

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 04/01/24, and ending 03/31/25

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization: ANGELIC ORGANICS LEARNING CENTER, INC. Doing business as: FARMERS RISING Number and street (or P.O. box if mail is not delivered to street address) and route: 1545 ROCKTON ROAD City or town, state or province, country, and ZIP or foreign postal code: CALEDONIA IL 61011	D Employer identification number: 36-4288904
	City or town, state or province, country, and ZIP or foreign postal code: CALEDONIA IL 61011	E Telephone number: 815-389-8455
	F Name and address of principal officer: JACKIE DE BATISTA 1545 ROCKTON RD CALEDONIA IL 61011	G Gross receipts \$: 2,022,132
	H(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No * If "No," attach a list. See instructions.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number:
J Website: WWW.FARMERSRISING.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
L Year of formation: 1999		M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AT FARMERS RISING, WE LIFT UP THE PEOPLE DOING LOCAL AND REGENERATIVE FARMING.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15		
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	25		
	6 Total number of volunteers (estimate if necessary)	6	111		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0		
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
		9 Program service revenue (Part VIII, line 2g)	797,408	1,826,537	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		126,555	186,290		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)		13,072	-7,022		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		937,035	2,005,805		
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	77,250	102,250	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	607,910	557,593		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,670	0		
	16a Professional fundraising fees (Part IX, column (A), line 11e)				
	b Total fundraising expenses (Part IX, column (D), line 25)	409,173	1,099,759		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,094,333	1,759,602		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-157,298	246,203			
19 Revenue less expenses. Subtract line 18 from line 12					
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year		
	21 Total liabilities (Part X, line 26)	1,554,128	1,800,729		
	22 Net assets or fund balances. Subtract line 21 from line 20	722,755	723,153		

Part II Signature Block

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.

Sign Here	Signature of officer: JACKIE DE BATISTA	Date: EXECUTIVE DIRECTOR	
	Type or print name and title		
Paid Preparer Use Only	Preparer's name: MARK OLSON	Preparer's signature: Date: 12/12/25	Check <input type="checkbox"/> if self-employed PTIN: P00998832
	Firm's name: LUCAS GROUP CPAS + ADVISORS, LLC	Firm's EIN: 27-3238017	Firm's address: 1617 TEMPLE LANE ROCKFORD, IL 61112

May the IRS discuss this return with the preparer shown above? See instructions Yes No