DLN: 93493135026839 OMB No. 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable FARM AID INC □ Address change 36-3383233 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 501 CAMBRIDGE STREET 3RD FLOOR ☐ Amended return ☐ Application pending (617) 354-2922 City or town, state or province, country, and ZIP or foreign postal code CAMBRIDGE, MA $\,\,$ 02141 G Gross receipts \$ 4,761,434 Name and address of principal officer H(a) Is this a group return for **GLENDA YODER** ☐Yes ☑No subordinates? 501 CAMBRIDGE STREET 3RD FLOOR H(b) Are all subordinates CAMBRIDGE, MA 02141 ☐Yes ☐No ıncluded? **✓** 501(c)(3) 4947(a)(1) or □ 527 501(c)() **◄** (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW FARMAID ORG L Year of formation 1985 M State of legal domicile IL Summary 1 Briefly describe the organization's mission or most significant activities FARM AID'S MISSION IS TO BUILD A VIBRANT, FAMILY FARM-CENTERED SYSTEM OF AGRICULTURE IN AMERICA Activities & Governance 2 Check this box ▶ ☐ 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) . 11 4 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 387 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 13,640 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,327,995 1,636,703 Ravenua 37,749 9 Program service revenue (Part VIII, line 2g) . 133,258 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20,395 23,388 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 850,297 1,081,073 2,331,945 2,778,913 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 780,890 730,419 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 759,379 705,292 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶139,670 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 729,244 696,765 <u>2,26</u>9,513 2,132,476 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 62,432 646,437 Net Assets or Fund Balances Beginning of Current Year End of Year 2,428,873 3,038,855 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 204,218 137,964 22 Net assets or fund balances Subtract line 21 from line 20 . 2,224,655 2,900,891 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 2019-05-14 Signature of officer Sign Here GLENDA YODER ASSOC DIRECTOR & ASSIST TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-05-14 P00002440 Paid self-employed Firm's name

EDELSTEIN AND COMPANY LLP Firm's EIN ▶ 04-2442519 Preparer Use Only Firm's address ▶ 160 FEDERAL STREET 9TH FLOOR Phone no (617) 227-6161 BOSTON, MA 02110 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018) Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Νo 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Νo Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Yes valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 🖠 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Νo

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

20a

20b

21

Yes

Yes

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Νo

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 31		Yes	No

1b

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

Page 4

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

Nο

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a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

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

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

Is the organization 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? If "Yes," see instructions and file Form 4720, Schedule N

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

Page 6

_	Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction A. Governing Body and Management			1		
4.					Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ss rela	tionship with any other	2	Yes	
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other μ			3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	nızatıoı	n's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?			7 b		No
8	Did the organization contemporaneously document the meetings held or written actions the following	undert	aken during the year by			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule C			9		No
Se	ction B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenue	Code	e.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		[10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt n			10b		

b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	. .)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a		10b	Yes	

Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 Did the organization have a written whistleblower policy? . 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . 15a Nο 15b **b** Other officers or key employees of the organization . . . Νo

Section C. Disclosure

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

only) available for public inspection. Indicate how you made these available. Check all that apply

▶GLENDA YODER 501 CAMBRIDGE STREET 3RD FLOOR CAMBRIDGE, MA 02141 (617) 354-2922

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

State the name, address, and telephone number of the person who possesses the organization's books and records

☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

AZ, CA, CT, FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI , MN , MS , NH , NJ , NM , NY , NC , ND , OK , OR , PA , RI , SC ,

UT, WV, WI

16a

16b

Nο

Form 990 (2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such person										
Check this box if neither the organization no	r any related o	rganıza	tion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, ι ın of	t ch inle ficei	and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) WILLIE NELSON PRESIDENT/DIRECTOR	1 00	х		х				0	0	0
(2) PAUL ENGLISH DIRECTOR	1 00	х						0	0	0
(3) LANA NELSON SECRETARY/DIRECTOR	1 00	х		х				0	0	0
(4) DAVID ANDERSON DIRECTOR	1 00	х						0	0	0
(5) RICHARD FIELDS DIRECTOR	1 00	х						0	0	0
(6) JOEL KATZ DIRECTOR	1 00	х						0	0	0
(7) DAVID MATTHEWS DIRECTOR	1 00	х						0	0	0
(8) JOHN MELLENCAMP DIRECTOR	1 00	х						0	0	0
(9) MARK ROTHBAUM DIRECTOR	1 00	х						0	0	0
(10) EVELYN SHRIVER TREASURER/DIRECTOR	1 00	х		x				0	0	0
(11) NEIL YOUNG DIRECTOR	1 00	x						0	0	0
(12) CAROLYN MUGAR EXE DIRECTOR & VICE PRESI	20 00			х				46,916	0	0
(13) GLENDA YODER ASSOC DIRECTOR & ASSIST TREASURER	42 00			х				84,834	0	9,123

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) organization (Worganizations (Wany hours from the 2/1099-MISC) for related 2/1099-MISC) organization and Individual trustee or director Key employee Highest compensated employee Former organizations Institutional Trustee related below dotted organizations line)

1b Sub-Total	 	 	>		

1b Sub-Total			>			
d Total (add lines 1b and 1c)	 		•	131,750	0	9,123
	 	 	V 1		00.000	

Lb Sub-Total						>				
c Total from continuation sheets to Pa	art VII , Section	Α				▶□				
d Total (add lines 1b and 1c)						>		131,750	(3
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	bove) who	rece	eived more than	\$100,000	

Sub-Total				•	-		>									
Total from continuation sheets to Pa	art VII , Section	Α.					▶[
Total (add lines 1b and 1c)							▶			131,75				0		9,123
Total number of individuals (including of reportable compensation from the o			se l	ısted	d ab	ove) wh	o rece	eived m	nore tha	า \$10	00,000				
															Yes	No
Did the organization list any former of			stee,	, ke	y en	nplo	yee,	or hig	ghest c	ompens	ated	employe	ee on			

1b	Sub-Total						>							
С	Total from continuation sheets to Pa	ırt VII , Sectio ı	n A.				- ▶							
d	Fotal (add lines 1b and 1c)						▶		131,	'50		0		9,123
2	Total number of individuals (including of reportable compensation from the c			se list	ed a	bove	e) wh	o rec	eived more ti	nan \$1	00,000			
													Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>	,			•		, ,		-			on 3		No

1b 9	Sub-Total			
c ·	Total from continuation sheets to Part VII, Section A ▶			
d.	Total (add lines 1b and 1c)	0		9,123
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

2	of reportable compensation from the organization 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	mulvidual	4		No
E	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		Ī	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

	individual		4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 7 If "Yes," complete Schedule J for such person		5	No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the or		pensatio	on
	(A)	(B)		(C)
	Name and business address	Description of services	C	Compensation
VANC	HARD COMMUNICATIONS	COMMUNICATIONS PUBLIC		163 301

	services rendered to the organization? If "Yes," complete Schedule J for such person		5	No					
Se	ection B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year								
	(A) Name and business address	(B) Description of services		C) ensation					
VANG		COMMUNICATIONS, PUBLIC RELATION AND MEDI		163,301					
	K STREET NW SUITE 650 HINGTON, DC 20037								
		·							

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.									
	(A) Name and business address	(B) Description of services	(C) Compensation						
2121	GUARD COMMUNICATIONS K STREET NW SUITE 650 HINGTON, DC 20037	COMMUNICATIONS, PUBLIC RELATION AND MEDI	163,301						
WASI	TENOTON, DE 20037								
2	Total number of independent contractors (including but not limited to those listed abo	ove) who received more than \$100,000 of							

compensation from the organization ▶ 1

Part	VII	Statement of	Revenue								
		Check if Schedul	e O contains	a respo	onse or note to any		nis Part VIII A)		 (B)	 (C)	<u> </u>
							evenue	Rel	ated or empt	Unrelated business	Revenue excluded from
								fui	nction venue	revenue	tax under sections 512 - 514
, s	1	a Federated campaig	ns	1a	11,288			10	venue		312 311
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		1 b							
و ق		c Fundraising events		1 c	443,321						
ifts, ar A		d Related organizatio	ns	1 d							
E .		e Government grants (co	ontributions)	1e							
ions I Si		f All other contributions, and similar amounts no		1f	1,182,094						
but the		above g Noncash contribution	ne included		2,202,051						
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a - 1f \$	nis included	58	<u>,082</u>						
<u>چ</u> د		h Total. Add lines 1a	-1f	•	>		1,636,703				
ę					Business	Code		24.402	24	403	
Venu		HOMEGROWN CONCESS	SIONS LICENSE	FEE		110000		6,797		492 797	
å		SERVICE CONTRACT HOMEGROWN YOUTHMA	ADVET CALEC			110000		4,685		685	
.MC€	`	d FARM TOURS	ARKET SALES			110000		1,775		775	
Se.	'					110000		<u> </u>	•		
Program Service Revenue	٩	E All abban nua ana an		_							
Pro		f All other program se			_	37,749					
	_	Total. Add lines 2a-2 Investment income (ii			Interest and other	1		T			
		sımılar amounts) .	•	· <u> </u>	16,21	4			16,21		
		Income from investme		-	200	n			20		
	3	Royalties	(ı) Rea		(II) Personal	1		9			20
	6	a Gross rents	.,,			1					
		b Less rental expenses				+					
		D 1.1				_					
	ļ '	c Rental income or (loss)									
		d Net rental income o]					
	7	a Gross amount	(ı) Securit	ies	(II) Other	-					
		from sales of assets other		26,798							
		than inventory									
		b Less cost or other basis and		19,624							
		sales expenses C Gain or (loss)		7,174		1					
		d Net gain or (loss) .		•	>		7,174	4			7,17
a)	8	a Gross income from form form form form form for the common of the co	undraising evo 443,321								
Other Revenue		contributions reporte See Part IV, line 18	d on line 1c)		2 005 127						
}ev		b Less direct expense.		a b	2,885,127 1,919,570						
er F		c Net income or (loss)			ents	J	965,55	7			965,55
oth	9;	a Gross income from g See Part IV, line 19		es							
_		See Fairty, inte 13		а	1						
	l	b Less direct expense		b							
		c Net income or (loss) PaGross sales of invent		activit	ies . •	1					
	_	returns and allowand]						
		b Less cost of goods s	old	a b		_					
		C Net income or (loss)					52,52	8			52,52
		Miscellaneous			Business Code						
	1	1aLICENSING FEES			110000	0	62,788	8	62,788		
		h									
		b									
		с									
		d All other revenue .									
		e Total. Add lines 11a	-11d		>		62,788	8			
	1:	2 Total revenue. See	Instructions				2,778,91		100,537		0 1,041,67
	_						_,,,,,	1	_00,007		Form 990 (2018

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses	ali and a All and a superior			
Section 501(c)(3) and 501(c)(4) organizations must complete all c	-	mizations must comp	piete column (A)	
Check if Schedule O contains a response or note to any	/ line in this Part IX .			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	676,175	676,175		
2 Grants and other assistance to domestic individuals See Part IV, line 22	54,244	54,244		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	104,466	82,985	12,776	8,705
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	468,986	373,268	56,795	38,923
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,571	9,192	1,418	961
9 Other employee benefits	73,276	57,777	9,304	6,195
10 Payroll taxes	46,993	37,299	5,785	3,909
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	84,419		77,418	7,001
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	5,378		5,378	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	188,603	177,209	1,405	9,989
12 Advertising and promotion	575	195	7	373
13 Office expenses	31,283	23,142	1,014	7,127

42,045

131,743

20,372

56,505

13,418

5,611

36,731

25,619

25,243

20,962

8,258

2,132,476

14 Information technology .

20 Interest

18 Payments of travel or entertainment expenses for any federal, state, or local public officials

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
 Check here ► ☐ if following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates

expenses on Schedule O)

a OTHER BUSINESS EXPENSES

b PRINTING AND REPRODUCTI

c VIDEO PRODUCTION AND RE

d BANK AND OTHER FEES

e All other expenses

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

26,114

100,440

20,116

56,160

10,691

4,378

34,666

9,275

24,943

4,600

5,857

1,788,726

3,233

20,795

186

238

1,614 732

1,124

116

266

4,458

204,080

18

12,698

10,508

70

107

1,113

501

941

16,228

11,904

2,383

139,670

Form 990 (2018)

34

Form 990 (2018)

23

24

26

27

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29

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31

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34

Assets or Fund Balances

Net

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

	Beginning of year		End of year
1 Cash-non-interest-bearing	1,137,425	1	1,797,297
2 Savings and temporary cash investments	593,055	2	663,083
3 Pledges and grants receivable, net	82,719	3	65,333
4 Accounts receivable, net	84,830	4	6,109
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6 Leans and other recovables from other disqualified persons (as defined under			

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net Inventories for sale or use . 20.098 49,217 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 48,984 basis Complete Part VI of Schedule D 10a

19.583

64.951

137.964

2.178.069

722,822

2,900,891

3,038,855

Form **990** (2018)

23

24

25

26

27

28

29

30

31 32

33

34

204.218

1.636.257

2,224,655

2,428,873

588,398

	b	Less accumulated depreciation	10b	48,224	2,907	10 c	760
	11	Investments—publicly traded securities .	433,193	11	398,272		
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets	17,929	14	15,967		
	15	Other assets See Part IV, line 11			7,500	15	7,500
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	2,428,873	16	3,038,855
	17	Accounts payable and accrued expenses			139,194	17	107,222
	18	Grants payable			50,024	18	30,742
	19	Deferred revenue	15,000	19			
	20	Tax-exempt bond liabilities		20			
S	21	Escrow or custodial account liability Complete F		21			
ities	22	Loans and other payables to current and former	officer	s, directors, trustees,			

	11	Investments—publicly traded securities .	433,193	11	398,272
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	17,929	14	15,967
	15	Other assets See Part IV, line 11	7,500	15	7,500
	16	Total assets.Add lines 1 through 15 (must equal line 34)	2,428,873	16	3,038,855
	17	Accounts payable and accrued expenses	139,194	17	107,222
	18	Grants payable	50,024	18	30,742
	19	Deferred revenue	15,000	19	
	20	Tax-exempt bond liabilities		20	
ڼ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
abilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,778,913
2	Total expenses (must equal Part IX, column (A), line 25)	2			,132,476
3	Revenue less expenses Subtract line 2 from line 1	3			646,437
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,	,224,655
5	Net unrealized gains (losses) on investments	5			-31,201
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			61,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	,900,891
Pa	tXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	. !	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-1337	ngle	3a		No

3b

Form **990** (2018)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 36-3383233

Name: FARM AID INC

Form 990 (2018)

Form 990, Part III, Line 4a:

SUPPORT TO FARM FAMILIES IN CRISIS AND FARMERS SEEKING TO TRANSITION TO MORE SUSTAINABLE FARMING PRACTICES, AS WELL AS FOR INDIVIDUALS LOOKING TO BECOME FARMERS GIVEN THE STRAIN IN TODAY'S FARM ECONOMY, FARM AID EXPANDED ITS RESPONSE IN 2018 WE RECEIVED A RECORD NUMBER OF CONTACTS TO THE FARM AID HOTLINE IN 2018 THERE WERE 1,034 FARMER CONTACTS VIA THE FARM AID HOTLINE, A 109% INCREASE FROM 2017, AND SURPASSING ANY OTHER YEAR WE HAVE ON RECORD IN RESPONSE, FARM AID DOUBLED ITS ANNUAL EMERGENCY GRANT BUDGET, INCREASED ITS ADVOCACY FOR FARM POLICY THAT DELIVERS FAIR PRICES TO FARMERS ALLOWING THEM TO MAKE A LIVING, AND RECONVENED THE FARM ADVOCATE LINK NETWORK VIA REGULAR CALLS TO STRATEGIZE WITH OUR RESOURCE PARTNERS ABOUT HOW TO STRENGTHEN THE NETWORK IN TIMES OF CRISIS FARM AID ALSO CONDUCTED A SURVEY OF FARM SERVICE PROVIDERS ACROSS THE COUNTRY TO HELP INFORM FARM AID'S UNDERSTANDING OF WHAT FARMERS ARE EXPERIENCING ACROSS THE U.S. AND THE CAPACITY OF SERVICE PROVIDERS TO KEEP PACE WITH THE NEED FARM AID'S RESOURCE NETWORK (FARMAID ORG/IDEAS) OFFERS AN INTERACTIVE WEBSITE AND DATABASE OF MORE THAN 700 ORGANIZATIONS THAT PROVIDE GUIDANCE FOR NEW FARMERS, DIRECT ASSISTANCE TO FARMERS IN CRISIS, AND SUPPORT FOR FARMERS LOOKING TO TRANSITION TO MORE SUSTAINABLE PRODUCTION METHODS AND MARKETS THROUGH THE FARMER RESOURCE NETWORK, FARM AID MAKES CONNECTIONS BETWEEN INDIVIDUALS, FARM SERVICE ORGANIZATIONS, AND BUSINESSES TO ADDRESS CHALLENGES AND CREATE OPPORTUNITIES FOR FARMERS. FARM AID POINTS FARMERS AND

HELPING FARMERS THRIVE (HFT)- THROUGH THE 1-800-FARM-AID HOTLINE AND FARMHELP@FARMAID ORG EMAIL SERVICE, FARM AID'S IN-HOUSE FARM ADVOCATE REFERS FARMERS TO AN EXTENSIVE NETWORK OF FAMILY FARM AND RURAL SUPPORT ORGANIZATIONS ACROSS THE COUNTRY REFERRALS PROVIDE IMMEDIATE

ADVOCATES TO OUR MOST TRUSTED RESOURCES, NEW OFFERINGS AND TIMELY OPPORTUNITIES VIA OUR CURATED RESOURCE GUIDES AND THE RESOURCE SPOTLIGHT BLOG IN 2018, FARM AID BECAME RECOGNIZED AS AN EXPERT ON THE ISSUES OF FARMER STRESS AND MENTAL HEALTH, WITH MANY INTERVIEWS INCLUDING ON BROADCAST NEWS FARM AID WAS ALSO PART OF A COALITION OF FARM ORGANIZATIONS THAT HELPED BRING AWARENESS AND ACTION TO THE ISSUE OF FARMER MENTAL HEALTH VIA ADVOCACY ON THE FARM AND RANCH STRESS ASSISTANCE NETWORK, WHICH WAS INCLUDED IN THE 2018 FARM BILL THAT PASSED CONGRESS IN THE SECOND WEEK OF DECEMBER AND CALLED FOR \$10 MILLION IN FUNDING TO SUPPORT ORGANIZATIONS PROVIDING MENTAL HEALTH RESOURCES TO FARMERS AND THOSE WORKING IN AGRICULTURE FARM AID WAS HONORED TO CONTINUE TO LEND ITS EXPERIENCE, EXPERTISE AND A GREAT DEAL OF DONATED STAFF TIME, TO PLAY A ROLE IN THE DISBURSEMENT OF FUNDS FROM THE HISTORIC CLASS ACTION SUIT, IN RE BLACK FARMERS DISCRIMINATION LITIGATION, A SUIT BROUGHT BY BLACK FARMERS AGAINST THE U S DEPARTMENT OF AGRICULTURE FOR DECADES OF DISCRIMINATION IN FARM LENDING CLASS COUNSEL FROM THIS CASE ENGAGED FARM AID AS A TECHNICAL ADVISOR FARM AID PROVIDED ADMINISTRATIVE SUPPORT TO LEAD CLASS COUNSEL AND THE ORGANIZING GROUP OF AFRICAN AMERICAN FARM AID AS A TECHNICAL ADVISOR FARM AID PROVIDED ADMINISTRATIVE SUPPORT TO LEAD CLASS COUNSEL AND THE ORGANIZING GROUP OF AFRICAN AMERICAN FARMING AND IMPLEMENTING A BLACK FARMERS MEETING IN MARCH IN ATLANTA, GEORGIA THE PURPOSE OF THAT MEETING WAS FOR LEADDERS AND FARMERS IN THE AFRICAN-AMERICAN FARMING COMMUNITY TO COALESCE AND DEVELOP THEIR VISION FOR A THRIVING FUTURE OF AFRICAN AMERICAN FARMING, WHICH WILL INFORM THE DECISION MAKING FOR DISBURSEMENT OF THE REMAINING CY PRES FUNDS AN OUTCOME OF THIS MEETING WAS THE SELF-FORMATION OF A BLACK FARMER LEADERSHIP COUNCIL THAT WILL PROVIDE LEADERSHIP AND INPUT FOR LEAD CLASS COUNSEL'S RECOMMENDATIONS TO THE COURT FOR THE SECOND PHASE OF CY PRES FUNDS FARM AID AWARDED \$228,000 IN GRANTS TO ORGANIZATIONS THAT HELP FARMERS SECURE THE

BLACK FARMER LEADERSHIP COUNCIL THAT WILL PROVIDE LEADERSHIP AND INPUT FOR LEAD CLASS COUNSEL'S RECOMMENDATIONS TO THE COURT FOR THE SECOND PHASE OF CY PRES FUNDS FARM AID AWARDED \$228,000 IN GRANTS TO ORGANIZATIONS THAT HELP FARMERS SECURE THE RESOURCES THEY NEED TO BEGIN FARMING, ACCESS NEW MARKETS, GROW SUSTAINABLY, AND BUILD RESILIENCE IN THE FACE OF FINANCIAL AND NATURAL DISASTERS FARM AID MADE GRANTS IN THE AMOUNT OF \$40,500 TO ASSIST FARM FAMILIES AFFECTED BY HURRICANE FLORENCE IN THE CAROLINAS AN ADDITIONAL \$49,000 WAS GRANTED TO SUPPORT FARMERS AFFECTED BY EMERGENCIES AND ECONOMIC DISASTERS ACROSS THE COUNTRY, INCLUDING LOW DAIRY AND CROP PRICES

Form 990, Part III, Line 4b:

FARMERS, ADDRESS ANTITRUST AND CONTRACT VIOLATIONS, FIGHT FACTORY FARMS, STRENGTHEN THE GRASSROOTS AROUND A UNIFIED VISION FOR OUR FARM AND FOOD SYSTEM, AND AMPLIFY AN EFFECTIVE FARMER VOICE TO REFORM THE FOOD SYSTEM FARM AID'S FARMER LEADERSHIP FUND GRANTED \$17,769 TO DEFRAY EXPENSES FOR FARMER LEADERSHIP TRAINING PROGRAMS, STRATEGY MEETINGS AND OTHER OPPORTUNITIES TO ELEVATE THE VOICE OF FAMILY FARMERS IN MARCH. FARM AID AUTHORED AN OP-ED PUBLISHED IN THE HILL ON GLOBAL TRADE AND THE NEED FOR SUPPLY MANAGEMENT IN THE DAIRY INDUSTRY TO PREVENT

TAKING ACTION TO CHANGE THE SYSTEM (TACS)- FARM AID WORKS WITH LOCAL, REGIONAL AND NATIONAL ORGANIZATIONS TO PROMOTE FAIR FARM POLICIES AND GRASSROOTS ORGANIZING EFFORTS FARM AID GRANTED \$230,000 TO FAMILY FARM ORGANIZATIONS WORKING TO ENSURE COMPETITIVE MARKETS FOR FAMILY

OVERSUPPLY OF MILK, WHICH LEADS TO THE CURRENT ABYSMAL PRICES THAT DAIRY FARMERS ARE RECEIVING FARM AID INFORMED THE PUBLIC ABOUT THE REASONS, AND POSSIBLE SOLUTIONS, FOR THE DAIRY CRISIS VIA A FACT SHEET AND INTERVIEWS IN THE MEDIA IN 2018, FARM AID CREATED THE FARM BILL HUB TO HELP THE FARM AID AUDIENCE NAVIGATE IMPORTANT LEGISLATION FOR FARMERS, RURAL RESIDENTS AND ALL OF US WHO EAT FARM AID ALSO JOINED A COALITION EFFORT TO URGE STATE ATTORNEY GENERAL OFFICES TO JOIN AN ACTIVE DEPARTMENT OF JUSTICE INVESTIGATION OF THE BAYER-MONSANTO MERGER AND PUBLICIZE THEIR INVOLVEMENT FARM AID JOINED A COALITION OF FARM GROUPS IN FIELDING A POLL OF NEARLY 1,000 FARMERS ACROSS AMERICA TO EXAMINE THEIR VIEWS OF THE PENDING MERGER THAT INDICATED THAT FARMERS OVERWHELMINGLY OPPOSED IT NONETHELESS. IT WAS APPROVED BY THE DOJ FARM AID CONTINUES TO SERVE AS

A LEADER AND CONTRIBUTING MEMBER OF VARIOUS COLLABORATIVE EFFORTS TO CHANGE OUR FARM AND FOOD SYSTEM AND ADVANCE THE POWER AND PARTICIPATION OF FARMERS IN THESE EFFORTS. THESE HAVE INCLUDED EFFORTS TO ADDRESS ECONOMIC AND SOCIAL INJUSTICES ACROSS ANIMAL AGRICULTURE. EFFORTS TO ELEVATE ON-THE-GROUND SOLUTIONS TO CLIMATE CHANGE, AND EFFORTS TO BUILD THE SUPPLY OF NON-GMO FOOD INGREDIENTS AND ANIMAL FEED IN THE U.S. FARM AID ALSO CONTINUES ITS LEADERSHIP IN THE PHILANTHROPIC COMMUNITY TO BRING ATTENTION TO THE VARIED CHALLENGES FACED BY FAMILY FARMERS AND TO ENCOURAGE COLLABORATION AND COLLECTIVE PROBLEM SOLVING FARM AID DEVELOPED AND FACILITATED WORKSHOPS ON THE CHALLENGES OF

HELPING FARMERS RESPOND TO NATURAL DISASTERS AND THE VALUE OF INDIVIDUAL FARM ADVOCACY AT THE SUSTAINABLE AGRICULTURE AND FOOD SYSTEMS FUNDERS FORUM BOTH WORKSHOPS HAVE LED TO ONGOING DIALOGUE IN THE FUNDING COMMUNITY ABOUT HOW TO BETTER SUPPORT THIS CRITICAL WORK

Form 990, Part III, Line 4c: GROWING THE GOOD FOOD MOVEMENT (GGFM)- IN 2018, FARM AID AND ITS PARTNERS CONTINUED TO IMPLEMENT STRATEGIES THAT BOLSTER THE GOOD FOOD MOVEMENT-THE GROWING NUMBER OF AMERICANS DEMANDING FAMILY FARM-IDENTIFIED, LOCAL, ORGANIC OR HUMANELY RAISED FOOD FARM AID AWARDED GRANTS IN THE AMOUNT OF \$98,000 TO ORGANIZATIONS THAT STRENGTHEN INFRASTRUCTURE FOR LOCAL AND REGIONAL FOOD SYSTEMS AND RAISE AWARENESS OF THEIR

VALUE THESE GRANTS SUPPORT WORK TO CREATE NEW MARKETS FOR FARMERS AND ENHANCE ACCESS TO GOOD FOOD FOR EVERYONE, REGARDLESS OF INCOME OR

RACE

efile GRAPHIC print - DO NO		nt - DO NOT PROCES	SS A	As Filed Data -			DLN: 9	3493135026839	
SCI	HED	ULE A	Dubli	ic Ch	arity Statu	s and Dul	hlic Sunn	ort	OMB No 1545-0047
	m 99		Complete if the	ne orgar 49 •	nization is a sect 47(a)(1) nonexe Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 10-EZ.	r a section	2018
		the Treasury	▶ Go	o to <u>ww</u>	w.irs.gov/Form	<u>990</u> for the late	est information	•	Open to Public Inspection
Nam	e of th	ne organiza	tion					Employer identific	ation number
								36-3383233	
	rt I		for Public Charity St a private foundation beca					See instructions.	
1	rgariiz		onvention of churches, o		•	•	•	(A)(i)	
2		,	scribed in section 170(
3			or a cooperative hospital	. , , , ,	• • • • • • • • • • • • • • • • • • • •	`	, ,		
4		·	esearch organization ope		-			-	nter the hospital's
•	Ш	name, city,		erateu ii	r conjunction with	a nospital descri		170(D)(1)(A)(III): L	nter the hospital's
5			ation operated for the bea (iv). (Complete Part II)		a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6			tate, or local governmen		vernmental unit de	escribed in sectio	on 170(b)(1)(<i>A</i>	\)(v).	
7	✓		ation that normally receive (0(b)(1)(A)(vi). (Comp			s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust described in sec	tion 17	0(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization rant college of agriculture						ege or university or a
10		from activit	ation that normally received to its exempt income and unrelated businessection 509(a)(2).	t functió Jusiness	ns—subject to cer taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its si	ipport from gross
11		An organiza	ation organized and opera	rated exc	clusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and opera ly supported organizatio through 12d that descri	ons desc	rıbed ın section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting organization on n(s) the power to regular Part IV, Sections A and	operated Irly appo	l, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	supporting organization nt of the supporting orga plete Part IV, Sections	anızatıor	n vested in the sar				
С			unctionally integrated. organization(s) (see instr						ated with, its
d		Type III n	on-functionally integrated The organization The Organizat	r ated. A ation ge	, supporting organi nerally must satis	ization operated fy a distribution	in connection wi	th its supported orgai	*. *.
e		Check this	box if the organization re	eceived .	a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		or Type III non-function of supported organization		grated supporting	organization			
g	Provi	de the follow	ing information about the	ne suppo	rted organization(s)			
(i) Name of supported organization			(de	(iii) Type of organization escribed on lines - 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No		
Tate	1								
Total		vork Reduc	tion Act Notice, see the	e Instr	uctions for	Cat No 11285	<u> </u> 5F	Schedule A /Form 9	90 or 990-EZ) 2018

Page 2

	(b)(1)(A)(ix)						
	(Complete only if you ch						under Part
	III. If the organization fa	als to qualify und	der the tests liste	ed below, please	e complete Part	III.)	
9	Section A. Public Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(4) 2011	(8) 2015	(6) 2010	(4) 2017	(0, 2010	
L	Gifts, grants, contributions, and	1 707 621	1 206 640	1 200 254	1 227 005	1 626 702	7 440 224
	membership fees received (Do not	1,787,621	1,296,648	1,369,354	1,327,995	1,636,703	7,418,321
2	include any "unusual grant ") Tax revenues levied for the						
2	organization's benefit and either paid						
	to or expended on its behalf						
Ł	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3	1,787,621	1,296,648	1,369,354	1,327,995	1,636,703	7,418,321
5	The portion of total contributions by			, ,	, ,		
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						479,791
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_							
5	Public support. Subtract line 5 from						6,938,530
	line 4						
	Section B. Total Support	г					
	Calendar year	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4	1,787,621	1,296,648	1,369,354	1,327,995	1,636,703	7,418,321
-		1,787,021	1,290,048	1,309,354	1,327,995	1,030,703	7,418,321
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and	22,028	16,995	21,450	16,526	16,414	93,413
	income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
LO	- · · · · · · · · · · · · · · · · · · ·						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
L1							7,511,734
	10		\				
L2	Gross receipts from related activities,	atc (see instruction	ns)			12	12,486,499
L3	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) orgar	ıızatıon,
	check this box and stop here					▶□	
•	Section C. Computation of Public						
	Public support percentage for 2018 (lir			Jump (f))		144	
				numn (1))		14	92 370 %
	Public support percentage for 2017 Sci					15	89 030 %
L 6 a	3 33 1/3% support test—2018. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	
	and stop here. The organization quali	fies as a publicly si	upported organizat	ion			▶ ☑
Ł	33 1/3% support test—2017. If th	e organization did i	not check a box on	line 13 or 16a, ar	nd line 15 is 33 1/3	3% or more, check	this
	box and stop here. The organization	qualifies as a publ	icly supported aras	anization			▶ □
	10%-facts-and-sircumstances test		, , ,		12 162 or 16h	and line 14	· —

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ightharpoonsorganization h 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly **▶**□ supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.))	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and stop here	.	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
16	Public support percentage from 2017 S	ichedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f))	17	
18	Investment income percentage from 2	017 Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 ıs not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests—2017. If the						
U	not more than 33 1/3%, check this box	-			•		▶ □
20	Private foundation. If the organization	-	-				▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

	addie A (FOITH 990 OF 990-EZ) 2010		-	age 3
26	rt IV Supporting Organizations (continued)		V-	.
	Has the everywhele accepted a gift or contribution from any of the fellowing		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
а	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c		11c		
	ection B. Type I Supporting Organizations			
	section 2. Type 2 supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
	-			
<u></u>	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		res	NO
-	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons)		
	The organization satisfied the Activities Test Complete line 2 below	-		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
			-::0113)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 L		
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes." describe in Part VI. the role played by the organization in this regard			

Schedule A (Form 990 or 990-FZ) 2018

	Talle A (101111 330 01 330 LZ) 2010			Page (
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income	acions	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016. d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

instructions)

Software ID:

Software Version: **EIN:** 36-3383233

Name: FARM AID INC

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,

Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D. lines 5, 6, and 8, and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1,

Facts And Circumstances Test

Return Reference Explanation efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

527

ZUIO

OMB No 1545-0047

DLN: 93493135026839

Schedule C (Form 990 or 990-EZ) 2018

Cat No 50084S

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** FARM AID INC 36-3383233 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e	
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	
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	

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 separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2015

262,401

7,375

65,600

5,916

(b) 2016

251,524

5,666

62,881

4,966

(c) 2017

263,476

5,100

65,869

5,100

(d) 2018

256,624

8,250

64,156

7,898

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

1,034,025

1.551.038

26,391

258,506

387,759

23,880

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

No

Yes

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

SCHEDULE D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Cat No 52283D Schedule D (Form 990) 2018

DLN: 93493135026839 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.

	me of the organization M AID INC		Employer identification number		
FAK	INC INC		36-3383233		
Pa	organizations Maintaining Donor Advis	sed Funds or Other Similar Funds o	r Accounts.		
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6. (a) Donor advised funds	(b)Funds and other accounts		
1	Total number at end of year	(a) Donor advised funds	(b) unus and other accounts		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor	rs in writing that the assets held in donor ad	vised funds are the		
	organization's property, subject to the organization's ex		☐ Yes ☐ No		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		•		
Pa	rt III Conservation Easements. Complete if th	ie organization answered "Yes" on Forn	n 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply)			
	\square Preservation of land for public use (e g , recreation	or education) \square Preservation of an	historically important land area		
	Protection of natural habitat	\square Preservation of a c	ertified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the for	m of a conservation Held at the End of the Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic	c structure included in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	2d			
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by t	the organization during the		
4	Number of states where property subject to conservation	n easement is located >			
5	Does the organization have a written policy regarding that and enforcement of the conservation easements it holds		of violations, Yes No		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conserv	vation easements during the year		
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(π)?	above satisfy the requirements of section 17	70(h)(4)(B)(ι)		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or Oth	er Similar Assets.		
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in fi			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	6 (ASC 958), to report in its revenue statem			
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$		
	ii)Assets included in Form 990, Part X		▶ \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				
а	Revenue included on Form 990, Part VIII, line 1	,	▶ \$		
b	Assets included in Form 990, Part X		► \$		
_		· •			

r ai	Organizations Maintaining Col	lections of Art, F	iistoricai irea	sures, or Otner	Similar Assets	(continued)
3	Using the organization's acquisition, accession items (check all that apply)	n, and other records,	check any of the	following that are a	significant use of it	ts collection
а	Public exhibition		d Lo	an or exchange prog	grams	
b	Scholarly research		e 🗌 Ot	her		
c	Preservation for future generations					
4	Provide a description of the organization's col Part XIII	lections and explain	how they further	the organization's e	xempt purpose in	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to					es 🗆 No
Pa	rt IV Escrow and Custodial Arrange	ments.				<u> </u>
	Complete if the organization answ		m 990, Part IV,	line 9, or reporte	ed an amount on	Form 990, Part
_	X, line 21.					
1a	Is the organization an agent, trustee, custodincluded on Form 990, Part X?	an or other intermed	lary for contributi	ons or other assets	not \square Y	es 🗆 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table		Amount	
c	Beginning balance	'	J	1c		_
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			1f		
2a	Did the organization include an amount on Fo	orm 990 Part X line	21 for escrow or	custodial account lia	ability?	es 🗆 No
	If "Yes," explain the arrangement in Part XIII				· _	es 🗀 110
	art V Endowment Funds. Complete if					
	Endownient Funds Complete in	(a)Current year	(b)Prior year		(d)Three years back	(e)Four years back
1a	Beginning of year balance	445,641	435,714	+		
b	Contributions					
С	Net investment earnings, gains, and losses	-8,123	36,706	26,564	6,746	24,069
	Grants or scholarships	20,789	21,439	20,694	22,965	23,066
e	Other expenditures for facilities and programs	43,821				
f	Administrative expenses	5,378	5,340	6,300	5,529	6,082
	End of year balance	367,530	445,64	1 435,714	436,144	457,892
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1a. column	(a)) held as	l	<u> </u>
а	Board designated or quasi-endowment ►	,	((,,		
b	Permanent endowment ►					
_	Temporarily restricted endowment ▶ 100	000 %				
·	The percentages on lines 2a, 2b, and 2c shou					
За	Are there endowment funds not in the posses	•	on that are held	and administered fo	r the	
	organization by				_	Yes No
	(i) unrelated organizations				<u> </u>	Ba(i) No
h	(ii) related organizations	s listed as required (n Schodula P2		3	3b No
4	Describe in Part XIII the intended uses of the	•				30
	rt VI Land, Buildings, and Equipmen		Annene ranas			
	Complete if the organization answ		m 990, Part IV,	line 11a. See Fo	rm 990, Part X, lı	ne 10.
	Description of property (a) Cost or oth (investme		or other basis (othe	r) (c) Accumulated (depreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
	Equipment		48,98	84	48,224	760
	Other					
	al. Add lines 1a through 1e (Column (d) must e	aual Form 990 Part	X column (B) lin	e 10(c))	•	760

Part VII Investments—Other Securities. Com	plete if the organizat	ion answe	ieu ies on ron	n 990, Part IV, line IID.
See Form 990, Part X, line 12. (a) Description of security or categor (including name of security)	-y	(b) Book value	(c) N Cost or e	lethod of valuation nd-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
A)				
3)				
0)				
s)				
)				
5)				
H)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)				
Investments—Program Related. Complete if the organization answered	'Ves' on Form 990 P	art IV line	11c See Form (IGN Part Y line 13
(a) Description of investment		ok value	(c) N	lethod of valuation
.)			Cost or e	nd-of-year market value
2)				
))				
· · · · · · · · · · · · · · · · · · ·				
· ·				
· ')				
3)				
9)				
<u>-</u>				
otal. (Column (b) must equal Form 990. Part X. col (B) line 13)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization		n 990, Part	IV, line 11d See Fo	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on Ford Description	n 990, Part	IV, line 11d See Fo	orm 990, Part X, line 15 (b) Book value
Other Assets. Complete if the organization (a)		n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization (a)		n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization (a))		n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization (a) (b)		n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization (a)))))		n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization (a))))))		n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization (a) (a) (b) (c) (d)		n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization (a)))))))))))		n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization (a) (a) (b) (c) (d) (e) (e) (f) (h) (h) (h) (h) (h) (h) (h	Description	n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization (a) (b) (c) (d) (d) (e) (e) (f) (h) (f) (h) (h) (h) (h) (h	Description ne 15) .			(b) Book value
Other Assets. Complete if the organization (a) (b) (c) (a) (c) (a) (b) (c) (a) (b) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f	Description ne 15) .		1 990, Part IV, lir	(b) Book value
Other Assets. Complete if the organization (a) (b) (c) (c) (d) (e) (a)	Description ne 15) .	es' on Forn	1 990, Part IV, lir	(b) Book value
Other Assets. Complete if the organization (a) (b) (c) (a) (c) (a) (b) (c) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f	Description ne 15) .	es' on Forn	1 990, Part IV, lir	(b) Book value
Other Assets. Complete if the organization (a) (b) (c) (c) (d) (d) (e) (a) (e) (e) (e) (f) (f) (f) (f) (f	Description ne 15) .	es' on Forn	1 990, Part IV, lir	(b) Book value
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Other Assets. Complete if the organization (a) (a) (b) (c) (c) (d) (d) (e) (d) (e) (e) (e) (e	Description ne 15) .	es' on Forn	1 990, Part IV, lir	(b) Book value
Other Assets. Complete if the organization (a) (a) (b) (c) (d) (e) (e) (f) (h) (h) (h) (h) (h) (h) (h	Description ne 15) .	es' on Forn	1 990, Part IV, lir	(b) Book value
Other Assets. Complete if the organization (a) (a) (b) (c) (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e	Description ne 15) .	es' on Forn	1 990, Part IV, lir	(b) Book value
Cart IX Other Assets. Complete if the organization (a) (a) (b) (c) (d) (d) (d) (e) (e) (f) (e) (f) (f) (g) (g) (g) (g) (g) (g	Description ne 15) .	es' on Forn	1 990, Part IV, lir	(b) Book value
Other Assets. Complete if the organization (a) (a) (b) (c) (c) (d) (d) (e) (e) (f) (h) (f) (h) (h) (h) (h) (h	Description ne 15) .	es' on Forn	1 990, Part IV, lir	(b) Book value
Other Assets. Complete if the organization (a) (a) (b) (c) (d) (d) (d) (e) (e) (e) (f) (f) (g) (g) (g) (g) (g) (g	Description ne 15) .	es' on Forn	1 990, Part IV, lir	(b) Book value

Part XI

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Part XII

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2

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d

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b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2018

Page 4

-31,201

5,378

2,778,913

2,127,098

2,773,535

b d

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b**

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Net unrealized gains (losses) on investments 2a 2b

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2d -83.411 4a

4b

2a

2b

2c

2d

4a

4b

Explanation

2e 3 5.378

4c

2e

3

4c

5

-31.201

83.411

83,411

-83,411

5,378

Schedule D (Form 990) 2018

2,127,098 5,378 2.132.476 Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Schedule D (Form 990) 2018			
Part XIII Supplemental Info	mation (continued)		
Return Reference	Explanation		

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 36-3383233

Name: FARM AID INC

THE USE OF THIS FUND OF \$367,530 IS RESTRICTED TO THE YOUNKERS - FARM AID SCHOLARSHIP

Return Reference

PART V, LINE 4

PROGRAM

upplemental Information					
Return Reference	Explanation				
PART XI, LINE 2D - OTHER ADJUSTMENTS	CONTRIBUTED SERVICES THAT ARE DIRECT EXPENSES TO SPECIAL EVENTS -83,411				

Sı

upplemental Information					
Return Reference	Explanation				
PART XII, LINE 2D - OTHER ADJUSTMENTS	CONTRIBUTED SERVICES THAT ARE DIRECT EXPENSES TO SPECIAL EVENTS -83,411				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135026839 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** FARM AID INC 36-3383233 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e q, program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) (1) NORTH AMERICA 0 0 TICKET SALES N/A (2) (3) (4) (5) 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) O

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(2) (3) (4)

(5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14)

(15) (16) (17) (18) Page 3

Schedule F (Form 990) 2018

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (c) Number of (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

(1)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instructions for Form 6005)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	☐ Yes	✓ No

Schedule F (F (Form 990) 2018	Page 5
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part any additional information (see instructions).	ting
990 Sched Retu Refere		
	rence	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

DLN: 93493135026839 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Attach to Form 990 or Form 990-EZ. Go to www irs gov/Form990 for instructions and the latest information

Name of the organization **Employer identification number** FARM AID INC 36-3383233 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sche	dule G (Form 990 or 990-EZ) 2018					Page 3
11	Does the organization conduct gaming	activities with nonmemb	pers?		☐ Yes ☐ No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		□Yes □No	
13	Indicate the percentage of gaming activ	vity conducted in				
а	The organization's facility			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the pers	son who prepares the or	ganization's gaming/special events books and re	cords		
	Name ►					
	Address ►					
15a	Does the organization have a contract version revenue?	with a third party from v	vhom the organization receives gaming		☐ Yes ☐ No	
Ь	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		organization • \$ and th	e		
С	If "Yes," enter name and address of the	e third party				
	Name					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$		······			
	Description of services provided ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐ Yes ☐ No	
Ь	Enter the amount of distributions required in the organization's own exempt activities.		ributed to other exempt organizations or spent \$ \$			
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor			
	Return Reference		Explanation			

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493135026839 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number FARM AID INC 36-3383233 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018					Page 2
Part III Grants and Other Assistance Part III can be duplicated if add		als. Complete if the orga	inization answered "Yes"	on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	, (f) Description of noncash assistance
(1) EMERGENCY AND FARM DISASTER GRANT	109 TS	54,244		N/A	N/A
(2)			1		
(3)					
(4)					
(5)					
(6)					
(7)				1	
Part IV Supplemental Inform	nation. Provide the infe	ormation required in F	Part I, line 2; Part III	I, column (b); and any other a	additional information.
Return Reference Explan	nation	,			

FARM AID REQUIRES TWO REPORTS PER GRANT CYCLE 1 THE FIRST REPORT, DUE ON JULY 15 OF THE GRANT YEAR, SHOULD PROVIDE A NARRATIVE AND PART I, LINE 2

FINANCIAL INFORMATION ON HOW THE GRANTEE HAS USED THEIR GRANT AWARD IN THE FIRST SIX MONTHS OF THE GRANT YEAR IF THE GRANT FUNDS HAVE BEEN FULLY EXPENDED AT THIS TIME, THIS REPORT MAY BE CONSIDERED THE FINAL REPORT, BUT MUST BE IDENTIFIED AS SUCH IN THE COVER LETTER 2 THE SECOND REPORT. DUE ON FEBRUARY 1 OF THE FOLLOWING YEAR. SHOULD UPDATE THE SAME INFORMATION THROUGH THE END OF THE GRANT YEAR AND PROVIDE QUALITATIVE AND QUANTITATIVE DATA ON ACTIVITIES AND FARMERS REACHED THROUGH MEMBERSHIP, OUTREACH AND HOTLINE SERVICES 3 ADDITIONAL REQUESTS FOR SUPPORT WILL NOT BE CONSIDERED UNTIL ANY AND ALL OUTSTANDING GRANT REPORTS ARE RECEIVED AND APPROVED BY FARM AID

Additional Data

ST PAUL, MN 55102

Software ID: **Software Version: EIN:** 36-3383233 Name: FARM AID INC

Form 990.Schedule I. F	Part II. Grants and Other	Assistance to Domestic	Organizations and Do	mestic Governme

orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY SEED INC 817 GRANT AVE NO 101	83-0397621	501(C)(3)	5,000		N/A	l '	GROWING THE GOOD FOOD MOVEMENT

o. go				 		
CITY SEED INC 817 GRANT AVE NO 101 NEW HAVEN, CT 06511	83-0397621	501(C)(3)	5,000	N/A	I *	GROWING THE GOOD FOOD MOVEMENT
FARMERS' LEGAL ACTION GROUP 6 WEST FIFTH ST SUITE 650	36-3431212	501(C)(3)	50,000	N/A	I	HELPING FARMERS THRIVE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 38-2652620 501(C)(3) 31,250 N/A N/A TAKING ACTION TO NATIONAL FAMILY FARM HE SYSTEM.

COALITION 110 MARYLAND AVE SE SUITE 307 WASHINGTON, DC 20002						HELPING FARMERS THRIVE
RURAL ADVANCEMENT	56-1704863	501(C)(3)	45,000	 N/A	N/A	HELPING FARMERS

FOUNDATION INTERNATIONAL LIHKIVE PO BOX 640

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PITTSBORO, NC 27312

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance LAND LOSS PREVENTION 56-1348982 501(C)(3) 17 500 N/A IN/A HEI DING FARMERS

PROJECT PO BOX 179 DURHAM, NC 27702	30 13-0302	301(0)(3)	17,300	1970	.,,	THRIVE
COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE	04-3416862	501(C)(3)	5,000	N/A	I **	GROWING THE GOOD FOOD MOVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1 SUGARLOAF STREET SOUTH DEERFIELD, MA 01373

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 32-0007171 501(C)(3) 5.000 IN/A CONNECTICUT FARMLAND N/A HELPING FARMERS TRUST THRIVE 77 BUCKINGHAM STREET

HARTFORD, CT 06106

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PAWTUCKET, RI 02860

FARM FRESH RHODE ISLAND 20-4625643 501(C)(3) 5.000 IN/A N/A IGROWING THE GOOD 1005 MAIN ST UNIT 8130 FOOD MOVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 58-1026695 501(C)(3) 37.500 N/A IN/A HELPING FARMERS FEDERATION OF SOUTHERN COOPERATIVES THRIVE, TAKING 2769 CHURCH STREET ACTION FOR CHANGE EAST POINT, GA 30344 FARMWORK ASSOC OF 59-2683978 501(C)(3) 6.000 N/A IN/A IGROWING THE GOOD FLORIDA FOOD MOVEMENT

1264 APOPKA BLVD APOPKA, FL 32703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 43-2112710 501(C)(3) 5.000 IN/A GROWING THE GOOD GROW PITTSBURGH N/A

IFOOD MOVEMENT

GROW PITTSBURGH 43-2112710 501(C)(3) 5,000 N/A N/A GROWING THE GOOD FOOD MOVEMENT

PITTSBURGH, PA 15206 S10(C)(3) 5,000 N/A N/A GROWING THE GOOD

GREEN VILLAGE INITIATIVE 27-1439954 501(C)(3) 5,000 N/A N/A GROWING THE GOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

325 LAFAYETTE ST UNIT 9101

BRIDGEPORT, CT 06604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 26-1286043 501(C)(3) 5.000 IN/A DREAMING OUT LOUD N/A IGROWING THE GOOD 80 M STREET SE WE WORK FOOD MOVEMENT WASHINGTON, DC 20003 IOWA CITIZENS FOR 42-1110721 501(C)(3) 7.500 N/A N/A TAKING ACTION TO CHANGE THE SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COMMUNITY IMPROVEMENT 2001 FOREST AVENUE DES MOINES, IA 50311

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 06-0199180 501(C)(3) 5.000 IN/A HARTFORD FOOD SYSTEMS N/A IGROWING THE GOOD 190 WETHERSFIELD AVE FOOD MOVEMENT HARTFORD, CT 06114 OHIO ECOLOGICAL FOOD & 34-1638273 501(C)(3) 6,000 N/A N/A TAKING ACTION TO

ICHANGE THE SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FARM ASSOCIATION 41 CROSWELL ROAD COLUMBIA, OH 43214

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization ıf applıcable grant cash or assistance or government other) assistance 25-1685497 501(C)(3) 7,000 N/A N/A HELPING FARMERS PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE THRIVE

AGRICULTURE PO BOX 419 MILLHEIM, PA 16854					
SOUTHWEST GEORGIA PROJECT FOR COMMUNITY EDUCATION INC 1216 DAWSON ROAD SUITE 108	58-1172475	501(C)(3)	8,000	N/A	HELPING FARMERS THRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ALBANY, GA 31707

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-2706460 501(C)(3) 6.000 N/A IN/A WEST VIRGINIA FOOD & FARM TAKING ACTION TO COALITION CHANGE THE SYSTEM 3820 MACCORKLE AVE SE

3820 MACCORKLE AVE SE CHARLESTON, WV 25304

WESTERN ORGANIZATION OF RESOURCE COUNCILS 220 SOUTH 27TH STREET

TAKING ACTION TO CHANGE THE SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE B

BILLINGS, MT 59101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 31-1445533 501(C)(3) 7.500 N/A IN/A HELPING FARMERS APPALACHIAN SUSTAINABLE THRIVE

CHANGE THE SYSTEM

DEVELOPMENT PO BOX 791 ABINGDON, VA 24212 DAKOTA RESOURCE COUNCIL 45-0363903 501(C)(3) 7.000 N/A IN/A TAKING ACTION TO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1200 MISSOURI AVENUE

BISMARCK, ND 58504

SUITE 201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 06-0985421 501(C)(3) 5.000 IN/A KNOX HARTFORD N/A HELPING FARMERS 75 LAUREL STREET THRIVE HARTFORD, CT 06106 MISSOURI RURAL CRISIS 43-1432033 501(C)(3) 7.500 N/A N/A TAKING ACTION TO

CHANGE THE SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CENTER

1108 RANGELINE STREET COLUMBIA, MO 65201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 23-7206884 501(C)(3) 6.500 IN/A RODALE INSTITUTE N/A TAKING ACTION TO CHANGE THE SYSTEM -ORGANIC FARMERS ASSOCIATION

N/A

IN/A

GROWING THE GOOD

FOOD MOVEMENT

611 SIEGFRIEDALE KUTZTOWN, PA 19530

6.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

APPALACHIAN CENTER FOR ECONOMIC NETWORKS

94 COLUMBUS ROAD ATHENS, OH 45701

31-1129632

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-0398656 501(C)(3) 8.504 IN/A TAKING ACTION TO DAKOTA RURAL ACTION N/A PO BOX 549 CHANGE THE SYSTEM BROOKINGS, SD 57006 INTERCHURCH MINISTRIES OF 47-0379495 10,000 N/A HELPING FARMERS

501(C)(3) N/A NEBRASKA THRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2012 SOUTH 13TH STREET LINCOLN, NE 68502

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance NATIONAL SUSTAINABLE 47-0553823 501(C)(3) 15.000 N/A IN/A TAKING ACTION TO CHANGE THE SYSTEM AGRICULTURE COALITION 110 MARYLAND AVE NE STE 209 WASHINGTON, DC 20002

6,000

N/A

HELPING FARMERS

THRIVE

N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

OPERATION SPRING PLANT

PO BOX 1759

OXFORD, NC 27565

58-2037106

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 22-2574183 501(C)(3) 14.000 N/A IN/A NORTHEAST ORGANIC TAKING ACTION TO CHANGE THE SYSTEM FARMING ASSOCIATION

N/A

IN/A

GROWING THE GOOD FOOD MOVEMENT-

BRIDGEPORT FARMERS

MARKET COLLABORATIVE

5.000

BARRE, MA 01005		
NOURISH BRIDGEPORT INC PO BOX 1859	27-4186000	

BRIDGEPORT, CT 06601

501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-3375151 501(C)(3) 5.000 N/A IN/A GROWING THE GOOD RED TOMATO INC 76 EVERETT SKINNER ROAD FOOD MOVEMENT 77-0566055 501(C)(3) 6.000 N/A IN/A HELPING FARMERS

PLAINVILLE, MA 02762 AGRICULTURE AND LAND-THRIVE BASED TRAINING ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 6264 SALINAS, CA 93912

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 56-2461946 501(C)(3) 5.000 N/A IN/A ALABAMA SUSTAINABLE IGROWING THE GOOD AGRICULTURE NETWORK FOOD MOVEMENT

N/A

IN/A

IGROWING THE GOOD

FOOD MOVEMENT

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PO BOX 2533

SOUTHEAST MA

PO BOX 80625

BIRMINGHAM, AL 35202

AGRICULTURAL PARTNERSHIP

SOUTH DARMOUTH, MA 02536

20-1625240

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 46-5691864 501(C)(3) 5.000 N/A IN/A HELPING FARMERS THE LIVESTOCK INST OF SOUTHERN NEW ENGLAND THRIVE 298 STATE ROAD

REFORM COLLABORATIVE

WESTPORT, MA 02790 TRUST FOR CONSERVATION 91-2166435 501(C)(3) 5.000 N/A IN/A TAKING ACTION TO

INNOVATION CHANGE THE SYSTEM -405 14TH STREET SUITE 164 ANIMAL AGRICULTURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OAKLAND, CA 94612

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 68-0359676 501(C)(3) 7.500 N/A IN/A TAKING ACTION TO OCCIDENTAL ARTS & ECOLOGY CENTER CHANGE THE SYSTEM -

15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465					l .	CALIFORNIA CLIMATI AND AGRICULTURE NETWORK
CALIFORNIA FARMLINK	94-3332630	501(C)(3)	5,000	N/A	l · ·	HELPING FARMERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

335 SPRECKELS DRIVE SUITE

THRIVE APTOS, CA 95003

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 84-0837218 501(C)(3) 5.000 N/A IN/A WESTERN CO ALLIANCE FOR IGROWING THE GOOD COMMUNITY ACTION FOOD MOVEMENT PO BOX 1931

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GRAND JUNCTION, CO 81502
COMMUNITY ALLIANCE WITH

COMMUNITY ALLIANCE WITH 94-2914745 501(C)(3) 6,000 N/A TAKING ACTION TO CHANGE THE SYSTEM PO BOX 363 DAVIS, CA 95617

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 61-1092056 501(C)(3) 6.000 IN/A TAKING ACTION TO COMMUNITY FARM ALLIANCE N/A PO BOX 130 CHANGE THE SYSTEM BEREA, KY 40403

39-1854577 501(C)(3) 10,000 N/A N/A HELPING FARMERS WISCONSIN FARMERS UNION FOUNDATION THRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

117 W SPRING STREET CHIPPEWA FALLS, WI 54729

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-2365320 501(C)(3) 5.000 IN/A IGROWING THE GOOD CULTIVATE KANSAS CITY N/A 4223 GIBBS ROAD FOOD MOVEMENT KANSAS CITY, KS 66106

N/A

N/A

HELPING FARMERS

THRIVE

5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

26-3662215

FOOD WORKS

PO BOX 3855

CARBONDALE, IL 62902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 501(C)(3) 6.000 IN/A FAMILY FARM DEFENDERS 39-1814573 N/A TAKING ACTION TO CHANGE THE SYSTEM

FARM AND RANCH

FREEDOM ALLIANCE

PO BOX 1772 MADISON, WI 53701

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 809

CAMERON, TX 76520

COUNCIL FOR HEALTHY FOOD 45-1420591 501(C)(3) 6,000 N/A N/A TAKING ACTION TO CHANGE THE SYSTEM -SYSTEMS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 30-0390131 501(C)(3) 5.000 IN/A TAKING ACTION TO FRIENDS OF FAMILY FARMERS N/A ICHANGE THE SYSTEM 249 LIBERTY STREET NE SUITE

212 SALEM, OR 97301

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10038

GROWNYC 13-2765465 501(C)(3) 5.000 N/A IN/A IGROWING THE GOOD 100 GOLD STREET SUITE 3300 FOOD MOVEMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

N/A

N/A

HELPING FARMERS

PROJECT

THRIVE - THE CARROT

TSNE MISSION WORKS 0 89 SOUTH STREET SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	5,000	N/A	,	TAKING ACTION TO CHANGE THE SYSTEM - REAL FOOD CHALLENGE

TSNE MISSION WORKS 04-2261109 501(C)(3) 5,000

89 SOUTH STREET SUITE 700

BOSTON, MA 02111

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-2261109 501(C)(3) 6,000 N/A N/A HELPING FARMERS TSNE MISSION WORKS OO COUTH CEREET CHITE 700

BOSTON, MA 02111					SUSTAINABLE FARMING PROJECT
HOLISTIC MANAGEMENT INTERNATIONAL 5941 JEFFERSON STREET	85-0324203	501(C)(3)	6,000	N/A	HELPING FARMERS THRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE B ALBUQUERQUE, NM 87109

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance TIDES CENTER 94-3213100 501(C)(3) 6.000 N/A N/A GROWING THE GOOD 405 14TH STREET SHITE 164 FOOD MOVEMENT -

OAKLAND, CA 94612						NORTHEAST SUSTAINABLE AG WORKING GROUP
THE LAND CONNECTION	37-1413944	501(C)(3)	5,000	N/A	N/A	HELPING FARMERS

206 N RANDOLPH STREET THRIVE SUITE 400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHAMPAIGN, IL 61820

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 41-1246504 501(C)(3) 6.000 IN/A THE FOOD GROUP N/A HELPING FARMERS 8501 54TH AVE N THRIVE

NEW HOPE, MN 55428 SUSTAINABLE FOOD CENTER 74-2441468 501(C)(3) 5.000 N/A N/A GROWING THE GOOD 2921 F 17TH STREET LEGOD MOVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BUILDING C

AUSTIN, TX 78702

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance SOUTHERN SUSTAINABLE 71-0844535 501(C)(3) 5.000 N/A IN/A TAKING ACTION TO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RESOURCE COUNCILS

910 W MAIN STREET 244 BOISE, ID 83702

AGRICULTURE WORKING GROUP PO BOX 1552 FAYETTEVILLE, AR 72702			5,			CHANGE THE SYSTEM
IDAHO ORGANIZATION OF	46-5310102	501(C)(3)	7,000	N/A	N/A	TAKING ACTION TO

CHANGE THE SYSTEM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 37-6160476 501(C)(3) 6.000 N/A IN/A ILLINOIS STEWARDSHIP TAKING ACTION TO CHANGE THE SYSTEM ALLIANCE

230 BROADWAY STREET SUITE 200 SPRINGFIELD, IL 62701						
INSTITUTE FOR AGRICULTURE & TRADE POLICY	36-3501938	501(C)(3)	7,000	N/A	I .	TAKING ACTION TO CHANGE THE SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2105 FIRST AVENUE S MINNEAPOLIS, MN 55404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance RURAL VERMONT 22-3045871 501(C)(3) 5.000 N/A IN/A TAKING ACTION TO 46 EAST STATE STREET CHANGE THE SYSTEM

46 EAST STATE STREET
MONTPELIER, VT 05602

KANSAS FARMERS UNION 48-1183833 501(C)(3) 7,000

N/A N/A TAKING ACTION TO CHANGE THE SYSTEM 115 E MARLIN SUITE 108 BOX

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1064

MCPHERSON, KS 67460

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 02-0530711 501(C)(3) 5.000 IN/A LAND FOR GOOD N/A HELPING FARMERS 39 CENTRAL SQUARE SUITE THRIVE

CHANGE THE SYSTEM

306 KEENE, NH 03431

LAND STEWARDSHIP PROJECT 41-1466054 501(C)(3) 7.000 IN/A TAKING ACTION TO N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

821 EAST 35TH STREET

MINNEAPOLIS, MN 55407

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-4137130 501(C)(3) 5.000 IN/A LOCAL FOOD HUB N/A HELPING FARMERS PO BOX 4647 THRIVE CHARLOTTESVILLE, VA 22905 ORGANIZATION FOR 91-1904212 501(C)(3) 5.000 N/A N/A TAKING ACTION TO

CHANGE THE SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COMPETITIVE MARKETS

PO BOX 6486 LINCOLN, NE 68506

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 01-6048322 501(C)(3) 5.000 N/A IN/A HELPING FARMERS MAINE ORGANIC FARMERS AND GARDENERS THRIVE ASSOCIATION PO BOX 170 UNITY, ME 04988 N/A ROGUE FARM CORPS 03-0529330 501(C)(3) 5,000 N/A HELPING FARMERS

THRIVE

PO BOX 533

ASHLAND, OR 97520

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 39-1824623 501(C)(3) 6.000 N/A IN/A HELPING FARMERS MIDWEST ORGANIC & THRIVE

N/A

HELPING FARMERS

THRIVE

N/A

SUSTAINABLE EDUCATION SERVICE PO BOX 339 SPRING VALLEY, WI 54767

6,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

QUIVIRA COALITION

SANTA FE, NM 87505

1413 SECOND STREET SUITE 1

31-1551770

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance ACTION TO THE SYSTEM IN/A NORTHERN PLAINS RESOURCE 81-0367205 501(C)(3) 7.000 N/A TAKING ACTION TO

CHANGE THE SYSTEM

NATIONAL YOUNG FARMERS COALITION PO BOX 1074 HUDSON, NY 12534	47-2072946	501(C)(3)	6,000	N/A	N/A	TAKING A CHANGE T

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COUNCIL

220 S 27TH STREET SUITE A BILLINGS, MT 59101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 42-1255174 501(C)(3) 6.000 IN/A PRACTICAL FARMERS OF IOWA N/A HELPING FARMERS 1615 GOLDEN ASPEN DRIVE THRIVE SUITE 101 AMES. IA 50010

IN/A

N/A

TAKING ACTION TO

CHANGE THE SYSTEM

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

OREGON RURAL ACTION

LA GRANDE, OR 97850

PO BOX 1231

03-0383463

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-2183158 501(C)(3) 5.000 N/A IN/A POWDER RIVER BASIN IGROWING THE GOOD RESOURCE COUNCIL FOOD MOVEMENT

934 NORTH MAIN STREET
SHERIDAN, WY 82801

ORGANIC FARMING RESEARCH 77-0252545 501(C)(3) 5,000 N/A N/A HELPING FARMERS THRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 440

SANTA CRUZ, CA 95060

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

ORGANIC SEED ALLIANCE 51-0175667 501(C)(3) 5,000 N/A N/A TAKING ACTION TO CHANGE THE SYSTEM

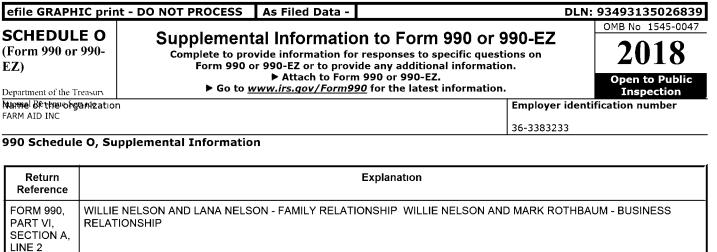
Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PORT TOWNSEND, WA 98368

DLN: 93493135026839 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** FARM AID INC 36-3383233 **Types of Property** (a) (b) (c) (d) Check If Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . . 2 Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . . 24,408 MARKET QUOTATIONS Securities—Publicly traded . Χ 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy Historical artifacts . . . 22 23 Scientific specimens . . Archeological artifacts . . 28,807 FAIR MARKET VALUE 25 Other ▶ (Χ 18 FOOD AND BEVERAGES) 4,867 ESTIMATED FAIR VALUE **26** Other ▶ (DONATED AUCTION ITEMS AND PACKAGES) 27 Other ► (_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II 31 No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2018) Cat No 51227J

Schedule M (Form 990) (2018)					
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
Return Reference	Explanation				
,	THE ORGANIZATION WORKS WITH A THIRD PARTY THAT USES AN ONLINE AUCTION PLATFORM TO SELL A CURATED LIST OF AUCTION ITEMS AUCTION ITEMS INCLUDE MEMORABILIA FROM THE BOARD MEMBERS AND ARTISTS THAT PERFORM AT THE ANNUAL FESTIVAL AS WELL AS TICKETS TO THE FESTIVAL AND OTHER EXPERIENCES THE PROCEEDS FROM THE SALE OF THE AUCTION ITEMS BENEFIT THE ORGANIZATION				

Schedule M (Form 990) (2018)



Return Explanation
Reference

LINE 8B

FORM 990, THERE WERE NO COMMITTEE MEETINGS HELD IN 2018
PART VI,
SECTION A.

Return Explanation
Reference

FORM 990, A DRAFT OF THE 2018 FORM 990 IS PROVIDED TO MANAGEMENT FOR REVIEW AND APPROVAL A FINAL DR
PART VI, AFT IS SUBMITTED TO THE BOARD FOR REVIEW PRIOR TO SUBMISSION TO THE IRS
SECTION B,
LINE 11B

Return Explanation

LINE 12C

FORM 990, FARM AID'S CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS AND OFFICERS IT IS MO NITORED BY THE ORGANIZATION'S OPERATIONS DIRECTOR SECTION B.

990 Schedule O, Supplemental Information Return Explanation

FORM 990,
PART VI,
SECTION B,
LINE 15

FARM AID METHODICALLY ASSESSES AND MAKES DECISIONS ON SALARY LEVELS BASED ON INDEPENDENT M
ARKET RATE COMPENSATION SURVEYS PRODUCED BY ITS PAYROLL PROVIDER, A NATIONAL LEADER IN PAY
ROLL MANAGEMENT SALARIES ARE DETERMINED USING THE COMPENSATION ANALYSES, AND BASED ON THE
50TH PERCENTILE OF MARKET RATE FOR EACH POSITION GIVEN FARM AID'S GEOGRAPHIC LOCATION AND

LINE OF WORK ADDITIONALLY, FARM AID UTILIZES BUREAU OF LABOR STATISTICS DATA FOR ANNUAL COST OF LIVING SALARY INCREASES, TO BE WAIVED IN THE EVENT OF SEVERE ORGANIZATIONAL FINANC IAL DIFFICULTY, OR IN THE EVENT OF A RECENT MARKET RATE ADJUSTMENT EXPANSION OF JOB DESCR IPTION IS THE DETERMINING FACTOR IN MAKING OTHER SALARY INCREASES THE EXECUTIVE DIRECTOR MAKES ALL FINAL SALARY DETERMINATIONS, EXCEPT IN THE CASE OF THE EXECUTIVE DIRECTOR'S SALA RY, IN WHICH CASE, IT IS DETERMINED BY THE BOARD OF DIRECTORS

Return Explanation
Reference

FORM 990, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST FINAN CIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE, AND ARE ALSO MADE AVAILABLE UPON REQUEST SECTION C, LINE 19

Return Explanation

	Itticicion	
ľ	FORM 990,	THIS AMOUNT ALSO INCLUDES \$307,382 OF SPONSORSHIP INCOME RECEIVED FOR THE CONCERT AND BENEFIT
	PART VIII,	EVENTS IN 2018
ı	LINE 1F	