATION, AND STEWARDSHIP EXPERIENCES, OUR PROGRAMS		
	SENSE OF SHARED RESPONSIBILITY FOR OUR WHOLE EARTH SYS		NG
	CONFIDENCE AND HOPE BY EMPOWERING YOUNG PEOPLE TO MAKE		
	DIFFERENCE AT THE LOCAL WATERSHED SCALE.		
4d	Other program services (Describe on Schedule O.)	1	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,009,392.)	
-+0		 Form 9 !	90 (2022)

 Form 990 (2022)
 VENTURA
 LAND
 TRUST

 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)?		v	
_	If "Yes," complete Schedule A	1	X X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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	4		x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		- 23
5	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,		37	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
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, VIII, 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	23	<u> </u>
iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		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
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	- 23	<u> </u>
19		19		x
20-	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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VENTURA LAND TRUST Form 990 (2022) VENTURA LAND TRUST
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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		
25a	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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~	contributions? If "Yes," complete Schedule M	30		A X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D D	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?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	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?			
	Notes All From 2000 films are required by complete Oaks due O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
		_		

					Yes				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	30						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned	rns?		2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a									
any contributions that were not tax deductible as charitable contributions? 6a									
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		•						
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).			_					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c									
	to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7b					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization maintaining dense activities finds. Did a dense activities fund maintained funds			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			0					
9	sponsoring organization have excess business holdings at any time during the year?			8					
				9a					
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:			30					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	100							
	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
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								

c Enter the amount of reserves on hand ______ 13c

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?_____

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

)22)		VENTURA	LAND	TRUST			
Sta	atements	Regarding O	ther IRS	Filings and	Tax Com	pliance	(continued)

No

Х

Х

Х

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Form 990 (2022)

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17

Part V

Х

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14a

14b

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Form 990	(2022)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Χ
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 1a 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 1b 11			
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		х
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:			
	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		X
	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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	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	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	х	
	Other officers or key employees of the organization	15a	X	
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
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
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou		
	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	100		
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) avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	Joing	, availe	
	Own website I Another's website I Don 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, ar	d fina	ncial	
19	statements available to the public during the tax year.	u midi	icial	
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	MELISSA BAFFA - 805-643-8044			
	3451 FOOTHILL RD. SUITE 204, VENTURA, CA 93003			

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

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

 List all of the organization is 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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week (list any	<u> </u>						from the	from related organizations	other compensation
	hours for	direct				Ð		organization	(W-2/1099-MISC/	from the
	related	tee or	Istee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ul trus	nal tru		loyee	omp(1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MELISSA BAFFA	line)	ц Ц	lns	æ	Ke	e Hi	ية ا			
EXECUTIVE DIRECTOR	40.00			x				117,962.	0.	0.
(2) MARK WATKINS	5.00						<u> </u>	117,902.	0.	0.
PRESIDENT	5.00	x		x				0.	0.	0.
(3) JILL SHAFFER	2.00									0.
VICE PRESIDENT	2.00	x		x				0.	0.	0.
(4) SYLVIA MUNOZ SCHNOPP	2.00									
TREASURER		x		x				0.	0.	0.
(5) JOHN HANKINS	5.00									
SECRETARY		x		x				0.	0.	0.
(6) STEVE DOLL	2.00									
TRUSTEE		X						0.	0.	0.
(7) DENNIS KULZER	2.00									
TRUSTEE		X						0.	0.	0.
(8) JANE MONTAGUE	2.00									
TRUSTEE		Х						0.	0.	0.
(9) OSMANY RIOS	2.00									-
TRUSTEE		X						0.	0.	0.
(10) DON WOOD	2.00									
TRUSTEE		X						0.	0.	0.
(11) DOUG TRAPP	2.00	.,								0
TRUSTEE		X						0.	0.	0.
(12) RUSSELL GALIPEAU	2.00	x						0.	0.	0.
TRUSTEE		^						0.	0.	0.
		1								
		1								
		1								
		-	-	-	-	-	_			

rm 990 (2022) VENTURA LAND TRUST 01-0'								769	456	Page 8		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week	box,	not c , unle	ss pe	ition ^{more} rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	(F) Estima amour othe	ited it of
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MI 1099-NEC)	SC/	compens from f organiz and rel organiza	the ation ated
	line) Unstanting for the second secon											
1b Subtotal								117,962.		0.		0.
c Total from continuation sheets to Part V	I, Section A							0.		0.		0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the exemplation 								-),000 of reportab	-		1
compensation from the organization										r	Yes	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4	x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	•							•			5	x
Section B. Independent Contractors 1 Complete this table for your five highest co	moonootod inc	done	nda	nt o	ontr	raata		hat received more than	\$100.000 of oor		ation from	
the organization. Report compensation for (A)										Ilpens	(C)	
Name and business	address	NC	ONE	3			_	Description of s	ervices	C	ompensat	ion
							_					
							_					
							_					
							+					
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lir	mite	d to		se li: 0	sted	l above) who received n	nore than			

Form 990 (20	22)	/ENTURA
Part VIII	Statement of	Revenue

I u			Check if Schedule O contains a response	or note to any lir	e in this Part VIII			
			oneck il ochedule o contains a response	of note to any m	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S S	4	~	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts								
ي ق			· · · · · · · · · · · · · · · · · · ·	76,042.				
fts, r A				70,042.				
, Gi			Related organizations 11	9,000.				
Sin			Government grants (contributions) 1e	9,000.				
utic ler		t	All other contributions, gifts, grants, and					
ēĐ			similar amounts not included above 1f	896,655.				
ont		-	Noncash contributions included in lines 1a-1f	15,881.	001 007			
<u>a</u> C		h	Total. Add lines 1a-1f	1	981,697.			
				Business Code				
Program Service Revenue	2		EDUCATION	611710	275,442.			
ervi		b	PROGRAM SERVICES REVEN	611710	154,357.	154,357.		
en S		С						
lev.		d						
0 E		е						
۲,		f	All other program service revenue					
		g	Total. Add lines 2a-2f		429,799.			
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)		12,245.			12,245.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a 97,596.					
			Less: rental expenses 6b 0.					
			Rental income or (loss) 6c 97,596.					
			Net rental income or (loss)		97,596.			97,596.
			Gross amount from sales of (i) Securities	(ii) Other	5770500			5170500
	ľ	a	assets other than inventory 7a 12 , 195 .					
		•	Less: cost or other basis					
e		D						
her Revenue								
eve				•	12,195.			12,195.
r B			Net gain or (loss)		12,195.			12,195.
	8	а	Gross income from fundraising events (not					
ð			including \$ 76,042. of					
			contributions reported on line 1c). See	0 000				
			Part IV, line 18 8a	8,393.				
			Less: direct expenses 8b	51,131.				
					-42,738.			-42,738.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b	364.				
			Net income or (loss) from sales of inventory		3,641.			3,641.
s				Business Code				
in e	11	а	MISC. INCOME	900099	80.			80.
ane		b						
eve eve		c						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		80.			
	12		Total revenue. See instructions		1,494,515.	429,799.	0.	83,019.
23200					, ,			Form 990 (2022)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
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,	117,962.	57,509.	10,398.	50,055
e	trustees, and key employees	117,902.	57,509.	10,390.	50,055
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	764,324.	567,719.	87,707.	108,898
8	Pension plan accruals and contributions (include				,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	79,160.	47,446.	20,162.	11,552
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,190.		1,190.	
С	Accounting	58,700.		58,700.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	0 001		0.001	
f	Investment management fees	2,891.		2,891.	
g		498.	102.	396.	
	column (A), amount, list line 11g expenses on Sch 0.)	490.	102.	590.	
12	Advertising and promotion	133,409.	23,577.	36,140.	73,692
13	Office expenses	133,403.	23,377•	50,140.	15,052
14 15	Information technology				
16	Royalties Occupancy	26,830.		26,830.	
17	Travel	15,299.	14,195.	515.	589
18	Payments of travel or entertainment expenses	-,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,159.	26,685.	434.	40
20	Interest	49,621.	49,621.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,822.	25,374.	2,448.	
23	Insurance	82,992.		82,992.	
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 0.)				
а	LAND MAINTENANCE	172,105.	172,105.		
b	PROJECT SUPPLIES	25,059.	25,059.		
c		-			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,585,021.	1,009,392.	330,803.	244,826
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)				Eorm 990 (202

01-0769456 Page 11

t X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
				(B) End of year
1	Cash - non-interest-bearing		1	131,113.
				1,375,848.
				255,958.
		-		277,121.
		,	•	,
Ū				
			5	
6			-	
•			6	
7			7	
_		2,055.	-	12,390.
				38,737.
		-	-	,
b		10,284,621.	10c	10,327,454.
				1,721.
		23,327.		16,662.
				332,676.
		13,301,062.		12,769,680.
17		259,616.	17	280,265.
18			18	
19		49,809.	19	88,195.
20			20	
21			21	
22				
			22	
23		1,316,999.	23	872,823.
24			24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	1,626,424.	26	1,241,283.
	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	9,641,023.
28	Net assets with donor restrictions	1,887,374.	28	1,887,374.
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances		32	11,528,397.
	Total liabilities and net assets/fund balances	13,301,062.	33	12,769,680.
_	b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(/)1), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 10, 387, 674. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 21 Loans and other payables to any current or former officer, director, trustee, key emp	(A) Beginning of year 1 Cash - non-interest-bearing 407, 856. 2 Savings and temporary cash investments 1,058,765. 1 Piedges and grants receivable, net 699,707. 4 Accounts receivable, net 699,707. 4 Accounts receivable, net 407,229. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 2,055. 6 Loans and other receivable, net 2,055. 9 Prepaid expenses and deferred charges 22,055. 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10,387,674. 11 Investments - publicity traded securities 138,059. 138,059. 12 Investments - publicity traded securities 138,059. 133,01,062. 12 Investments - publicity traded securities 23,327. 14 143,01,062. 13 Investments - publicity traded securities 259,616. 133,01,062. 14 Catonity Bayable and accrued expenses 259,616. 259,616. 16 <t< td=""><td>I Cash - non-interest-bearing 407, 856.1 1 Cash - non-interest-bearing 407, 856.1 2 Savings and temporary cash investments 1, 058, 765.2 3 Pledges and grants receivable, net 699, 707.3 4 Accounts receivable, net 6199, 707.3 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loars receivable, net 7 8 Prepaid expenses and deferred charges 29, 369.9 10a Lon, 387, 674. 5 bess: accumulated depreciation 100 60, 220.10, 284, 621.10c 11 Investments - opticity traded securities 138, 059.11 11 110 12 23, 327.14 12 Investments - opticity traded securities 250, 074.15 13 133, 301, 062.16 16 17 Accounts payable and accrued expenses 250, 074.15 13 133, 301, 062.16 17 14 Intangible assets. See Part IV, line 11</td></t<>	I Cash - non-interest-bearing 407, 856.1 1 Cash - non-interest-bearing 407, 856.1 2 Savings and temporary cash investments 1, 058, 765.2 3 Pledges and grants receivable, net 699, 707.3 4 Accounts receivable, net 6199, 707.3 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loars receivable, net 7 8 Prepaid expenses and deferred charges 29, 369.9 10a Lon, 387, 674. 5 bess: accumulated depreciation 100 60, 220.10, 284, 621.10c 11 Investments - opticity traded securities 138, 059.11 11 110 12 23, 327.14 12 Investments - opticity traded securities 250, 074.15 13 133, 301, 062.16 16 17 Accounts payable and accrued expenses 250, 074.15 13 133, 301, 062.16 17 14 Intangible assets. See Part IV, line 11

Form 990 (2022) Part X Balance Sheet

Form	990 (2022) VENTURA LAND TRUST	01	-0769	456	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		X
			4	4.0		4 -
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,494		
2	Total expenses (must equal Part IX, column (A), line 25)	2	T	,58		
3	Revenue less expenses. Subtract line 2 from line 1	3				06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	,674		
5	Net unrealized gains (losses) on investments	5		-1:	5,3	20.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				50.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-41	1,5	65.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	11	,528	3,3	97.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
					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 Schedul	e O.				
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 reviewe	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	S,			
	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	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	1
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

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Nam	ie of i	ne organization עביאזתי	URA LAND T	סזופייי					1-0769456
Pa	rt I	Reason for Public (omplete th	nis nart) S	ee instruction		1-0709430
								13.	
1	organ	ization is not a private found A church, convention of ch	-		•		I// A //;)		
2	H						I)(A)(I).		
	H	A school described in sect				<u></u>	::)		
3	H	A hospital or a cooperative					•	Viiii) Entor	the beenitel's name
4		A medical research organiz	ation operated in col	njunction with a nospital	described	a in sectio	A)(1)(d)011 N	J(III). Eriter	the hospital's hame,
F		city, and state:	or the banafit of a co		d or operation	tod by a a	overnmentel	unit dooorik	and in
5		An organization operated for		nege of university owned	a or opera	led by a g	overnmentar	unit descrit	
~		section 170(b)(1)(A)(iv). (C	• •	e e set el consta el constato e el incon		70/1-)/4//4)	(.)		
6	v	A federal, state, or local gov							an de Barrel e a sulle a el Sa
7	Δ	An organization that norma		ntial part of its support f	rom a gov	ernmentai	unit or from t	ine general	public described in
~		section 170(b)(1)(A)(vi). (C							
8	\square	A community trust describe							
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
		university:							
10		An organization that norma							
		activities related to its exen							
		income and unrelated busir		(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	• •						
11		An organization organized a	•	· ·					
12		An organization organized a							
		more publicly supported or	-						Check the box on
	_	lines 12a through 12d that							
а		Type I. A supporting orga							
		the supported organization			a majority (of the dire	ctors or truste	ees of the s	supporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	-				-		-
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus							
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	tegrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		_ requirement (see instruct	-						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.			
f		er the number of supported o	•						
g		vide the following information			(iv) Is the orga	nization listed			
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			
Tota	.1								

Schedule A (Form 990) 2022

VENTURA LAND TRUST

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	609,123.	4,055,132.	5,557,684.	2,278,178.	981,697.	13,481,814.	
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	609,123.	4,055,132.	5,557,684.	2,278,178.	981,697.	13,481,814.	
	The portion of total contributions		-,	-,	_,		,,	
5	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,							
							1 200 010	
•	column (f)						1,360,916.	
	Public support. Subtract line 5 from line 4. ction B. Total Support						12,120,898.	
		() 00/0	(1) 00 (0	() 0000	(1) 000 (() 0000	(0) =	
	ndar year (or fiscal year beginning in)	(a)2018 609,123.	(b) 2019	(c) 2020	(d) 2021	(e)2022 981,697.	(f) Total	
	Amounts from line 4	009,123.	4,055,132.	5,557,684.	2,278,178.	901,097.	13,481,814.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	206 204			100 000	100 041		
	and income from similar sources \dots	306,384.	63,582.	99,505.	102,226.	109,841.	681,538.	
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.)	111,692.	588,131.	286.		80.	700,189.	
11	Total support. Add lines 7 through 10						14,863,541.	
12	Gross receipts from related activities	, etc. (see instructio	ons)			12 1	,880,939.	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stop	bhere						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11, o	column (f))		14	81.55 %	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	76.57 %	
	33 1/3% support test - 2022. If the o					nore, check this bo	x and	
	stop here. The organization qualifies							
b	33 1/3% support test - 2021. If the							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact							
	meets the facts-and-circumstances te			-	-			
h	10% -facts-and-circumstances tes	-			•			
~	more, and if the organization meets the	-						
	organization meets the facts-and-circ							
19								
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)
Section A Public Support

Sec	cion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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							
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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 202					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box a	and stop here. The	organization quali	fies as a publicly s	supported organization	ation	
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	L

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.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		1
Sec	tion B. Type I Supporting Organizations			
			Yes	No
4	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

•	Did the governing body, members of the governing body, oncers acting in their onicial capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organization	ns
--------------------------------------------	----

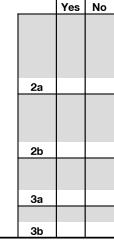
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the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

Section D.	All Type III	Supporting	Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*



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

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

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):			
а	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		

instructions).

Schedule A (Form 990) 2022

D TRUST Schedule A (Form 99

Schedule A	(Earm 000)	2022
Schedule A	(FUIII 990)	2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		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 organizatior	าร	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	he organization is responsive	e				
	(provide details in Part VI). See instructions.	5		8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022		
_1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
С	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
-	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
-	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
•	and 4c.						
8							
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME	
2018 AMOUNT: \$	-9,822.
2019 AMOUNT: \$	4,707.
2020 AMOUNT: \$	286.
2022 AMOUNT: \$	80.
SPECIAL EVENTS	
2018 AMOUNT: \$	60,815.
2019 AMOUNT: \$	119,383.
STEWARDSHIP	
2018 AMOUNT: \$	60,699.
2019 AMOUNT: \$	464,041.

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

01-0769456

2022

Department of the Treasury Internal Revenue Service

Schedule B

(Form 990)

Name of the organization

VENTURA LAND TRUST

Organization type (check one):				
Section:				
X 501(c)(3) (enter number) organization				
4947(a)(1) nonexempt charitable trust not treated as a private foundation				
527 political organization				
501(c)(3) exempt private foundation				
4947(a)(1) nonexempt charitable trust treated as a private foundation				
501(c)(3) taxable private foundation				

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is checked.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

	B (Form 990) (2022) rganization	Emr	Page ployer identification number
Part I	RA LAND TRUST Contributors (see instructions). Use duplicate copies of Part I if		1-0769456
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$25,000.	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
2		\$205,000.	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
3		\$25,000.	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
7		\$20,000.	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
4		\$25,000.	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
5		\$50,000.	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990) (2022)

noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

01-0769456

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person
(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)	(b)	(c)	(d) Turne of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

dentification nul

VENTURA LAND TRUST

(a)

No.

from

Part I

(a)

No.

from

Part I

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is neede
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions

(b)

(b)

Schedule B (Form 990) (2022)

Employer identification number

(d)

Date received

(d)

Date received

(d)

Date received

(d)

01-0769456

Date received ructions.) (c) (d) FMV (or estimate) Description of noncash property given Date received (See instructions.) \$ (c) (d) FMV (or estimate) Description of noncash property given Date received (See instructions.) \$ Schedule B (Form 990) (2022)

Page 3

Schedule	B (Form 990) (2022)			Page 4
Name of o	organization			Employer identification number
VENTU	RA LAND TRUST			01-0769456
	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	a) through (e) and the following line entr , charitable, etc., contributions of \$1,000 or le	/ For organizations	that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift	•	
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift	I	
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift	I	
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee

SCHEDULE I	D
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Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name of the organization

VENTURA LAND TRUST

Employer identification number 01 - 0769456

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b) Fun	ids and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring	
_				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (for example, recrea			important land area
	Protection of natural habitat	Preservation o	f a certified hi	storic structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserv	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				58.00
С	Number of conservation easements on a certified historic str		2c	
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	le organizatio	n during the tax
_	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation eas	sements during the year
-			-+:	ata aluminan tina uraan
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv-	ation easeme	nts during the year
•	Does each conservation easement reported on line 2(d) above	ve esticity the requirements of eastion 17		
8				Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat			
9				
	balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.	note to the organization's infancial staten	ilents that des	
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Simil	ar Assets
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		and halance	sheet works
	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 95			et works of
~	art, historical treasures, or other similar assets held for public			
	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 tre			
-	the following amounts required to be reported under FASB A			-
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990. Part X			Ψ \$

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued) a Using the organization accussion, and other records, check any of the following that make significant use of its collection terms (check all that apply): Proble schelation Benchice schelation Collection terms (check all that apply): Provide acciption of thous generations Coll construction of the organization schelation's collections and explain how they further the organization's exempt purpose in Part XIII. During the year. did the organization accelection? Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or resported an amount on Form 990, Part X, line 21. Is the organization and gent, further, schedation ar other intermediaty for contributions or other assets not included on Form 990, Part X, line 21. Is the organization and gent, further, schedation and complete the following table: Ves No If 'Yes," explain the arrangement in Part XIII and complete the following table: If and the organization and transform 990, Part X, line 20. If 'Yes," explain the arrangement in Part XIII and complete the following table: If and the organization include an amount on Form 990, Part X, line 21, for encreve or custodial account labbility? Yes in the organization include an amount on Form 990, Part X, line 21, for encreve or custodial account labbility? If 'Yes," explain the arrangement in Part XIII check here of the organization shale be	Sche		LAND TRUST						76945		age 2
a Object exhibition d Loan or exchange program b Scholarly research o Other c Provide description of thore generations o Other c Provide description of thore generations o Other c Provide description of thore generation collections and explain how they further the organization second provide in Part XIII. The organization assession of the organization collection? Yes No Part V Escrow and CutsOdial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Is the organization and part XIII. The organization assession of the organization assess not included on form 900, Part X, line 21. Is the organization and part of the organization assession of the assess not included on form 900, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the asplanation has been provided on Part XIII. Yes No b If Yes," explain the arrangement in Part XIII. Check here If the asplanation has been provided on Part XIII. Yes No b Christian asplant, part Line 20. Iso 20. Part XIII. Iso 20. Part XIII. Test Yes Scholar Yes," explain the arrangement in Part XIII. Check here If th	Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, o	r Othe	er Simila	r Ass	ets(contir	nued)	
a Public exhibition d □ can or exchange program b Scholary research e □ Other	3	Using the organization's acquisition, accessio	n, and other records	s, check any of the	following that	make s	ignificant u	ise of it	s		
b Scholary research e Other		collection items (check all that apply):									
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 roceive donations of art, historical treasures, or other similar assets 10 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 11 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included 12 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account idoiting the year. 13 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account idoiting? 2 Deginning balance Anditions during the year 14 Endowment Funds. Complete if the organization naweed 'Yes' on Form 990, Part X, line 21, for escrow or custodial account idoiting? Yes 2 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account idoiting? Yes No 14 Endowment Funds. Complete if the organization maxwed' Yes' on Form 990, Part X, line 10. Integration include an amount on Form 990, Part X, line 21, for escrow or custodial account idoiting? No 15 Endowment Funds. Complete if the organization naweed 'Yes' on Form 990, Part X, line 1	а	Public exhibition	d	Loan or exc	hange prograr	n					
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's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X, line 9, or responde an amount on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is diations during the year Is diations Is diations Is diations Is diations Is diations Is diations Is diation Is di	b	Scholarly research	e	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization is collection? Ves no 1a Is the organization angement. Insute, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance 1d Ic Amount Ic Additions during the year Id 2a Other signal and complete the following table: Int Int Int Int Int Int Int organization angement in Part XII. Personal and the arrangement in Part XII. Personal Ant V. Int Int Int Personal Ant V. Int	с	Preservation for future generations									
Top sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? Intervent for the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? Intervent for the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? Intervent for the organization answered 'Yes' on Form 980, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part X, line 21, for escrow or custodial account liability? Intervent State (I) Four years back (I) four years	4	Provide a description of the organization's col	lections and explain	how they further t	he organizatio	n's exer	mpt purpos	se in Pa	rt XIII.		
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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise of the organization on agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise of the organization on agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account tability? Ves No b If 'Yes,'' explain the arrangement in Part XIII check here if the explanation has been provided on Part XIII Int No Int	5	During the year, did the organization solicit or	receive donations o	f art, historical trea	sures, or othe	r similar	assets	_	_		_
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, for escrew or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d c Beginning balance 1d 1d 1d d Additions during the year 1d 1d 1d 2D Dt the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization inswered "Ves" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part X, line 10. (e) Current year (c) Phone year (c) Phone years lack (e) Four years back to prove arr (c) Phone years lack (e) Four years back to prove arr (c) Phone years lack (a) Free years back to prove the complete the set intermediary for year (c) Phone years lack (a) Free years back to prove arr (c) Phone years lack (a) Free years back to prove arr (c) Phone years lack (a) Free years back to prove arr (c) Phone years lack (a) Free years back to prove arr (c) Phone years lack (a) Free years back to prove arr (c) Phone years lack (a) Four years back to prove arr (c) Phone years lack (a) Free years back to prove arr (c) Phone year (c) Phone years bach to provear (c) Phone year (c) Phone year (c) Phone ye											No
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on Form 990, Part X2 Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. (e) Four years back (e) Four years back (for year (c) Provee (c) Pr		• *									
b If "Yes," explain the arrangement in Part XII and complete the following table: Amount additions during the year Id If Id <l< th=""><th>1a</th><th></th><th></th><th></th><th></th><th></th><th></th><th>_</th><th>_</th><th></th><th>1</th></l<>	1a							_	_		1
c Beginning balance Amount d Additions during the year 1d 1d e Distributions during the year 1d 1d 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Imount Imount<		on Form 990, Part X?						L	Yes		No
c Beginning balance 1c 1d d Additions during the year 1d 1d e Distributions during the year 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII (e) Four years back (e) Fouryears back (e) Four years back (e	b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing table:							
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Four years four four strates									Amoun	t	
e Distributions during the year Ie f Ending balance If 2D Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization naswered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization naswered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Four years back 1a Beginning of year balance (a) Current year (b) Prior years (c) Two years back (d) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Four years back 1a Beginning of year balance (a) Prior years (b) Prior year (c) Two years back (d) Prevexems back (d) Four years back 1a Grants or scholarships -21, 770, 17, 561, 7, 979, 29, 456, -5, 590, 0 -5, 590, 0 1, 985, 588, 0 1, 985, 523, 297, 517, 198, 973, 1, 98, 973, 1, 98, 973, 1, 98, 973, 1, 98, 973, 1, 98, 973, 1,											
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Control year (c) Two years back (d) Three years back (e) Four years back 150,000 150,000 98,538 115,220 c c years back d: years back											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Contributions 150, 000. 150, 000. 98, 538. 115, 220. c Net investment earnings, gains, and losses -21, 770. 17, 561. 7, 979. 29, 456. -5, 690. d Grants or scholarships	e										
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior years (b) Two years back (c) Time years back (c) Funcy years back (c) Time years back	T O-								Vee		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back (f) Two years back (e) Four years back (f) Two years back		-					• • • • • • • • • • • • • • • • • • • •] INO
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 465,078. 297,517. 198,979. 169,523. 61,978. b Contributions 150,000. 150,000. 98,538. 115,220. c Net investment earnings, gains, and losses -21,770. 17,561. 7,979. 29,456. -5,690. d Grants or scholarships -21,770. 17,561. 7,979. 1,985. e Other expenditures for facilities -21,978. 297,517. 198,979. 169,523. g End of year balance 593,308. 465,078. 297,517. 198,979. 169,523. 2 Provide the estimated percentage of the current year end balance (line 19, column (a)) held as: Board designated or quasi-endowment -9% b Permanent endowment 100,000 % - Sa(i) X g Ind designated or quasi-endowment -9% - Sa(ii) X b Permatoun endowment 100,000											
1a Beginning of year balance 465,078. 297,517. 198,979. 169,523. 61,978. b Contributions 150,000. 150,000. 98,538. 115,220. c Net investment earnings, gains, and losses -21,770. 17,561. 7,979. 29,456. -5,690. d Grants or scholarships - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -								ars back	(e) Four	vears	back
b Contributions 150,000, 150,000, 98,538, 1115,220. c Net investment earnings, gains, and losses -21,770, 17,561, 7,979, 29,456, -5,690, 40,7979, 29,456, -5,690, 50,7979, 29,456, -5,690, 50,7979, 29,456, -5,690, 50,7979, 29,456, -5,690, 50,7979, 10,7979, 10,979, 10,979, 10,979, 10,979, 10,979, 10,979, 10,979, 10,979, 10,979, 10,979, 10,979, 10,979, 10,979, 10,979, 10,979, 10,975,23, 20,7078, 297,517, 198,979, 10,979, 10,952, 20,7078, 297,517, 198,979, 10,975,23, 20,7078, 297,517, 198,979, 10,9,523, 20,7078, 20,757, 10,98,979, 10,9,523, 20,7078, 20,757, 10,98,979, 10,9,523, 20,7078, 20,757, 10,98,979, 10,9,523, 20,7078, 20,757, 10,98,979, 10,9,523, 20,7078, 20,757, 10,98,979, 10,9,523, 20,7078, 20,757, 10,98,979, 10,9,523, 20,7078, 20,757, 10,98,979, 10,9,523, 20,7078, 20,757, 10,98,979, 10,9,523, 20,7078, 20,757, 10,98,979, 10,9,523, 20,7078, 20,757, 10,98,979, 10,9,523, 20,7078, 20,757, 10,98,979, 10,9,523, 20,7078, 20,757, 10,98,979, 10,9,523, 20,7078, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757, 20,757	19										
c Net investment earnings, gains, and losses -21,770, 17,561, 7,979, 29,456, -5,690, 0 d Grants or scholarships						, 		- ,		,	
d Grants or scholarships			,	-		<i>'</i>	2	9,456		,	
e Other expenditures for facilities and programs 7,979. f Administrative expenses 1,985. g End of year balance 593,308. 465,078. 297,517. 198,979. 169,523. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% % 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 (iii) Related organizations instead as required on Schedule R? (b) Cost or other (c) Accumulated (d) Book value (d) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Cost or other (e) Accumulated (d) Book value (d) Book value (d) Cost or other (e) Accumulated (f) Accumulated (f) Accumulated (f) Accumulated (f) Accumulated						, · · · · ·		/		/	
and programs 7,979. f Administrative expenses 1,985. g End of year balance 593,308. 465,078. 297,517. 198,979. 169,523. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		F									
f Administrative expenses 1,985. g End of year balance 593,308. 465,078. 297,517. 198,979. 169,523. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment 100.000 % * * c Term endowment 100.000 % * * c Term endowment 100.000 % * * * a Board designated or quasi-endowment % * * * * b Permanent endowment 100.000 % * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *	Ū				7	.979.					
g End of year balance 593,308. 465,078. 297,517. 198,979. 169,523. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % % % c Term endowment % % r He 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: Yes No (i) Unrelated organizations % 3a(i) X (ii) Related organizations % 3a(ii) X d Describe in Part XIII the intended uses of the organization's endowment funds.	f					, 				1.	985.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% mthe 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			593,308.	465,078.	297	,517.	19	8,979		169,	523.
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2		ent vear end balance	e (line 1a. column (a							
b Permanent endowment	а		,								
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 (iiii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Accumulated (d) Accumul	b		%	_							
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 (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Cost or other form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (i) (219, 436. <	с	Term endowment %									
organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3e 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b 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. (d) Book value Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 10,219,436. 10,219,436. 10,219,436. b Buildings 30,278. 6,328. 23,950. c Leasehold improvements 30,278. 6,328. 23,950. d Equipment 137,960. 53,892. 84,068. e Other 0ther 0ther 0ther		The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
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(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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) (c) Accumulated depreciation 1a Land 10,219,436. 10,219,436. b Buildings 30,278. 6,328. 23,950. c Leasehold improvements 137,960. 53,892. 84,068. e Other 0 0 0 0		organization by:								Yes	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 10,219,436. 10,219,436. b Buildings 30,278. 6,328. 23,950. c Leasehold improvements 137,960. 53,892. 84,068. e Other 0ther 0ther 0ther 0ther		(i) Unrelated organizations							. 3a(i)		
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 10,219,436. 10,219,436. 10,219,436. b Buildings 30,278. 6,328. 23,950. d Equipment 137,960. 53,892. 84,068.											X
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 10,219,436. 10,219,436. 10,219,436. b Buildings 30,278. 6,328. 23,950. d Equipment 137,960. 53,892. 84,068.	b	If "Yes" on line 3a(ii), are the related organization	ions listed as require	ed on Schedule 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) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 10,219,436. 10,219,436. 10,219,436. 10,219,436. b Buildings 30,278. 6,328. 23,950. c Leasehold improvements 137,960. 53,892. 84,068. e Other 10 10 10 10 10	4			wment funds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land10,219,436.10,219,436.10,219,436.b Buildings000c Leasehold improvements30,278.6,328.23,950.d Equipment137,960.53,892.84,068.e Other0000	Pai										
ta Land basis (investment) basis (other) depreciation 1a Land 10,219,436. 10,219,436. b Buildings 23,950. c Leasehold improvements 30,278. 6,328. 23,950. d Equipment 137,960. 53,892. 84,068.			1	1							
b Buildings 30,278. 6,328. 23,950. c Leasehold improvements 137,960. 53,892. 84,068. e Other 1100000000000000000000000000000000000		Description of property				• •			.,		
b Buildings 30,278. 6,328. 23,950. c Leasehold improvements 137,960. 53,892. 84,068. e Other 1100000000000000000000000000000000000	1a	Land		10,21	9,436.				LO <mark>,</mark> 21	9,4	36.
c Leasehold improvements 30,278. 6,328. 23,950. d Equipment 137,960. 53,892. 84,068. e Other 1100000000000000000000000000000000000											
d Equipment 137,960. 53,892. 84,068. e Other 1000000000000000000000000000000000000									2	3,9	50.
e Other				13	7,960.		53,89	2.	8	4,0	68.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)											
	Tota	Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part 2	X, column (B), line 1	0c.)				L0, <u>32</u>	7,4	54.

Schedule D (Form 990) 2022

(a) Departmention of accurity or actogory and a supervision of a construction of a c		e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		dda Oas Farm 000 Bast V line do	
Complete if the organization answered "Yes"			of your market yolyo
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a) I			
	Description		(b) Book value
(1)	Description		(b) Book value
(2)			(b) Book value
(2) (3)			(b) Book value
(2) (3) (4)			(b) Book value
(2) (3)			(b) Book value
(2) (3) (4) (5) (6)			(b) Book value
(2) (3) (4) (5) (6) (7)			(b) Book value
(2) (3) (4) (5) (6) (7) (8)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	a 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	a 15.)	e 11e or 11f. See Form 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (c) Previoting of lisk lite	a 15.)	e 11e or 11f. See Form 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (c) Presiding of lisk lite	a 15.)	e 11e or 11f. See Form 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5) (6) (7) (8) (9) (9) (0) (0) (0) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (0) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (0) (1) (2) (2) (2) (3) (4) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (1) (1) (2) (2) (2) (2) (2) (3) (3) (4) (2) (3) (4) (3) (4) (5) (6) (7) (8) (9) (7) (6) (7) (8) (9) (7) (6) (7) (8) (9) (7) (6) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7	a 15.)	e 11e or 11f. See Form 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes	a 15.)	e 11e or 11f. See Form 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2)	a 15.)	e 11e or 11f. See Form 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) Federal income taxes (2) (3)	a 15.)	e 11e or 11f. See Form 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	a 15.)	e 11e or 11f. See Form 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	a 15.)	9 11e or 11f. See Form 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·
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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

Sche	dule D (Form 990) 2022 VENTURA LAND TRUST			01-	0769456 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,733,883.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-56,885.		
b	Donated services and use of facilities	. 2b	12,304.		
с	Recoveries of prior year grants				
d			286,840.		
е	Add lines 2a through 2d			2e	242,259.
3	Subtract line 2e from line 1			3	1,491,624.
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	2,891.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	2,891.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,494,515.
_					
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater				
Pa		nents Wit			irn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wit ^{a.}	h Expenses per		
	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	nents Wit ^{a.}	h Expenses per	Retu	irn.
1	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 123 Total expenses and losses per audited financial statements	nents Wit a.	h Expenses per	Retu	irn.
1 2	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a. 2a	h Expenses per	Retu	irn.
1 2 a	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents Wit a. 2a 2b	h Expenses per	Retu	irn.
1 2 a b	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wit a. 2a 2b 2c	h Expenses per	Retu	ırn.
1 2 b c d	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	nents Wit a. 2a 2b 2c 2d	h Expenses per	Retu	1,586,274. 1,586,274. 12,304.
1 2 b c d	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	nents Wit a. 2a 2b 2c 2d	h Expenses per	1	ırn.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	nents Wit a. 2a 2b 2c 2d	h Expenses per	1 2e	1,586,274. 1,586,274. 12,304.
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	nents Wit a. 2a 2b 2c 2d	h Expenses per 12,304. 2,891.	1 2e	1,586,274. 1,586,274. 12,304.
1 2 6 6 8 3 4	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents Wit a. 2a 2b 2c 2d 2d	h Expenses per	1 2e	irn. 1,586,274. 12,304. 1,573,970.
1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	nents Wit a. 2a 2b 2c 2d 2d	h Expenses per 12,304. 2,891. 8,160.	1 2e	<pre>irn. 1,586,274. 12,304. 1,573,970. 11,051.</pre>
1 2 d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per 12,304. 2,891. 8,160.	1 2e 3	irn. 1,586,274. 12,304. 1,573,970.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 5:

THE	TERMS	OF	А	CONSERVATION	EASEMENT	CAN	BE	VIOLATED	BY	THE	LANDOWNER	OR	

A THIRD PARTY. IF AN EASEMENT IS VIOLATED, VLT'S OBJECTIVE IS TO RESTORE

COMPLIANCE WITH THE TERMS OF THE EASEMENT AND ENDURE THE PERPETUAL

PROTECTION OF THE PROPERTY'S CONSERVATION VALUES WITH THE GREATEST DEGREE

OF COOPERATION FROM THE LANDOWNER AND THE LEAST EXPENSE TO BOTH THE

LANDOWNER AND VLT.

PART II, LINE 9:

THERE ARE NO REVENUES AND LIMITED STAFF TIME ASSOCIATED WITH THE EASEMENT.

NO EXPENSES WERE ALLOCATED. AS SUCH, THERE IS NO FINANCIAL INFORMATION

REFLECTED ON EITHER THE STATEMENT OF ACTIVITIES OR STATEMENT OF FINANCIAL

01-0769456 Page 4

POSITION.

PART V, LINE 4:

VLT'S ENDOWMENT CONSISTS OF RESTRICTED FUNDS ESTABLISHED TO SUPPORT

OPERATIONS.

PART X, LINE 2:

FINANCIAL ACCOUNTING STANDARDS BOARD'S ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, PRESCRIBES A THRESHOLD FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. VLT FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN THE STATE OF CALIFORNIA. VLT'S TAX RETURNS FROM THE YEAR 2019 TO THE PRESENT REMAIN SUBJECT TO EXAMINATION BY THE IRS FOR FEDERAL TAX PURPOSES, AND THE TAX YEARS FROM 2018 TO THE PRESENT REMAIN SUBJECT TO EXAMINATION BY THE STATE OF CALIFORNIA. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS FOR ALL JURISDICTIONS IN WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN AND HAS DETERMINED THAT VLT HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. VLT IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME, EXCISE OR OTHER TAXES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PRIOR YEAR ADJUSTMENT	295,000.
EXPENSES RELATED TO PROGRAM EVENTS	-8,160.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	286,840.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES RELATED TO PROGRAM EVENTS

SCHEDULE G	Suppleme	ntal Info	rmation Re	garding	Fun	drais	ing or Gaming	Acti	vities	OMB N	lo. 1545-0047
(Form 990)		the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022		
Department of the Treasury Internal Revenue Service			Attach to F	orm 990 o	or Forr	m 990	,	on.			n to Public ection
Name of the organization	n										ation number
Dout L Frindric	VENTURA								01-076		
	complete this par		if the organiza	tion answe	ered "Y	es" oi	n Form 990, Part IV,	line 1	7. Form 990	-EZ filers	s are not
 Indicate whether the a Mail solicitate b Internet and c Phone solicitate d In-person social a Did the organization key employees listed b If "Yes," list the 1000 	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events										
(i) Name and addres or entity (fund			(ii) Activity		have custody		(iv) Gross receipts from activity	fundraiser to (or retained		Amount paid or retained by) rganization	
					Yes	No					
Total											
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.											

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 6D. List	events with gross recei	ipts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WILD &	DOLL HOUSE	NONE	(add col. (a) through
			SCENIC FILM	CONCERT		
۵			(event type)	(event type)	(total number)	– col. (c))
ñu						
Revenue	1	Gross receipts	80,126.	4,309.		84,435.
۳			F1 F22	4 200		EC 040
	2	Less: Contributions	71,733.	4,309.		76,042.
	3	Gross income (line 1 minus line 2)	8,393.			8,393.
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
sense	6	Rent/facility costs	13,670.	1,259.		14,929
Direct Expenses	7	Food and beverages	12,702.	1,998.		14,700
ā	8	Entertainment	3,074.	350.		3,424.
	9	Other direct expenses	17,669.	409.		18,078.
	10	51,131.				
	11	-42,738				
Pa		Net income summary. Subtract line 10 from li II Gaming. Complete if the organization				-
		\$15,000 on Form 990-EZ, line 6a.				
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)

		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3					
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	└── Yes % └── No	Yes%	└── Yes % └── No	
7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
Ent	ter the state(s) in which the organization condu	icts gaming activities:			
ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		
	· · · · ·				
		evoked, suspended, or te	erminated during the tax	year?	Yes No
	3 4 5 7 8 En ⁻ Is t If "	 2 Cash prizes	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these If "No," explain:	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:	1 Gross revenue

Scł	nedule G (Form 990) 2022 VENTURA LAND TRUST 01	-076	9456	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:		163	
		13a	.1	%
	a The organization's facility		-	%
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:		<u>'</u>	70
	Name			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
	 b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: 	t		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 		Yes	□ No
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III,	lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Part IV	Supplemental information	(continuea)		

SCHE	DU	LE	0
(Form	aan)	

orm 990 (г

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Employer identification number 01-0769456

VENTURA LAND TRUST

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

THE 990 IS DISTRIBUTED ELECTRONICALLY PRIOR TO A REGULAR MEETING OF THE

BOARD OF TRUSTEES, AND A REVIEW OF THE DOCUMENT IS CONDUCTED AT THAT

MEETING.

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

TRUSTEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY

ANNUALLY. THE FULL CONFLICT OF INTEREST POLICY IS REVIEWED AND REVISED

PERIODICALLY.

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

THE EXECUTIVE COMMITTEE STUDIES THE COMPENSATION LEVELS, MAKES

RECOMMENDATIONS TO THE BOARD OF TRUSTEES, AND THE TRUSTEES APPROVE THE

COMPENSATION BY VOTE

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

THE ORGANIZATION MAKES ITS FINANCIAL INFORMATION AVAILABLE THROUGH ITS FORM

990, WHICH IS AVAILABLE TO THE PUBLIC. OTHER INFORMATION IS NOT MADE

PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE IN ASSETS HELD BY OTHERS

-41,565.