

Return of Organization Exempt from Income Tax

2003

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2003 calendar year, or tax year beginning 10/01, 2003, and ending 9/30, 2004

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions.

AGRICULTURE AND LAND-BASED TRAINING ASSOCIATION 1700 OLD STAGE ROAD SALINAS, CA 93915

D Employer Identification Number

77-0566055

E Telephone number

831-758-1469

F Accounting method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? Yes No

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes No

(If 'No,' attach a list. See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: N/A

J Organization type (check only one): 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Group Exemption Number

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 4,320,551.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes revenue from contributions, program services, and expenses.

SCANNED APR 13 2005

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc.	25 80,421.	25 72,379.	25 8,042.	
26	Other salaries and wages	26 338,572.	26 306,925.	26 31,647.	
27	Pension plan contributions	27			
28	Other employee benefits	28 44,152.	28 27,108.	28 17,044.	
29	Payroll taxes	29 35,565.	29 29,961.	29 5,604.	
30	Professional fundraising fees	30			
31	Accounting fees	31 18,665.	31 6,595.	31 12,070.	
32	Legal fees	32 2,264.		32 2,264.	
33	Supplies	33			
34	Telephone	34 13,182.	34 10,074.	34 3,108.	
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37 5,092.	37 5,052.	37 40.	
38	Printing and publications	38			
39	Travel	39 10,133.	39 7,253.	39 2,880.	
40	Conferences, conventions, and meetings	40 858.	40 530.	40 328.	
41	Interest	41 20,364.	41 20,364.		
42	Depreciation, depletion, etc (attach schedule)	42 58,629.		42 58,629.	
43	Other expenses not covered above (itemize):				
a	See Statement 2	43a 398,081.	43a 338,699.	43a 59,382.	
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	44 1,025,978.	44 824,940.	44 201,038.	44 0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? See Statement 3
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

a	See Statement 4		
	(Grants and allocations \$ _____)		824,940.
b			
	(Grants and allocations \$ _____)		
c			
	(Grants and allocations \$ _____)		
d			
	(Grants and allocations \$ _____)		
e	Other program services (Grants and allocations \$ _____)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		824,940.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non-interest-bearing	57,051.	45	56,015.	
	46 Savings and temporary cash investments	163,533.	46		
	47a Accounts receivable.	47a 83,871.			
	b Less: allowance for doubtful accounts.	47b	23,420.	47c 83,871.	
	48a Pledges receivable.	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable		205,262.	49	111,083.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch).	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges.			53	
	54 Investments — securities (attach schedule)			54	
	55a Investments — land, buildings, & equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b		55c	
	56 Investments — other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	57a 5,225,457.			
	b Less: accumulated depreciation (attach schedule)	57b 117,541.	1,403,736.	57c	5,107,916.
	58 Other assets (describe ▶ See Statement 6)		310,294.	58	3,546.
59 Total assets (add lines 45 through 58) (must equal line 74)		2,163,296.	59	5,362,431.	
LIABILITIES	60 Accounts payable and accrued expenses	157,970.	60	59,176.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		257,720.	64b	240,888.
	65 Other liabilities (describe ▶ See Statement 7)		13,884.	65	39,822.
66 Total liabilities (add lines 60 through 65)		429,574.	66	339,886.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	1,571,315.	67	5,009,180.	
	68 Temporarily restricted	162,407.	68	13,365.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		1,733,722.	73	5,022,545.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		2,163,296.	74	5,362,431.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	4,314,801.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify)		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	4,314,801.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	4,314,801.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,025,978.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify)		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,025,978.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,025,978.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 8		80,421.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If 'Yes,' attach schedule - see instructions.

Part VII Other Information (See instructions)

Form 990 (2003) Part VII Other Information. Questions 76 through 92 regarding organizational activities, financials, and tax status. Includes fields for 'Yes', 'No', and numerical/percentage answers.

Part VII Analysis of Income-Producing Activities (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a LAND, EQUIP, WATER RE		149,082.			
b OTHER INCOME		23,341.			
c PRODUCE SALES		191,598.			
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-750.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		364,021.			-750.
105 Total (add line 104, columns (B), (D), and (E))					363,271.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
9	See Statement 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Sign: *[Signature]* Date: 3/24/05
Executive Director

Date: 2-17-05 Check if self- Preparer's SSN or PTIN (see General Instruction W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information — (See separate instructions.)

OMB No 1545-0047

2003

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization **AGRICULTURE AND LAND-BASED TRAINING
ASSOCIATION**

Employer identification number
77-0566055

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
PATRICK TROY				
861 DAVID, MONTEREY CA 93940	40	52,500.	0.	0.

Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . ▶ \$ <u> N/A </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶**
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3))

Provide the following information about the supported organizations. (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)...	1,898,710.	602,882.	248,295.		2,749,887.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 10	220,531.	81,189.			301,720.
23 Total of lines 15 through 22	2,119,241.	684,071.	248,295.		3,051,607.
24 Line 23 minus line 17	2,119,241.	684,071.	248,295.		3,051,607.
25 Enter 1% of line 23	21,192.	6,841.	2,483.		

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	N/A	26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts			26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)			26c
d Add: Amounts from column (e) for lines:	18 _____	19 _____	26d
	22 _____	26b _____	
e Public support (line 26c minus line 26d total)			26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			26f %

27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:	(2002) 0.	(2001) 0.	(2000) 0.	(1999) 0.
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2002) 0.	(2001) 0.	(2000) 0.	(1999) 0.	
c Add: Amounts from column (e) for lines:	15 2,749,887.	16 _____	27c 2,749,887.		
	17 _____	20 _____	21 _____		
d Add: Line 27a total	0.	and line 27b total	0.		
e Public support (line 27c total minus line 27d total)			27e 2,749,887.		
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)			27f 3,051,607.		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))			27g 90.11 %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			27h 0. %		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
32a	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table —			
If the amount on line 40 is — The lobbying nontaxable amount is —			
Not over \$500,000.	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h .)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Other Assets

Description:	INTERNATIONAL REEFER TRK		
Date Acquired:	4/01/2003		
How Acquired:	Purchase		
Date Sold:	6/30/2004		
To Whom Sold:			
Gross Sales Price:	5,000.		
Cost or Other Basis:	7,500.		
Depreciation:	1,750.		
		Gain (Loss)	-750.

Total Gain (Loss) Other Assets \$ -750.

Total Net Gain (Loss) From Noninventory Sales \$ -750.

Statement 2
Form 990, Part II, Line 43
Other Expenses

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management & General</u>	(D) <u>Fundraising</u>
COMMUNICATION	1,492.	518.	974.	
CONSERVATION COSTS	3,769.	3,769.		
CONTRACTUAL SERVICES	59,929.	55,642.	4,287.	
DEMONSTRATION PLOTS	2,607.	2,607.		
E.Q.U.I.P. EXPENSE	6,401.	6,401.		
FARM STIPEND	365.	365.		
FUEL	11,309.	11,309.		
INSURANCE	42,496.	2,932.	39,564.	
MARKETING COSTS	142,556.	142,556.		
MEMBERSHIP	1,315.	135.	1,180.	
OFFICE	7,047.	3,215.	3,832.	
ORGANIC CERTIFICATION	465.	465.		
PARTICIPANT SUPPLIES	725.	725.		
PERMITS AND FEES	11,556.	5,458.	6,098.	
PROPERTY TAX	17,363.	17,363.		
PUBLICATIONS	220.	192.	28.	
RENT	5,731.	5,731.		
REPAIRS & MAINTENANCE	8,096.	8,003.	93.	
RESTORATION	1,785.	1,785.		
SUPPLIES & MATERIALS	15,563.	13,257.	2,306.	
TRAINING & EDUCATION	16,118.	15,908.	210.	
UTILITIES	40,154.	39,759.	395.	
VEHICLE MAINTENANCE & REG	1,019.	604.	415.	
Total	\$ <u>398,081.</u>	\$ <u>338,699.</u>	\$ <u>59,382.</u>	\$ <u>0.</u>

Client 31035

**AGRICULTURE AND LAND-BASED TRAINING
ASSOCIATION**

77-0566055

**Statement 3
Form 990, Part III
Organization's Primary Exempt Purpose**

TO CONTRIBUTE TO THE IMPROVEMENT OF THE EDUCATIONAL, CULTURAL, ECONOMIC AND SOCIAL CONDITION OF LOW-INCOME RESIDENTS AND COMMUNITIES OF THE CENTRAL COAST OF CALIFORNIA.

**Statement 4
Form 990, Part III, Line a
Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
RURAL DEVELOPMENT CENTER (RDC) - THE RDC IS A 110-ACRE FARM THAT OFFERS FARM WORKERS, SMALL FARMERS, AND LOW-INCOME PEOPLE IN CALIFORNIA'S CENTRAL COAST ACCESS TO LAND, EQUIPMENT AND WATER TO LEARN AND PRACTICE FARMING WHILE BECOMING GREATER STEWARDS OF THE LAND.		179,760.
FARMER TRAINING AND RESEARCH CENTER (FTRC) - THE FTRC SERVES AS A DEMONSTRATION AND RESEARCH SITE FOR UNIVERSITY INVESTIGATORS AND CONCERNED COMMUNITY WATERSHED GROUPS. ALBA WORKS WITH OTHER NON-PROFITS AND GOVERNMENT AGENCIES TO PRESERVE AND SHARE AN INTEREST IN FARMING FROM ONE GENERATION TO ANOTHER THAT HERALDS CONSERVATION AND STEWARDSHIP OF THE LOCAL NATURAL RESOURCES.		227,602.
TRAINING PROGRAM		190,962.
ALBA ORGANICS		226,616.
	<u>\$ 0.</u>	<u>\$ 824,940.</u>

**Statement 5
Form 990, Part IV, Line 57
Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 20,312.	\$ 9,154.	\$ 11,158.
Machinery and Equipment	186,232.	86,178.	100,054.
Improvements	5,018,913.	22,209.	4,996,704.
Total	<u>\$ 5,225,457.</u>	<u>\$ 117,541.</u>	<u>\$ 5,107,916.</u>

Statement 6
Form 990, Part IV, Line 58
Other Assets

DEPOSIT	\$ 3,546.
Total	<u>\$ 3,546.</u>

Statement 7
Form 990, Part IV, Line 65
Other Liabilities

ACCRUED LIABILITIES	\$ 22,215.
CURRENT PORTION LT DEBT.	3,948.
FARMER RENTAL DEPOSITS.....	13,658.
Rounding.....	1.
Total	<u>\$ 39,822.</u>

Statement 8
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
ED MONCRIEF 217 OAK STREET SALINAS, CA 93901	Chairperson 5/MONTH	\$ 0.	\$ 0.	\$ 0.
HERB AARONS 221 MAIN STREET, SUITE 201 SALINAS, CA 93901	Vicechairperson 5/MONTH	0.	0.	0.
VIVIAN SOFFA P.O. BOX 7553 SPRECKELS, CA 93962	Treasurer 3/MONTH	0.	0.	0.
HECTOR DE LA ROSA 117 INCA DRIVE SOLEDAD, CA 93960	Secretary 5/MONTH	0.	0.	0.
ANA RUVALCABA 1122 SAN MIGUEL CANYON ROAD WATSONVILLE, CA 95076	Board Member 3/MONTH	0.	0.	0.
CHRIS ZACHARIADAS 6741 DEER SPRING LANCE MIDDLETOWN, MD 21769	Board Member 3/MONTH	0.	0.	0.
JOHN ZIPPERT P.O. BOX 95 EPES, AL 35460	Board Member 3/MONTH	0.	0.	0.

Statement 8 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
JOSE LUIS FERNANDEZ 156 HOMESTEAD AVENUE SALINAS, CA 93915	Director 40/WK 5 MOS.	\$ 0.	\$ 0.	\$ 0.
BRETT MELONE 1700 OLD STAGE ROAD SALINAS, CA 93915	Executive Direc 40/WK 5 MOS.	80,421.	0.	0.
JOSE RAMREZ P.O. BOX 1040 GREENFIELD, CA 93901	BOARD MEMBER 3/MONTH	0.	0.	0.
Total		\$ 80,421.	\$ 0.	\$ 0.

Statement 9
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93	AT THE END OF THE SMALL FARM EDUCATION PROGRAM, PARTICIPANTS CONTINUE TO LEARN BY FARMING INDIVIDUAL FARM PARCELS AT THE RURAL DEVELOPMENT CENTER. LAND, FARM EQUIPMENT AND IRRIGATION WATER ARE AVAILABLE AT SUBSIDIZED RATES. THE PARTICIPANTS RECEIVE TECHNICAL ASSISTANCE THROUGH ONGOING EDUCATIONAL PROGRAMS WHILE THEY FARM THESE PARCELS FOR THREE YEARS.

Statement 10
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
LAND, EQUIP, WATER RENTS	\$ 94,371.	\$ 80,050.	\$ 0.	\$ 0.	\$ 174,421.
PRODUCE SALES	116,754.	0.	0.	0.	116,754.
OTHER INCOME	9,406.	1,139.	0.	0.	10,545.
Total	\$ 220,531.	\$ 81,189.	\$ 0.	\$ 0.	\$ 301,720.

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization		Employer identification number
	AGRICULTURE AND LAND-BASED TRAINING ASSOCIATION		77-0566055
	Number, street, and room or suite number If a P O box, see instructions		
	1700 OLD STAGE ROAD		state ZIP code
City, town or post office. For a foreign address, see instructions		SALINAS, CA 93915	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

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

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 5/15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20____ or
- ▶ tax year beginning 10/01, 20 03, and ending 9/30, 20 04.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period


3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title CFO Date 02/14/05

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12-2000)