

Form 8879-TE

IRS E-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2024

Name of filer THE GAMBLE FOUNDATION  
C/O LJ TRUST COMPANY LLCEIN or SSN  
94-1680503Name and title of officer or person subject to tax GREG T PRICE  
PRESIDENT

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b 14,766.
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

## PIN: check one box only

☒ I authorize ANDERSEN TAX LLC to enter my PIN 94104  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

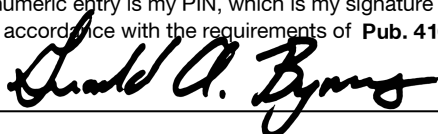
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

94264894105

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature



Date 11/7/2025

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2024)

## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990PF](https://www.irs.gov/Form990PF) for instructions and the latest information.

2024

Open to Public Inspection

For calendar year 2024 or tax year beginning , and ending

Name of foundation <b>THE GAMBLE FOUNDATION C/O LJ TRUST COMPANY LLC</b>		A Employer identification number <b>94-1680503</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>6900 S. MCCARRAN BLVD, SUITE 3040</b>	Room/suite	B Telephone number <b>(775) 328-7020</b>
City or town, state or province, country, and ZIP or foreign postal code <b>RENO, NV 89509</b>		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 33,706,748.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received .....				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....				
	4 Dividends and interest from securities .....	690,776.	687,441.		STATEMENT 1
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....	407,126.			
	b Gross sales price for all assets on line 6a .....	2,525,530.			
	7 Capital gain net income (from Part IV, line 2) .....		407,126.		
	8 Net short-term capital gain .....			N/A	
	9 Income modifications .....				
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold ...					
c Gross profit or (loss) .....					
11 Other income .....					
12 Total. Add lines 1 through 11 .....	1,097,902.	1,094,567.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc. ....	4,000.	0.	0.	4,000.
	14 Other employee salaries and wages .....				
	15 Pension plans, employee benefits .....				
	16a Legal fees .....	STMT 2 6,080.	3,040.	0.	3,040.
	b Accounting fees .....	STMT 3 5,600.	2,800.	0.	2,800.
	c Other professional fees .....	STMT 4 95,847.	0.	0.	95,847.
	17 Interest .....	714.	0.	0.	0.
	18 Taxes .....	STMT 5 18,282.	0.	0.	282.
	19 Depreciation and depletion .....				
	20 Occupancy .....				
	21 Travel, conferences, and meetings .....	1,175.	0.	0.	1,175.
	22 Printing and publications .....				
	23 Other expenses .....	STMT 6 59,121.	26,390.	0.	32,731.
	24 Total operating and administrative expenses. Add lines 13 through 23 .....	190,819.	32,230.	0.	139,875.
	25 Contributions, gifts, grants paid .....	1,455,000.			1,455,000.
26 Total expenses and disbursements. Add lines 24 and 25 .....	1,645,819.	32,230.	0.	1,594,875.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-547,917.				
b Net investment income (if negative, enter -0-) .....		1,062,337.			
c Adjusted net income (if negative, enter -0-) .....			0.		

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>THE GAMBLE FOUNDATION C/O LJ TRUST COMPANY LLC</b>	Taxpayer identification number (TIN)  <b>94-1680503</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6900 S. MCCARRAN BLVD, SUITE 3040</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RENO, NV 89509</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **LJ TRUST COMPANY**  
**6900 S. MCCARRAN BLVD, SUITE 3040 - RENO, NV 89509**

Telephone No. **(775) 328-7020** Fax No. \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 **24** or  
☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>32,084.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>16,084.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>16,000.</b>

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

Form **8868** (Rev. 1-2025)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing .....		115,638.	79,278.	79,278.
	2	Savings and temporary cash investments .....				
	3	Accounts receivable .....				
		Less: allowance for doubtful accounts .....				
	4	Pledges receivable .....				
		Less: allowance for doubtful accounts .....				
	5	Grants receivable .....				
	6	Receivables due from officers, directors, trustees, and other disqualified persons .....				
	7	Other notes and loans receivable .....				
		Less: allowance for doubtful accounts .....				
	8	Inventories for sale or use .....				
	9	Prepaid expenses and deferred charges .....				
	10a	Investments - U.S. and state government obligations .....				
	b	Investments - corporate stock .....				
	c	Investments - corporate bonds .....				
	11	Investments - land, buildings, and equipment: basis .....				
	Less: accumulated depreciation .....					
12	Investments - mortgage loans .....					
13	Investments - other .....	STMT 7	8,533,731.	8,022,149.	33,627,470.	
14	Land, buildings, and equipment: basis .....					
	Less: accumulated depreciation .....					
15	Other assets (describe DEFER TAX LOSS ) .....		82,934.	82,934.	0.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) .....		8,732,303.	8,184,361.	33,706,748.	
Liabilities	17	Accounts payable and accrued expenses .....				
	18	Grants payable .....				
	19	Deferred revenue .....				
	20	Loans from officers, directors, trustees, and other disqualified persons .....				
	21	Mortgages and other notes payable .....				
	22	Other liabilities (describe ) .....				
23	Total liabilities (add lines 17 through 22) .....		0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 24, 25, 29, and 30.					
	24	Net assets without donor restrictions .....				
	25	Net assets with donor restrictions .....				
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 26 through 30.					
	26	Capital stock, trust principal, or current funds .....		3,574,668.	3,574,668.	
	27	Paid-in or capital surplus, or land, bldg., and equipment fund .....		0.	0.	
	28	Retained earnings, accumulated income, endowment, or other funds ...		5,157,635.	4,609,693.	
	29	Total net assets or fund balances .....		8,732,303.	8,184,361.	
30	Total liabilities and net assets/fund balances .....		8,732,303.	8,184,361.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) .....	1	8,732,303.
2	Enter amount from Part I, line 27a .....	2	-547,917.
3	Other increases not included in line 2 (itemize) .....	3	0.
4	Add lines 1, 2, and 3 .....	4	8,184,386.
5	Decreases not included in line 2 (itemize) TIMING DIFFERENCE .....	5	25.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	8,184,361.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES					
b PUBLICLY TRADED SECURITIES					
c					
d					
e					
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 390,000.			389,978.	22.	
b 2,135,530.			1,728,426.	407,104.	
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				22.	
b				407,104.	
c					
d					
e					
2 Capital gain net income or (net capital loss)			2		407,126.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8			3		22.

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	14,766.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	14,766.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	14,766.
6 Credits/Payments:			
a 2024 estimated tax payments and 2023 overpayment credited to 2024	6a	16,084.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	16,000.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d		7	32,084.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	17,318.
11 Enter the amount of line 10 to be: Credited to 2025 estimated tax 17,318. Refunded		11	0.

Part VI-A

Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
1a				X
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			X
1c	Did the foundation file Form 1120-POL for this year?			X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
4b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. CA			
8b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	X	
14	The books are in care of LJ TRUST COMPANY Telephone no. (775) 328-7020 Located at 6900 S. MCCARRAN BLVD, SUITE 3040, RENO, NV ZIP+4 89509			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	15		N/A
16	At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		Yes	No
		16		X

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	1b	X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2024? .....	1d	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024? .....	2a	X
If "Yes," list the years _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2024 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2024.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2024? .....	4b	X

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**Part VI-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)	X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)	X
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)	X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)	X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)	X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b	N/A
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here		
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? See instructions	5d	N/A
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a	X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	X
If "Yes" to 6b, file Form 8870.		
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a	X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	N/A
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	8	X

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation.

(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, other allowances
SEE STATEMENT 8		4,000.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If 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, other allowances
NONE				

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



Part VII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3

Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person 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 VIII-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1N/A	
2	
3	
4	

Part VIII-B

Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0.

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities .....	<b>1a</b>	33,326,887.
<b>b</b>	Average of monthly cash balances .....	<b>1b</b>	280,455.
<b>c</b>	Fair market value of all other assets (see instructions) .....	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) .....	<b>1d</b>	33,607,342.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets .....	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d .....	<b>3</b>	33,607,342.
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	<b>4</b>	504,110.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	<b>5</b>	33,103,232.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	<b>6</b>	1,655,162.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part IX, line 6 .....	<b>1</b>	1,655,162.
<b>2a</b>	Tax on investment income for 2024 from Part V, line 5 .....	<b>2a</b>	14,766.
<b>b</b>	Income tax for 2024. (This does not include the tax from Part V.) .....	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b .....	<b>2c</b>	14,766.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 .....	<b>3</b>	1,640,396.
<b>4</b>	Recoveries of amounts treated as qualifying distributions .....	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4 .....	<b>5</b>	1,640,396.
<b>6</b>	Deduction from distributable amount (see instructions) .....	<b>6</b>	0.
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	<b>7</b>	1,640,396.

**Part XI Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	<b>1a</b>	1,594,875.
<b>b</b>	Program-related investments - total from Part VIII-B .....	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) .....	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) .....	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	<b>4</b>	1,594,875.

Form 990-PF (2024)

**Part XII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7 .....				1,640,396.
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only .....			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019 .....				
b From 2020 .....				
c From 2021 .....				
d From 2022 ..... 84,454.				
e From 2023 ..... 12,492.				
f Total of lines 3a through e ..... 96,946.				
4 Qualifying distributions for 2024 from Part XI, line 4: \$ 1,594,875.				
a Applied to 2023, but not more than line 2a ...			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions) .....	0.			
d Applied to 2024 distributable amount .....				1,594,875.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).) .....	45,521.			45,521.
6 Enter the net total of each column as indicated below:	51,425.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....				
b Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025 .....				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....	0.			
8 Excess distributions carryover from 2019 not applied on line 5 or line 7 .....	0.			
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a .....	51,425.			
10 Analysis of line 9:				
a Excess from 2020 ...				
b Excess from 2021 ...				
c Excess from 2022 ..... 38,933.				
d Excess from 2023 ..... 12,492.				
e Excess from 2024 ...				

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling .....

b Check box to indicate whether the foundation is a private operating foundation described in section ..... ☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed .....

Tax year	Prior 3 years			(e) Total
	(a) 2024	(b) 2023	(c) 2022	(d) 2021
b 85% (0.85) of line 2a .....				
c Qualifying distributions from Part XI, line 4, for each year listed .....				
d Amounts included in line 2c not used directly for active conduct of exempt activities .....				
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c .....				
3 Complete 3a, b, or c for the alternative test relied upon:				
a "Assets" alternative test - enter:				
(1) Value of all assets .....				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) ..				
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed .....				
c "Support" alternative test - enter:				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) .....				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) .....				
(3) Largest amount of support from an exempt organization .....				
(4) Gross investment income .....				

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)****1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**SEE STATEMENT 9**

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**NONE****2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

MELISSA MORAZAN, (415) 561-6540  
1660 BUSH STREET, SUITE 1600, SAN FRANCISCO, CA 94109

b The form in which applications should be submitted and information and materials they should include:

**LETTER OF REQUEST**

c Any submission deadlines:

**NO**

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**CHARITABLE ORGANIZATIONS**

Part XIV

Supplementary Information

(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
THE GF FUND 6900 S. MCCARRAN BLVD SUITE 3040 RENO, NV 89509		PC	GENERAL PURPOSE	305,000.
SUSTAINABLE CONSERVATION 98 BATTERY STREET SUITE 302 SAN FRANCISCO, CA 94111		PC	GENERAL PURPOSE	50,000.
MODOC NATION 22 N EIGHT TRIBES TRL MIAMI, OK 94354		PC	GENERAL PURPOSE	30,000.
COMMUNITY MOVEMENT BUILDERS, INC. 3175 SULLIVAN RD SEBASTOPOL, GA 95472		PC	GENERAL PURPOSE	30,000.
CENTER FOR LAND-BASED LEARNING 40140 BEST RANCH ROAD WOODLAND, CA 95776		PC	GENERAL PURPOSE	50,000.
<b>Total</b>	SEE CONTINUATION SHEET(S)			1,455,000.
<b>b</b> Approved for future payment				
NONE				
<b>Total</b>				0.



<b>Part XVI</b>	<b>Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations</b>
-----------------	--

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash .....	<b>1a(1)</b>	<b>X</b>
	(2) Other assets .....	<b>1a(2)</b>	<b>X</b>
<b>b</b>	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization .....	<b>1b(1)</b>	<b>X</b>
	(2) Purchases of assets from a noncharitable exempt organization .....	<b>1b(2)</b>	<b>X</b>
	(3) Rental of facilities, equipment, or other assets .....	<b>1b(3)</b>	<b>X</b>
	(4) Reimbursement arrangements .....	<b>1b(4)</b>	<b>X</b>
	(5) Loans or loan guarantees .....	<b>1b(5)</b>	<b>X</b>
	(6) Performance of services or membership or fundraising solicitations .....	<b>1b(6)</b>	<b>X</b>
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....	<b>1c</b>	<b>X</b>
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below? See instr. <input checked="checked" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Signature of officer or trustee	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px; text-align: center;">PRESIDENT</div> Title	

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GERALD A. BYRNES				P02196725
	Firm's name ANDERSEN TAX LLC				Firm's EIN 33-1197384
	Firm's address 333 BUSH STREET, SUITE 1700 SAN FRANCISCO, CA 94104				Phone no. (415) 764-2700

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CALIFORNIA RANGELAND TRUST 1225 H STREET SACRAMENTO, CA 95814		PC	GENERAL PURPOSE	10,000.
RIVER PARTNERS 580 VALLOMBROSA AVENUE CHICO, CA 95926		PC	GENERAL PURPOSE	50,000.
CLEAR LAKE ENVIRONMENTAL RESEARCH CENTER PO BOX 636 LAKEPORT, CA 95453		PC	GENERAL PURPOSE	15,000.
CULTURAL CONSERVANCY SACRED LAND FOUNDATION PO BOX 29044 SAN FRANCISCO, CA 94129-0044		PC	GENERAL PURPOSE	50,000.
AUDUBON CANYON RANCH INC. PO BOX 577 STINSON BEACH, CA 94970		PC	GENERAL PURPOSE	50,000.
MENDOCINO COUNTY RESOURCE CONSERVATION DISTRICT 410 JONES STREET SUITE C-3 UKIAH, CA 95482		PC	GENERAL PURPOSE	60,000.
EARTH ISLAND INSTITUTE 2150 ALLSTON WAY SUITE 460 BERKELEY, CA 94704		PC	GENERAL PURPOSE	60,000.
SONOMA RESOURCE CONSERVATION DISTRICT 1221 FARMERS LANE SUITE F SANTA ROSA, CA 95405		PC	GENERAL PURPOSE	50,000.
LAKE COUNTY RESOURCE CONSERVATION DISTRICT 889 LAKEPORT BLVD LAKEPORT, CA 95453-5405		PC	GENERAL PURPOSE	40,000.
URBAN TILTH 323 BROOKSIDE DRIVE RICHMOND, CA 94801		PC	GENERAL PURPOSE	40,000.
<b>Total from continuation sheets</b>				<b>990,000.</b>



**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KISS THE GROUND PO BOX 515381 PMB 63508 LOS ANGELES, CA 90051-6681		PC	GENERAL PURPOSE	15,000.
WILD FARM ALLIANCE PO BOX 2570 WATSONVILLE, CA 95077		PC	GENERAL PURPOSE	20,000.
THE UNIVERSITY FOUNDATION CALIFORNIA STATE UNIVERSITY CHICO 25 MAIN ST UNIT 203 CHICO, CA 95928-5388		PC	GENERAL PURPOSE	15,000.
GOLD RIDGE RESOURCE CONSERVATION DISTRICT 2776 SULLIVAN ROAD SEBASTOPOL, CA 95472		PC	GENERAL PURPOSE	50,000.
FARM TO GROW, INC. P.O. BOX 10504 OAKLAND, CA 94610		PC	GENERAL PURPOSE	60,000.
NAPA COUNTY RESOURCE CONSERVATION DISTRICT 1303 JEFFERSON ST. SUITE 500B NAPA, CA 94559		PC	GENERAL PURPOSE	40,000.
TRIBAL ECO RESTORATION ALLIANCE P.O. BOX 271 POTTER VALLEY, CA 95469		PC	GENERAL PURPOSE	60,000.
CALIFORNIA FARMLINK 335 SPRECKELS DRIVE SUITE F APTOS, CA 95003		PC	GENERAL PURPOSE	60,000.
AMAH MUTSUN LAND TRUST 2460 17TH AVE #1019 SANTA CRUZ, CA 95062-1860		PC	GENERAL PURPOSE	35,000.
COMMUNITY ALLIANCE WITH FAMILY FARMER FOUNDATION PO BOX 363 DAVIS, CA 95617		PC	GENERAL PURPOSE	50,000.
Total from continuation sheets .....				

94-1680503

### 3 Grants and Contributions Paid During the Year (Continuation)

Total from continuation sheets

FORM 990-PF		DIVIDENDS AND INTEREST FROM SECURITIES			STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB #2318	690,776.	0.	690,776.	687,441.	0.
TO PART I, LINE 4	690,776.	0.	690,776.	687,441.	0.

FORM 990-PF		LEGAL FEES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	6,080.	3,040.	0.	3,040.	
TO FM 990-PF, PG 1, LN 16A	6,080.	3,040.	0.	3,040.	

FORM 990-PF		ACCOUNTING FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	5,600.	2,800.	0.	2,800.	
TO FORM 990-PF, PG 1, LN 16B	5,600.	2,800.	0.	2,800.	

FORM 990-PF		OTHER PROFESSIONAL FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
GRANT SELECTION SERVICES	48,328.	0.	0.	48,328.	
PROFESSIONAL FEES	47,519.	0.	0.	47,519.	
TO FORM 990-PF, PG 1, LN 16C	95,847.	0.	0.	95,847.	

## FORM 990-PF

## TAXES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER TAXES AND LICENSES	282.	0.	0.	282.
PRIOR YEAR FEDERAL TAXES PAID IN CURRENT YEAR	18,000.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	18,282.	0.	0.	282.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE	1,190.	1,190.	0.	0.
INVESTMENT MANAGEMENT SERVICES	25,200.	25,200.	0.	0.
ADMINISTRATIVE SERVICES	20,339.	0.	0.	20,339.
MEALS AND ENTERTAINMENT	392.	0.	0.	392.
MEMBERSHIP & SUBSCRIPTIONS	12,000.	0.	0.	12,000.
TO FORM 990-PF, PG 1, LN 23	59,121.	26,390.	0.	32,731.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 7

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB #2318 CORPORATE STOCK	COST	7,074,437.	32,657,534.
CHARLES SCHWAB #2318 CORPORATE BONDS	COST	947,712.	969,936.
TOTAL TO FORM 990-PF, PART II, LINE 13		8,022,149.	33,627,470.

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GREG T. PRICE 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	PRESIDENT 0.77	0.	0.	0.
DAVID J. GAMBLE 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	VICE PRESIDENT 0.77	0.	0.	0.
SUSAN GROVER 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	TREASURER 0.77	4,000.	0.	0.
EMMA C. PRICE 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	SECRETARY 0.77	0.	0.	0.
AIMEE GAMBLE PRICE 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	DIRECTOR 0.77	0.	0.	0.
LAUNCE A. GAMBLE 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	DIRECTOR 0.77	0.	0.	0.
THOMAS G. PRICE 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	DIRECTOR 0.77	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		4,000.	0.	0.

FORM 990-PF

PART XIV - LINE 1A  
LIST OF FOUNDATION MANAGERS

STATEMENT 9

NAME OF MANAGER

GREG T. PRICE  
DAVID J. GAMBLE  
SUSAN GROVER  
EMMA C. PRICE  
AIMEE GAMBLE PRICE  
LAUNCE A. GAMBLE  
THOMAS G. PRICE

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2024

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**PREPARED FOR:**

THE GAMBLE FOUNDATION  
C/O LJ TRUST COMPANY LLC  
6900 S. MCCARRAN BLVD, SUITE 3040  
RENO, NV 89509

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**PREPARED BY:**

ANDERSEN TAX LLC  
333 BUSH STREET, SUITE 1700  
SAN FRANCISCO, CA 94104

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**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

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**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	

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**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

TAXABLE YEAR  
**2024****California e-file Return Authorization for  
Exempt Organizations**FORM  
**8453-EO**

Exempt Organization name	Identifying number
THE GAMBLE FOUNDATION C/O LJ TRUST COMPANY LLC	94-1680503

**Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	3,216,306
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	1,097,902
3	Refund (Form 109, line 26)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

**Part II Settle Your Account Electronically for Taxable Year 2024**

5	<input type="checkbox"/> Direct deposit of refund (Form 109 only.)	6a	Amount	6b	Withdrawal date (mm/dd/yyyy)
6	<input type="checkbox"/> Electronic funds withdrawal				

**Part III Schedule of Estimated Tax Payments for Taxable Year 2025** (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7	Amount			
8	Withdrawal Date			

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

9	Routing number		11	Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
10	Account number					

**Part V Declaration of Officer**


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**


Sign Here		Date		PRESIDENT	Title
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**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature		Date	11/7/25	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's PTIN	P02196725
Must Sign	Firm's name (or yours if self-employed) and address	ANDERSEN TAX LLC 333 BUSH STREET, SUITE 1700 SAN FRANCISCO, CA							Firm's FEIN	33-1197384
									ZIP code	94104

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

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



2024

California Exempt Organization  
Annual Information Return

199

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

THE GAMBLE FOUNDATION  
C/O LJ TRUST COMPANY LLC

California corporation number

0553147

Additional information. See instructions.

FEIN

94-1680503

Street address (suite or room)

6900 S. MCCARRAN BLVD, SUITE 3040

PMB no.

City

RENO

State

NV

ZIP code

89509

Foreign country name

Foreign province/state/county

Foreign postal code

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

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

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	3,216,306	00
	2	Gross dues and assessments from members and affiliates	•	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	•	3		00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.				
		<b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	•	4	3,216,306	00
	5	Cost of goods sold	•	5		00
	6	Cost or other basis, and sales expenses of assets sold	•	6	2,118,404	00
	7	Total costs. Add line 5 and line 6		7	2,118,404	00
Expenses	8	Total gross income. Subtract line 7 from line 4	•	8	1,097,902	00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	•	9	1,645,819	00
Payments	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	-547,917	00
	11	Total payments	•	11		00
	12	Use tax. See General Information K	•	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	•	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	•	14		00
	15	Penalties and interest. See General Information J	•	15		00
Sign Here	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	•	16		00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Paid Preparer's Use Only	Signature of officer	Title	Date	• Telephone		
		PRESIDENT			415-782-8100	
	Preparer's signature	Date	Check if self-employed	• PTIN		
					P02196725	
	Firm's name (or yours, if self-employed) and address	• Firm's FEIN				
	ANDERSEN TAX LLC				33-1197384	
	333 BUSH STREET, SUITE 1700 SAN FRANCISCO, CA 94104	• Telephone			(415) 764-2700	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

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

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions .....	•	1		00
	2	Interest .....	•	2		00
	3	Dividends .....	•	3	690,776	00
	4	Gross rents .....	•	4		00
	5	Gross royalties .....	•	5		00
	6	Gross amount received from sale of assets (See instructions) .....	•	6	2,525,530	00
	7	Other income. Attach schedule .....	•	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 .....	•	8	3,216,306	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule .....	•	9	1,455,000	00
	10	Disbursements to or for members. ....	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule .....	•	11	4,000	00
	12	Other salaries and wages .....	•	12		00
	13	Interest .....	•	13	714	00
	14	Taxes .....	•	14	18,282	00
	15	Rents .....	•	15		00
	16	Depreciation and depletion (See instructions) .....	•	16		00
	17	Other expenses and disbursements. Attach schedule .....	•	17	167,823	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 .....	•	18	1,645,819	00

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
<b>Assets</b>		(a)	(b)	(c)	(d)
1	Cash .....		115,638	•	79,278
2	Net accounts receivable .....			•	
3	Net notes receivable .....			•	
4	Inventories .....			•	
5	Federal and state government obligations .....			•	
6	Investments in other bonds .....			•	
7	Investments in stock .....			•	
8	Mortgage loans .....			•	
9	Other investments. Attach schedule *		8,533,731	•	8,022,149
10	<b>a</b> Depreciable assets .....				
	<b>b</b> Less accumulated depreciation .....				
11	Land .....			•	
12	Other assets. Attach schedule STMT 5		82,934	•	82,934
13	<b>Total assets</b> .....		8,732,303		8,184,361
<b>Liabilities and net worth</b>					
14	Accounts payable .....			•	
15	Contributions, gifts, or grants payable .....			•	
16	Bonds and notes payable .....			•	
17	Mortgages payable .....			•	
18	Other liabilities. Attach schedule .....				
19	Capital stock or principal fund .....		3,574,668	•	3,574,668
20	Paid-in or capital surplus. Attach reconciliation ...			•	
21	Retained earnings or income fund .....		5,157,635	•	4,609,693
22	<b>Total liabilities and net worth</b> .....		8,732,303		8,184,361

**Schedule M-1** Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books .....	•	-547,917	7	Income recorded on books this year not included in this return. Attach schedule ...	•	
2	Federal income tax .....	•		8	Deductions in this return not charged against book income this year. Attach schedule .....	•	
3	Excess of capital losses over capital gains .....	•		9	Total. Add line 7 and line 8 .....		
4	Income not recorded on books this year. Attach schedule .....	•		10	Net income per return. Subtract line 9 from line 6 .....		-547,917
5	Expenses recorded on books this year not deducted in this return. Attach schedule .....	•					
6	Total. Add line 1 through line 5 .....		-547,917				

\* SEE STATEMENT

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CA 199	GROSS AMOUNT FROM SALE OF INVESTMENT PROPERTY	STATEMENT 1
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
PUBLICLY TRADED SECURITIES			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	389,978.	0.	0.	390,000.

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
PUBLICLY TRADED SECURITIES			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,728,426.	0.	0.	2,135,530.

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TOTAL ON FORM 199, PG 2, LINE 6	2,118,404.	0.	0.	2,525,530.
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CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
GREG T. PRICE 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	PRESIDENT 0.77	0.
DAVID J. GAMBLE 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	VICE PRESIDENT 0.77	0.
SUSAN GROVER 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	TREASURER 0.77	4,000.
EMMA C. PRICE 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	SECRETARY 0.77	0.
AIMEE GAMBLE PRICE 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	DIRECTOR 0.77	0.
LAUNCE A. GAMBLE 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	DIRECTOR 0.77	0.
THOMAS G. PRICE 6900 S. MCCARRAN BLVD, SUITE 3040 RENO, NV 89509	DIRECTOR 0.77	0.

TOTAL TO FORM 199, PART II, LINE 11

4,000.

CA 199	OTHER EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
LEGAL FEES		6,080.
ACCOUNTING FEES		5,600.
OTHER PROFESSIONAL FEES		95,847.
TRAVEL, CONFERENCES, AND MEETINGS		1,175.
INSURANCE		1,190.
INVESTMENT MANAGEMENT SERVICES		25,200.
ADMINISTRATIVE SERVICES		20,339.
MEALS AND ENTERTAINMENT		392.
MEMBERSHIP & SUBSCRIPTIONS		12,000.
TOTAL TO FORM 199, PART II, LINE 17		167,823.

CA 199	OTHER INVESTMENTS	STATEMENT 4
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CHARLES SCHWAB #2318 CORPORATE STOCK	7,487,679.	7,074,437.
CHARLES SCHWAB #2318 CORPORATE BONDS	1,046,052.	947,712.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	8,533,731.	8,022,149.

CA 199	OTHER ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFER TAX LOSS	82,934.	82,934.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	82,934.	82,934.

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS  
AND SIMILAR AMOUNTS PAID

STATEMENT 6

ACTIVITY CLASSIFICATION: CHARITABLE

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNTTHE GF FUND  
6900 S. MCCARRAN BLVD SUITE 3040, RENO, NV 89509

NONE

305,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNTSUSTAINABLE CONSERVATION  
98 BATTERY STREET SUITE 302, SAN FRANCISCO, CA  
94111

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNTMODOC NATION  
22 N EIGHT TRIBES TRL, MIAMI, OK 94354

NONE

30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNTCOMMUNITY MOVEMENT BUILDERS, INC.  
3175 SULLIVAN RD, SEBASTOPOL, GA 95472

NONE

30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNTCENTER FOR LAND-BASED LEARNING  
40140 BEST RANCH ROAD, WOODLAND, CA 95776

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

CALIFORNIA RANGELAND TRUST  
1225 H STREET, SACRAMENTO, CA 95814

RELATIONSHIP

NONE

AMOUNT

10,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RIVER PARTNERS  
580 VALLOMBROSA AVENUE, CHICO, CA 95926

RELATIONSHIP

NONE

AMOUNT

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

CLEAR LAKE ENVIRONMENTAL RESEARCH CENTER  
PO BOX 636, LAKEPORT, CA 95453

RELATIONSHIP

NONE

AMOUNT

15,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

CULTURAL CONSERVANCY SACRED LAND FOUNDATION  
PO BOX 29044, SAN FRANCISCO, CA 94129-0044

RELATIONSHIP

NONE

AMOUNT

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

AUDUBON CANYON RANCH INC.  
PO BOX 577, STINSON BEACH, CA 94970

RELATIONSHIP

NONE

AMOUNT

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

MENDOCINO COUNTY RESOURCE CONSERVATION DISTRICT  
410 JONES STREET SUITE C-3, UKIAH, CA 95482

NONE

60,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

EARTH ISLAND INSTITUTE  
2150 ALLSTON WAY SUITE 460, BERKELEY, CA 94704

NONE

60,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

SONOMA RESOURCE CONSERVATION DISTRICT  
1221 FARMERS LANE SUITE F, SANTA ROSA, CA 95405

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

LAKE COUNTY RESOURCE CONSERVATION DISTRICT  
889 LAKEPORT BLVD, LAKEPORT, CA 95453-5405

NONE

40,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

URBAN TILTH  
323 BROOKSIDE DRIVE, RICHMOND, CA 94801

NONE

40,000.

ORGANIZATIONAL STATUS: PC



DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

KISS THE GROUND  
PO BOX 515381 PMB 63508, LOS ANGELES, CA  
90051-6681

NONE

15,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

WILD FARM ALLIANCE  
PO BOX 2570, WATSONVILLE, CA 95077

NONE

20,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

THE UNIVERSITY FOUNDATION CALIFORNIA STATE  
UNIVERSITY CHICO  
25 MAIN ST UNIT 203, CHICO, CA 95928-5388

NONE

15,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

GOLD RIDGE RESOURCE CONSERVATION DISTRICT  
2776 SULLIVAN ROAD, SEBASTOPOL, CA 95472

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

FARM TO GROW, INC.  
P.O. BOX 10504, OAKLAND, CA 94610

NONE

60,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

NAPA COUNTY RESOURCE CONSERVATION DISTRICT  
1303 JEFFERSON ST. SUITE 500B, NAPA, CA 94559

NONE

40,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

TRIBAL ECO RESTORATION ALLIANCE  
P.O. BOX 271, POTTER VALLEY, CA 95469

NONE

60,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

CALIFORNIA FARMLINK  
335 SPRECKELS DRIVE SUITE F, APTOS, CA 95003

NONE

60,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

AMAH MUTSUN LAND TRUST  
2460 17TH AVE #1019, SANTA CRUZ, CA 95062-1860

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNT

COMMUNITY ALLIANCE WITH FAMILY FARMER FOUNDATION  
PO BOX 363, DAVIS, CA 95617

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNTAGRICULTURE AND LAND BASED TRAINING ASSOCIATION  
PO BOX 6264, SALINAS, CA 93912

NONE

60,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNTMARIN RESOURCE CONSERVATION DISTRICT  
PO BOX 1146, POINTE REYES STATION, CA 94956

NONE

40,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESSRELATIONSHIPAMOUNTKITCHEN TABLE ADVISORS  
2150 ALLSTON WAY SUITE 320, BERKELEY, CA 94704

NONE

60,000.

ORGANIZATIONAL STATUS: PC

TOTAL FOR THIS ACTIVITY

1,455,000.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

1,455,000.

MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310

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

**THE GAMBLE FOUNDATION**  
**C/O LJ TRUST COMPANY LLC**

Name of Organization

List all DBAs and names the organization uses or has used

**6900 S. MCCARRAN BLVD, SUITE 3040**

Address (Number and Street)

**RENO, NV 89509**

City or Town, State, and ZIP Code

**(775) 328-7020**

Telephone Number

E-mail Address

Check if:

- ☒ Change of address  
☐ Amended report  
☐ Organization requests email notifications

State Charity Registration Number **10193**

Corporation or Organization No. **0553147**

Federal Employer ID No. **94-1680503**

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)

Make Check Payable to Department of Justice

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

#### PART A - ACTIVITIES

For your most recent full accounting period (beginning **01/01/2024** ending **12/31/2024**) list:

Total Revenue (including noncash contributions) \$ **1,097,902** Noncash Contributions \$ **0** Total Assets \$ **33,706,748**  
Program Expenses \$ **1,594,875** Total Expenses \$ **1,645,819**

#### PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		<b>X</b>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		<b>X</b>
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		<b>X</b>
5. During this reporting period, did the organization receive any governmental funding?		<b>X</b>
6. During this reporting period, did the organization hold a raffle for charitable purposes?		<b>X</b>
7. Does the organization conduct a vehicle donation program?		<b>X</b>
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		<b>X</b>
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		<b>X</b>

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

**GREG T. PRICE**

**PRESIDENT**

Signature of Authorized Agent

Printed Name

Title

Date