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EXTENDED TO NOVEMBER 16, 2020

OMB No 1545-0047

2019

Open to Public Inspection

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

**A** For the 2019 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MASSACHUSETTS SOCIETY FOR PROMOTING AGRICULTURE</b>		<b>D</b> Employer identification number <b>04-2265469</b>
	Doing business as		<b>E</b> Telephone number <b>(617) 224-1900</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>8PRIO WEALTH, 265 FRANKLIN ST, 20FL</b>		<b>G</b> Gross receipts \$ <b>1,242,828.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02110</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>ALLEN D. BERRY</b> <b>69 CROSS STREET, BOYLSTON, MA 01505</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 5 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.PROMOTINGMASSAG.ORG</b>			
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>BODY</b> <b>L</b> Year of formation: <b>1792</b> <b>M</b> State of legal domicile: <b>MA</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO INCREASE THE KNOWLEDGE AND UNDERSTANDING OF AGRICULTURE AND STIMULATE RESEARCH IN NEW FIELDS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>12</b>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>12</b>		
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <b>5</b> <b>0</b>		
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>0</b>		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (A), line 12 <b>7a</b> <b>0.</b>		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 <b>7b</b> <b>0.</b>			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>292,269.</b>	<b>358,679.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>292,269.</b>	<b>358,679.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>150,928.</b>	<b>124,464.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>		
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>47,593.</b>	<b>50,068.</b>
	<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>198,521.</b>	<b>174,532.</b>
	<b>19</b> Revenue less expenses - Subtract line 18 from line 12	<b>93,748.</b>	<b>184,147.</b>
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,067,375.</b>	<b>4,251,522.</b>
	<b>22</b> Net assets or fund balances - Subtract line 21 from line 20	<b>0.</b>	<b>0.</b>
		<b>4,067,375.</b>	<b>4,251,522.</b>

**Part II Signature Block**

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

<b>Signature</b> <b>Here</b>	<b>Signature of officer</b> <b>ALLEN D. BERRY, TREASURER</b>	<b>Date</b> <b>8-18-2020</b>
	<b>Type or print name and title</b>	
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> <b>ELISABETH H KFOURY CPA</b>	<b>Preparer's signature</b> <b>Elisabeth H Kfoury CPA</b>
	<b>Firm's name</b> <b>EARLENE D BAKERMAN CPA</b>	<b>Date</b> <b>08/04/20</b>
	<b>Firm's address</b> <b>865 TURNPIKE STREET</b> <b>NORTH ANDOVER, MA 01845-6139</b>	<b>Check if self-employed</b> <input type="checkbox"/> <b>PTIN</b> <b>P00004533</b>
		<b>Firm's EIN</b> <b>22-2674480</b>
		<b>Phone no.</b> <b>978-691-5115</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

6.19

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AGRICULTURE

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**Part III** Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

THE MASSACHUSETTS SOCIETY FOR PROMOTING AGRICULTURE WAS INCORPORATED  
ON MARCH 7, 1792 BY AN ACT OF THE SENATE AND THE HOUSE OF  
REPRESENTATIVES IN GENERAL COURT ASSEMBLED IN THE COMMONWEALTH OF  
MASSACHUSETTS. THE PURPOSE OF THE SOCIETY IS TO ALLOCATE THE FUNDS

2 Did the organization undertake any significant program services during the year which were not listed on the  
prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  
revenue, if any, for each program service reported.

4a (Code ) (Expenses \$ including grants of \$ 124,464. ) (Revenue \$ )  
SEE STATEMENT ATTACHED FOR GRANTS PAID

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		<b>X</b>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		<b>X</b>
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
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 <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 <b>Section 501(c)(3) organizations.</b> 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	
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	16	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	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.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		X

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

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

☒ X

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	12													
b Enter the number of voting members included on line 1a, above, who are independent		12												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2											X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4										X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				5										X
6 Did the organization have members or stockholders?				6										X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				7a										X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				7b										X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?					8a					X				
b Each committee with authority to act on behalf of the governing body?					8b					X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O												9		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b													
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a											X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990				11b											
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					12a										X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					12b										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						12c									
13 Did the organization have a written whistleblower policy?							13								X
14 Did the organization have a written document retention and destruction policy?							14								X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official								15a							X
b Other officers or key employees of the organization								15b							X
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 taxable entity during the year?												16a			X
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?													16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **MA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records **ALLEN D. BERRY, TREASURER - (508)869-6661**  
**69 CROSS STREET, BOYLSTON, MA 01505**

**MASSACHUSETTS SOCIETY FOR PROMOTING  
AGRICULTURE**

Form 990 (2019)

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FREDRICK S. MOSELEY, III HONORARY TRUSTEE	0.50	X						0.	0.	0.
(2) FREDERIC WINTHROP, JR TRUSTEE	0.50	X						0.	0.	0.
(3) TIMOTHY K. HOLLANDER HONORARY TRUSTEE	0.50	X						0.	0.	0.
(4) DUDLEY H. WILLIS 2ND VICE PRESIDENT	1.00	X		X				0.	0.	0.
(5) ROBERT R. BORDEN, III HONORARY TRUSTEE	2.00	X						0.	0.	0.
(6) JONATHAN L. HEALY TRUSTEE	0.50	X						0.	0.	0.
(7) JEROME C. HUNSAKER, III TRUSTEE	0.50	X						0.	0.	0.
(8) ROBERT T. HALL SECRETARY	1.00	X		X				0.	0.	0.
(9) JOHN D. LEE PRESIDENT	2.00	X		X				0.	0.	0.
(10) FREDERICK L. DABNEY TRUSTEE	0.50	X						0.	0.	0.
(11) ROBERT W MACLEOD TRUSTEE	0.50	X						0.	0.	0.
(12) ALLEN D. BERRY TREASURER	0.50	X		X				0.	0.	0.
(13) J. PHILIP LEE TRUSTEE	0.50	X						0.	0.	0.
(14) SCOTT J. SOARES TRUSTEE	0.50	X						0.	0.	0.
(15) FREDERICK AMES TRUSTEE	0.50	X						0.	0.	0.

**MASSACHUSETTS SOCIETY FOR PROMOTING  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

**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 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**Section 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) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**MASSACHUSETTS SOCIETY FOR PROMOTING  
AGRICULTURE**

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
<b>Program Service Revenue</b>	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			124,281.	124,281.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	7a	1,118,547.					
	b Less: cost or other basis and sales expenses	7b	884,149.				
	c Gain or (loss)	7c	234,398.				
	d Net gain or (loss)			234,398.	234,398.		
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	Business Code						
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			358,679.	358,679.	0.	0.	

**MASSACHUSETTS SOCIETY FOR PROMOTING  
AGRICULTURE**

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**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐

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) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	124,464.			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees)				
<b>a</b> Management	40,664.			
<b>b</b> Legal				
<b>c</b> Accounting	3,200.			
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	1,993.			
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CUSTODIAL FEES	3,297.			
<b>b</b> FOREIGN TAXES	724.			
<b>c</b> ADR TAX RECLAIM FEE	105.			
<b>d</b> ANNUAL REPORT FILING FE	85.			
<b>e</b> All other expenses				
<b>25</b> Total functional expenses Add lines 1 through 24e	174,532.			
<b>26</b> 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)

**MASSACHUSETTS SOCIETY FOR PROMOTING  
AGRICULTURE**

Form 990 (2019)

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	145,327.	2	236,004.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	3,890,048.	11	3,983,518.
	12 Investments - other securities. See Part IV, line 11	30,000.	12	30,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,000.	15	2,000.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	4,067,375.	16	4,251,522.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	0.	26	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	4,067,375.	27	4,251,522.
	28 Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 <b>Total net assets or fund balances</b>	4,067,375.	32	4,251,522.
33 <b>Total liabilities and net assets/fund balances</b>	4,067,375.	33	4,251,522.	

Form 990 (2019)

**MASSACHUSETTS SOCIETY FOR PROMOTING  
AGRICULTURE**

Form 990 (2019)

04-2265469 Page **12**

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	358,679.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	174,532.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	184,147.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	4,067,375.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	4,251,522.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☐

<b>1</b>	Accounting method used to prepare the Form 990. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		<b>Yes</b>	<b>No</b>
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>		<b>X</b>
<b>c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>3a</b>		<b>X</b>
<b>b</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 on Schedule O and describe any steps taken to undergo such audits	<b>3b</b>		

Form **990** (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization **MASSACHUSETTS SOCIETY FOR PROMOTING AGRICULTURE**

Employer identification number  
**04-2265469**

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** 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.

1 (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
FREED SEED FEDERATION PO BOX 3090 WESTPORT, MA 02790	82-2907344	501(C)(3)	10,000.	0.			TO DEVELOP SEED LINES THAT WILL BE SPECIFICALLY SUITED TO THE EXPRESSED NEEDS TO MA FARMERS AND
UNIVERSITY OF MASSACHUSETTS, AMHERST - 710 NORTH PLEASANT STREET - AMHERST, MA 01003-9246	04-3167352	501(C)(1)	20,000.	0.			RONALD J. PROKOPY MEMORIAL ENDOWMENT
THE LIVESTOCK INSTITUTE SOUTHERN NEW ENGLAND MEAT PROCESSING - P.O. BOX 879 - WESTPORT, MA 02790	45-5691864	501(C)(3)	25,000.	0.			TO ASSIST IN PURCHASING EQUIPMENT FOR THE FACILITY
UMASS, STOCKBRIDGE SCHOOL OF AGRICULTURE - 161 HOLDSWORTH WAY - AMHERST, MA 0100	04-3167352	501(C)(1)	21,964.	0.			FOR THE DEVELOPMENT OF PERMANENT TRAP AND KILL SITES USING SELECTED PERIMETER-ROW GRAFTED
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	10,000.	0.			GRANT TO SIGNIFICANTLY INCREASE THE AVAILABILITY OF AND ACCESS TO AFFORDABLE, FRESH AND
DIMAS FAMILY FARM 74 PROVIDENCE STREET WORCESTER, MA 01604	22-2599363	501(C)(3)	7,500.	0.			TO SUPPORT THE DEVELOPMENT OF A 100% RENEWABLE ENERGY ENTERPRISE AND REDUCE THE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

Schedule I (Form 990) (2019)

## Page 1

<b>Part II</b>	<b>Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)</b>
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Schedule I (Form 990)									
Part I	Part II	Part III	Part IV	Part V	Part VI	Part VII	Part VIII	Part IX	Part X
<p>1. Name of the organization</p> <p>2. EIN</p> <p>3. State of incorporation</p> <p>4. Year of incorporation</p> <p>5. Fiscal year ending on</p> <p>6. Principal office address</p> <p>7. Mailing address</p> <p>8. Website</p> <p>9. Telephone number</p> <p>10. Fax number</p> <p>11. Email address</p> <p>12. DBO/CEO/President</p> <p>13. Treasurer</p> <p>14. Controller</p> <p>15. Secretary</p> <p>16. Director</p> <p>17. Director</p> <p>18. Director</p> <p>19. Director</p> <p>20. Director</p> <p>21. Director</p> <p>22. Director</p> <p>23. Director</p> <p>24. Director</p> <p>25. Director</p> <p>26. Director</p> <p>27. Director</p> <p>28. Director</p> <p>29. Director</p> <p>30. Director</p> <p>31. Director</p> <p>32. Director</p> <p>33. Director</p> <p>34. Director</p> <p>35. Director</p> <p>36. Director</p> <p>37. Director</p> <p>38. Director</p> <p>39. Director</p> <p>40. Director</p> <p>41. Director</p> <p>42. Director</p> <p>43. Director</p> <p>44. Director</p> <p>45. Director</p> <p>46. Director</p> <p>47. Director</p> <p>48. Director</p> <p>49. Director</p> <p>50. Director</p> <p>51. Director</p> <p>52. Director</p> <p>53. Director</p> <p>54. Director</p> <p>55. Director</p> <p>56. Director</p> <p>57. Director</p> <p>58. Director</p> <p>59. Director</p> <p>60. Director</p> <p>61. Director</p> <p>62. Director</p> <p>63. Director</p> <p>64. Director</p> <p>65. Director</p> <p>66. Director</p> <p>67. Director</p> <p>68. Director</p> <p>69. Director</p> <p>70. Director</p> <p>71. Director</p> <p>72. Director</p> <p>73. Director</p> <p>74. Director</p> <p>75. Director</p> <p>76. Director</p> <p>77. Director</p> <p>78. Director</p> <p>79. Director</p> <p>80. Director</p> <p>81. Director</p> <p>82. Director</p> <p>83. Director</p> <p>84. Director</p> <p>85. Director</p> <p>86. Director</p> <p>87. Director</p> <p>88. Director</p> <p>89. Director</p> <p>90. Director</p> <p>91. Director</p> <p>92. Director</p> <p>93. Director</p> <p>94. Director</p> <p>95. Director</p> <p>96. Director</p> <p>97. Director</p> <p>98. Director</p> <p>99. Director</p> <p>100. Director</p>									

**MASSACHUSETTS SOCIETY FOR PROMOTING**

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Schedule I (Form 990) (2019)

**AGRICULTURE**

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information.

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT: FREED SEED FEDERATION**

**(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP SEED LINES THAT WILL BE SPECIFICALLY SUITED TO THE EXPRESSED NEEDS TO MA FARMERS AND GARDENERS**

**NAME OF ORGANIZATION OR GOVERNMENT:**

**UMASS, STOCKBRIDGE SCHOOL OF AGRICULTURE**

**(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE DEVELOPMENT OF PERMANENT**

**TRAP AND KILL SITES USING SELECTED PERIMETER-ROW GRAFTED APPLE CULTIVARS**

MASSACHUSETTS SOCIETY FOR PROMOTING  
AGRICULTURE

Schedule I (Form 990)

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**Part IV** Supplemental Information

TO CONTROL FOR CERTAIN APPLE PESTS.

NAME OF ORGANIZATION OR GOVERNMENT: REGIONAL ENVIRONMENTAL COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SIGNIFICANTLY INCREASE THE  
AVAILABILITY OF AND ACCESS TO AFFORDABLE, FRESH AND LOCALLY GROWN FOODS  
IN WORCESTER'S LOWEST INCOME AND MOST FOOD INSECURE NEIGHBORHOODS.

NAME OF ORGANIZATION OR GOVERNMENT: DIMAS FAMILY FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DEVELOPMENT OF A 100%  
RENEWABLE ENERGY ENTERPRISE AND REDUCE THE OVERHEAD COSTS OF HEATING A  
GREENHOUSE YEAR-ROUND

NAME OF ORGANIZATION OR GOVERNMENT: MA AQUACULTURE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP MAA AND THE AQUACULTURE  
INDUSTRY ENHANCE SERVICES, EDUCATION, OUTREACH AND ENGAGEMENT ACROSS THE  
AQUACULTURE INDUSTRY

PART I, LINE 2

THE ORGANIZATION HAS A GRANTS COMMITTEE. REQUESTS FOR GRANTS ARE  
DIRECTED TO THE COMMITTEE. THE REQUESTS ARE REVIEWED BY THE COMMITTEE  
AND PRESENTED TO THE TRUSTEES AT THE MEETINGS. AFTER A THOROUGH  
REVIEW, A VOTE IS TAKEN AS TO WHETHER OR NOT TO MAKE THE GRANT.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**MASSACHUSETTS SOCIETY FOR PROMOTING  
AGRICULTURE**

Employer identification number  
**04-2265469**

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

BODY POLITIC AND CORPORATE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RELATED TO AGRICULTURE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AVAILABLE TO AGRICULTURAL PROGRAMS IN THE WAY WHICH THE SOCIETY  
BELIEVES WILL BE OF GREATEST BENEFIT TO AGRICULTURE IN MASSACHUSETTS.

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

A COMPLETED COPY OF THE TAX RETURN IS PREPARED AND SENT TO THE TREASURER OF  
THE ORGANIZATION PRIOR TO THE DUE DATE OF THE RETURN. IT IS REVIEWED AND  
IF NO QUESTIONS OR COMMENTS, IT IS MAILED BY THE REQUIRED DUE DATE.

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

INFORMATION FOR PUBLIC INSPECTION IS AVAILABLE UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

FREDRICK S. MOSELEY, III - 300 HARBOUR DRIVE, VERO BEACH, FL 32963

FREDERIC WINTHROP, JR - 200 TOPSFIELD ROAD, IPSWICH, MA 01938

TIMOTHY K. HOLLANDER - 400 HALLADAY ROAD, MIDDLEBURY, VT 05753

DUDLEY H. WILLIS - 177 FARM ROAD, SHERBORN, MA 01770

ROBERT R. BORDEN, III - 146 BRAYTON POINT ROAD, WESTPORT, MA 02790

JONATHAN L. HEALY - 136 BURNT HILL RD., SHELBURNE FALLS, MA 01370

JEROME C. HUNSAKER, III - 16 LARCH ROW, WENHAM, MA 01984

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization **MASSACHUSETTS SOCIETY FOR PROMOTING  
AGRICULTURE**Employer identification number  
**04-2265469****ROBERT T. HALL - 1 ARLINGTON STREET, GLOUCESTER, MA 01930-1307****JOHN D. LEE - 65 LOWELL STREET, CARLISLE, MA 01741****FREDERICK L. DABNEY - 794 HORSENECK ROAD, SOUTH DARTMOUTH, MA 02748****ROBERT W MACLEOD - 337 NORTH STREET, MEDFIELD, MA 02052****ALLEN D. BERRY - 69 CROSS STREET, BOYLSTON, MA 01505****J. PHILIP LEE - 587 RIVER ROAD, WESTPORT, MA 02790****SCOTT J. SOARES - 39 ABLEMARLE ROAD, LONGMEADOW, MA 01106****FREDERICK AMES - PO BOX 250, NORTH EASTON, MA 02356**