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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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 01-01-2019 , and ending 12-31-2019

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
FARM AID INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

501 CAMBRIDGE STREET 3RD FLOOR

City or town, state or province, country, and ZIP or foreign postal code  
CAMBRIDGE, MA 02141

D Employer identification number  
36-3383233

E Telephone number  
(617) 354-2922

G Gross receipts \$ 5,594,871

F Name and address of principal officer:  
GLENDA YODER  
501 CAMBRIDGE STREET 3RD FLOOR  
CAMBRIDGE, MA 02141

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No

H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.FARMAID.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1985

M State of legal domicile: IL

Part I 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.

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

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 )

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)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶250,876

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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.

\*\*\*\*\*  
Signature of officer

2020-12-03  
Date

GLENDA YODER ASSOC. DIRECTOR & ASSIST. TREASURER  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's namePreparer's signatureDate 2020-12-02

Check ☐ if self-employedPTIN P01269879

Firm's name ▶ EDELSTEIN AND COMPANY LLPFirm's EIN ▶ 04-2442519

Firm's address ▶ 160 FEDERAL STREET 9TH FLOOR  
BOSTON, MA 02110Phone no. (617) 227-6161

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

FARM AID'S MISSION IS TO BUILD A VIBRANT, FAMILY FARM-CENTERED SYSTEM OF AGRICULTURE IN AMERICA. SINCE 1985, IT HAS HOSTED AN ANNUAL CONCERT TO SUPPORT FARM AID'S WORK WITH FAMILY FARMERS AND TO INSPIRE PEOPLE TO CHOOSE FOOD FROM FAMILY FARMS. FARM AID HELPS FARMERS THRIVE, EXPANDS THE REACH OF THE GOOD FOOD MOVEMENT, TAKES ACTION TO CHANGE THE DOMINANT SYSTEM OF INDUSTRIAL AGRICULTURE, AND PROMOTES FOOD FROM FAMILY FARMS.

**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.

|                     |                       |           |                        |         |             |         |
|---------------------|-----------------------|-----------|------------------------|---------|-------------|---------|
| <b>4a</b>           | (Code: ) (Expenses \$ | 1,108,518 | including grants of \$ | 594,424 | (Revenue \$ | 9,263 ) |
| See Additional Data |                       |           |                        |         |             |         |

|                     |                       |         |                        |         |             |       |
|---------------------|-----------------------|---------|------------------------|---------|-------------|-------|
| <b>4b</b>           | (Code: ) (Expenses \$ | 571,760 | including grants of \$ | 322,429 | (Revenue \$ | 762 ) |
| See Additional Data |                       |         |                        |         |             |       |

|                     |                       |         |                        |     |             |          |
|---------------------|-----------------------|---------|------------------------|-----|-------------|----------|
| <b>4c</b>           | (Code: ) (Expenses \$ | 272,940 | including grants of \$ | 667 | (Revenue \$ | 42,968 ) |
| See Additional Data |                       |         |                        |     |             |          |

|                       |         |                        |        |             |     |
|-----------------------|---------|------------------------|--------|-------------|-----|
| (Code: ) (Expenses \$ | 229,143 | including grants of \$ | 82,761 | (Revenue \$ | 0 ) |
|-----------------------|---------|------------------------|--------|-------------|-----|

GROWING THE GOOD FOOD MOVEMENT (GGFM)- IN 2019, FARM AID AND ITS PARTNERS CONTINUED TO IMPLEMENT STRATEGIES THAT BOLSTER THE GOOD FOOD MOVEMENT-THE GROWING NUMBER OF EATERS DEMANDING FAMILY FARM-IDENTIFIED, LOCAL, ORGANIC OR HUMANELY RAISED FOOD. FARM AID AWARDED GRANTS IN THE AMOUNT OF \$65,615 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 REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN OR ZIP CODE.

|              |                                                  |                        |        |             |     |
|--------------|--------------------------------------------------|------------------------|--------|-------------|-----|
| <b>4d</b>    | Other program services (Describe in Schedule O.) |                        |        |             |     |
| (Expenses \$ | 229,143                                          | including grants of \$ | 82,761 | (Revenue \$ | 0 ) |

|           |                                         |           |
|-----------|-----------------------------------------|-----------|
| <b>4e</b> | <b>Total program service expenses ▶</b> | 2,182,361 |
|-----------|-----------------------------------------|-----------|

**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)? If "Yes," complete Schedule A                                                                                                                                                                         | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                         | <b>2</b> Yes   |    |
| <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? If "Yes," complete Schedule C, Part I                                                                                                                      | <b>3</b>       | No |
| <b>4 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? If "Yes," complete Schedule C, Part II                                                                                                              | <b>4</b> Yes   |    |
| <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? If "Yes," complete Schedule C, Part III                                                                               | <b>5</b>       | No |
| <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? If "Yes," complete Schedule D, Part I                                                    | <b>6</b>       | No |
| <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? If "Yes," complete Schedule D, Part II                                                                                            | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                         | <b>8</b>       | No |
| <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? If "Yes," complete Schedule D, Part IV             | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V                                                                                                     | <b>10</b> Yes  |    |
| <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? If "Yes," complete Schedule D, Part VI                                                                                                                                                                       | <b>11a</b> Yes |    |
| <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? If "Yes," complete Schedule D, Part VII                                                                                                     | <b>11b</b>     | No |
| <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? If "Yes," complete Schedule D, Part VIII                                                                                                     | <b>11c</b>     | No |
| <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? If "Yes," complete Schedule D, Part IX                                                                                                                      | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                     | <b>11e</b> Yes |    |
| <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)? If "Yes," complete Schedule D, Part X                                                            | <b>11f</b>     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                        | <b>12a</b> Yes |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                           | <b>12b</b>     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                        | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                             | <b>14a</b> Yes |    |
| <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? If "Yes," complete Schedule F, Parts I and IV | <b>14b</b> Yes |    |
| <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? If "Yes," complete Schedule F, Parts II and IV                                                                                                           | <b>15</b>      | No |
| <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? If "Yes," complete Schedule F, Parts III and IV                                                                                                     | <b>16</b>      | No |
| <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? If "Yes," complete Schedule G, Part I (see instructions)                                                                                            | <b>17</b>      | No |
| <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? If "Yes," complete Schedule G, Part II                                                                                                                           | <b>18</b> Yes  |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                     | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                             | <b>20a</b>     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                              | <b>20b</b>     |    |
| <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? If "Yes," complete Schedule I, Parts I and II                                                                                            | <b>21</b> Yes  |    |

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

|            |                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| <b>22</b>  | 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  | Yes |
| <b>23</b>  | 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  |
| <b>24a</b> | 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 | No  |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                                                                                         | 24b |     |
| <b>c</b>   | 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 |     |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                                                                                                   | 24d |     |
| <b>25a</b> | <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 | No  |
| <b>b</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 | No  |
| <b>26</b>  | 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  | No  |
| <b>27</b>  | 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  | No  |
| <b>28</b>  | 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):                                                                                                                                                                                             |     |     |
| <b>a</b>   | 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 | No  |
| <b>b</b>   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                                                                                                                                   | 28b | No  |
| <b>c</b>   | 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 | No  |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>                                                                                                                                                                                                                                                                          | 29  | Yes |
| <b>30</b>  | 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  | No  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>                                                                                                                                                                                                                                                                | 31  | No  |
| <b>32</b>  | 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  | No  |
| <b>33</b>  | 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  |
| <b>34</b>  | 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  | No  |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                   | 35a | No  |
| <b>b</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 |     |
| <b>36</b>  | <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  | No  |
| <b>37</b>  | 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  | No  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.                                                                                                                                                                                                      | 38  | Yes |

**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 |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                             | 1a  | 26 |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                          | 1b  | 0  |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c  |    |

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

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

**Part VI**

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

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

**Section A. Governing Body and Management**

|           |                                                                                                                                                                                                                                                                                                          | Yes | No |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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. | 11  |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                                                                                                       | 11  |    |
| <b>2</b>  | 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?                                                                                                                                    | Yes |    |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?                                                                                      |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                         |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                               |     | No |
| <b>6</b>  | Did the organization have members or stockholders?                                                                                                                                                                                                                                                       |     | No |
| <b>7a</b> | 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?                                                                                                                                                       |     | No |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                                |     | No |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                        |     |    |
| <b>a</b>  | The governing body?                                                                                                                                                                                                                                                                                      | Yes |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                    |     | No |
| <b>9</b>  | 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                                                                                             |     | No |

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

|            |                                                                                                                                                                                                                                                                                              | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           |     | No |
| <b>b</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?                                                                   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | Yes |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | Yes |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | Yes |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | Yes |    |
| <b>15</b>  | 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?                                                                         |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       |     | No |
| <b>b</b>   | Other officers or key employees of the organization                                                                                                                                                                                                                                          |     | No |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                          |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        |     | No |
| <b>b</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? |     |    |

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

**19** Describe in 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:  
▶ GLENDA YODER 501 CAMBRIDGE STREET 3RD FLOOR CAMBRIDGE, MA 02141 (617) 354-2922

**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, 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.

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)<br>Name and title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) WILLIE NELSON<br>CHAIRMAN/DIRECTOR           | 1.00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) PAUL ENGLISH<br>DIRECTOR                     | 1.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) LANA NELSON<br>SECRETARY/DIRECTOR            | 1.00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) DAVID ANDERSON<br>DIRECTOR                   | 1.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) RICHARD FIELDS<br>DIRECTOR                   | 1.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) JOEL KATZ<br>DIRECTOR                        | 1.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) DAVID MATTHEWS<br>DIRECTOR                   | 1.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) JOHN MELLENCAMP<br>DIRECTOR                  | 1.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) MARK ROTHBAUM<br>DIRECTOR                    | 1.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) EVELYN SHRIVER<br>TREASURER/DIRECTOR        | 1.00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) NEIL YOUNG<br>DIRECTOR                      | 1.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) CAROLYN MUGAR<br>EXE. DIRECTOR & VICE PRESI | 20.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 48,512                                                               | 0                                                                         | 0                                                                                             |
| (13) GLENDA YODER<br>ASSISTANT TREASURER         | 40.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 91,972                                                               | 0                                                                         | 10,346                                                                                        |
|                                                  |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                  |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                  |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                  |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |





|                                                                               |                                                          |                                                                                                                                     |                                                    |                                         |                                                                    |           |
|-------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|-----------|
| Form 990 (2019)                                                               |                                                          | Page 9                                                                                                                              |                                                    |                                         |                                                                    |           |
| Part VIII                                                                     |                                                          | Statement of Revenue                                                                                                                |                                                    |                                         |                                                                    |           |
| Check if Schedule O contains a response or note to any line in this Part VIII |                                                          |                                                                                                                                     |                                                    |                                         |                                                                    |           |
|                                                                               |                                                          | (A)<br>Total revenue                                                                                                                | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |           |
| Contributions, Gifts, Grants<br>and Other Similar Amounts                     | 1a                                                       | Federated campaigns                                                                                                                 | 1a                                                 | 10,972                                  |                                                                    |           |
|                                                                               | b                                                        | Membership dues                                                                                                                     | 1b                                                 |                                         |                                                                    |           |
|                                                                               | c                                                        | Fundraising events                                                                                                                  | 1c                                                 | 334,387                                 |                                                                    |           |
|                                                                               | d                                                        | Related organizations                                                                                                               | 1d                                                 |                                         |                                                                    |           |
|                                                                               | e                                                        | Government grants (contributions)                                                                                                   | 1e                                                 |                                         |                                                                    |           |
|                                                                               | f                                                        | All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                | 1f                                                 | 1,245,435                               |                                                                    |           |
|                                                                               | g                                                        | Noncash contributions included in<br>lines 1a - 1f:\$                                                                               | 1g                                                 | 79,760                                  |                                                                    |           |
|                                                                               | h                                                        | Total. Add lines 1a-1f                                                                                                              |                                                    | 1,590,794                               |                                                                    |           |
| Program Service Revenue                                                       | 2a                                                       | HOMEGROWN CONCESSIONS LICENSE FEE                                                                                                   | Business Code<br>110000                            | 37,349                                  | 37,349                                                             |           |
|                                                                               | b                                                        | SERVICE CONTRACT                                                                                                                    | 110000                                             | 8,500                                   | 8,500                                                              |           |
|                                                                               | c                                                        | HOMEGROWN YOUTHMARKET SALES                                                                                                         | 110000                                             | 5,619                                   | 5,619                                                              |           |
|                                                                               | d                                                        | FARM TOURS                                                                                                                          | 110000                                             | 1,525                                   | 1,525                                                              |           |
|                                                                               | e                                                        |                                                                                                                                     |                                                    |                                         |                                                                    |           |
|                                                                               | f                                                        | All other program service revenue.                                                                                                  |                                                    |                                         |                                                                    |           |
|                                                                               | g                                                        | Total. Add lines 2a-2f                                                                                                              |                                                    | 52,993                                  |                                                                    |           |
| Other Revenue                                                                 | 3                                                        | Investment income (including dividends, interest, and other<br>similar amounts)                                                     |                                                    | 12,689                                  |                                                                    | 12,689    |
|                                                                               | 4                                                        | Income from investment of tax-exempt bond proceeds                                                                                  |                                                    |                                         |                                                                    |           |
|                                                                               | 5                                                        | Royalties                                                                                                                           |                                                    | 167                                     |                                                                    | 167       |
|                                                                               | 6a                                                       | Gross rents                                                                                                                         | (i) Real                                           | (ii) Personal                           |                                                                    |           |
|                                                                               |                                                          |                                                                                                                                     | 6a                                                 |                                         |                                                                    |           |
|                                                                               |                                                          |                                                                                                                                     | 6b                                                 |                                         |                                                                    |           |
|                                                                               | c                                                        | Rental income<br>or (loss)                                                                                                          | 6c                                                 |                                         |                                                                    |           |
|                                                                               | d                                                        | Net rental income or (loss)                                                                                                         |                                                    |                                         |                                                                    |           |
|                                                                               | 7a                                                       | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                     | (i) Securities                                     | (ii) Other                              |                                                                    |           |
|                                                                               |                                                          |                                                                                                                                     | 7a                                                 | 250,706                                 |                                                                    |           |
|                                                                               |                                                          |                                                                                                                                     | 7b                                                 | 238,462                                 |                                                                    |           |
|                                                                               | c                                                        | Gain or (loss)                                                                                                                      | 7c                                                 | 12,244                                  |                                                                    |           |
|                                                                               | d                                                        | Net gain or (loss)                                                                                                                  |                                                    | 12,244                                  |                                                                    | 12,244    |
|                                                                               | 8a                                                       | Gross income from fundraising events<br>(not including \$ 334,387 of<br>contributions reported on line 1c).<br>See Part IV, line 18 | 8a                                                 | 3,502,098                               |                                                                    |           |
|                                                                               | b                                                        | Less: direct expenses                                                                                                               | 8b                                                 | 2,415,386                               |                                                                    |           |
|                                                                               | c                                                        | Net income or (loss) from fundraising events                                                                                        |                                                    | 1,086,712                               |                                                                    | 1,086,712 |
|                                                                               | 9a                                                       | Gross income from gaming activities.<br>See Part IV, line 19                                                                        | 9a                                                 |                                         |                                                                    |           |
| b                                                                             | Less: direct expenses                                    | 9b                                                                                                                                  |                                                    |                                         |                                                                    |           |
| c                                                                             | Net income or (loss) from gaming activities              |                                                                                                                                     |                                                    |                                         |                                                                    |           |
| 10a                                                                           | Gross sales of inventory, less<br>returns and allowances | 10a                                                                                                                                 | 109,440                                            |                                         |                                                                    |           |
| b                                                                             | Less: cost of goods sold                                 | 10b                                                                                                                                 | 39,995                                             |                                         |                                                                    |           |
| c                                                                             | Net income or (loss) from sales of inventory             |                                                                                                                                     | 69,445                                             |                                         | 69,445                                                             |           |
| Miscellaneous Revenue                                                         |                                                          | Business Code                                                                                                                       |                                                    |                                         |                                                                    |           |
| 11a                                                                           | LICENSING FEES                                           | 110000                                                                                                                              | 75,984                                             | 75,984                                  |                                                                    |           |
| b                                                                             |                                                          |                                                                                                                                     |                                                    |                                         |                                                                    |           |
| c                                                                             |                                                          |                                                                                                                                     |                                                    |                                         |                                                                    |           |
| d                                                                             | All other revenue                                        |                                                                                                                                     |                                                    |                                         |                                                                    |           |
| e                                                                             | Total. Add lines 11a-11d                                 |                                                                                                                                     | 75,984                                             |                                         |                                                                    |           |
| 12                                                                            | Total revenue. See instructions                          |                                                                                                                                     | 2,901,028                                          | 128,977                                 | 0                                                                  | 1,181,257 |

Form 990 (2019)

**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 ☒

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                                                                                                                | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                              | 963,329                      | 963,329                                |                                               |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                         | 36,952                       | 36,952                                 |                                               |                                    |
| <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 . . . . .                                                                                                                                                          | 102,440                      | 78,774                                 | 5,534                                         | 18,132                             |
| <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 . . . . .                                                                                                                                                                                                          | 474,482                      | 364,870                                | 25,629                                        | 83,983                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .                                                                                                                               | 14,803                       | 11,383                                 | 800                                           | 2,620                              |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                                                           | 71,978                       | 55,351                                 | 3,887                                         | 12,740                             |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                                                                    | 53,425                       | 41,083                                 | 2,886                                         | 9,456                              |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                         |                              |                                        |                                               |                                    |
| <b>a</b> Management . . . . .                                                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| <b>b</b> Legal . . . . .                                                                                                                                                                                                                             |                              |                                        |                                               |                                    |
| <b>c</b> Accounting . . . . .                                                                                                                                                                                                                        | 113,909                      |                                        | 107,362                                       | 6,547                              |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                                                          |                              |                                        |                                               |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                     |                              |                                        |                                               |                                    |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                                                                        | 5,379                        |                                        | 5,379                                         |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)                                                                                                                                 | 306,130                      | 289,272                                | 1,732                                         | 15,126                             |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                                                                  | 31,817                       | 22,046                                 | 2,695                                         | 7,076                              |
| <b>14</b> Information technology . . . . .                                                                                                                                                                                                           | 37,658                       | 18,395                                 | 1,113                                         | 18,150                             |
| <b>15</b> Royalties . . . . .                                                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                                                                        | 126,454                      | 92,497                                 | 12,667                                        | 21,290                             |
| <b>17</b> Travel . . . . .                                                                                                                                                                                                                           | 41,811                       | 35,696                                 | 2,192                                         | 3,923                              |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                   |                              |                                        |                                               |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                                                                                                           | 72,366                       | 72,366                                 |                                               |                                    |
| <b>20</b> Interest . . . . .                                                                                                                                                                                                                         |                              |                                        |                                               |                                    |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                                                           |                              |                                        |                                               |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                        | 6,986                        | 5,372                                  | 377                                           | 1,237                              |
| <b>23</b> Insurance . . . . .                                                                                                                                                                                                                        | 35,187                       | 9,572                                  | 8,655                                         | 16,960                             |
| <b>24</b> 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 expenses on Schedule O.)                                          |                              |                                        |                                               |                                    |
| <b>a</b> OTHER BUSINESS EXPENSES                                                                                                                                                                                                                     | 61,465                       | 48,489                                 | 11,437                                        | 1,539                              |
| <b>b</b> PRINTING AND REPRODUCTI                                                                                                                                                                                                                     | 30,406                       | 1,088                                  | 67                                            | 29,251                             |
| <b>c</b> CATERING, FOOD & BEVERA                                                                                                                                                                                                                     | 23,554                       | 23,554                                 |                                               |                                    |
| <b>d</b> SUBSCRIPTIONS & DUES                                                                                                                                                                                                                        | 15,137                       | 12,272                                 | 19                                            | 2,846                              |
| <b>e</b> All other expenses                                                                                                                                                                                                                          |                              |                                        |                                               |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                         | 2,625,668                    | 2,182,361                              | 192,431                                       | 250,876                            |
| <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.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |                                        |                                               |                                    |

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

|                                                                                      |                                                                                                                                                                                                                                | (A)<br>Beginning of year |           | (B)<br>End of year |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                   | 1,797,297                | <b>1</b>  | 1,487,923          |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                      | 663,083                  | <b>2</b>  | 663,867            |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                          | 65,333                   | <b>3</b>  | 38,853             |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                    | 6,109                    | <b>4</b>  | 742,843            |
|                                                                                      | <b>5</b> 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 . . . . .  |                          | <b>5</b>  |                    |
|                                                                                      | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                           |                          | <b>6</b>  |                    |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                             |                          | <b>7</b>  |                    |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                 | 19,583                   | <b>8</b>  | 16,333             |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                       | 64,951                   | <b>9</b>  | 66,627             |
|                                                                                      | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                 | <b>10a</b> 54,929        |           |                    |
|                                                                                      | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                        | <b>10b</b> 49,606        | 760       | <b>10c</b> 5,323   |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                     | 398,272                  | <b>11</b> | 432,142            |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                         |                          | <b>12</b> |                    |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                          |                          | <b>13</b> |                    |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                          | 15,967                   | <b>14</b> | 34,959             |
|                                                                                      | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                         | 7,500                    | <b>15</b> | 7,500              |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 3,038,855                                                                                                                                                                                                                      | <b>16</b>                | 3,496,370 |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                      | 107,222                  | <b>17</b> | 259,070            |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                             | 30,742                   | <b>18</b> | 20,724             |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                           |                          | <b>19</b> |                    |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                |                          | <b>20</b> |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                |                          | <b>21</b> |                    |
|                                                                                      | <b>22</b> 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 . . . . . |                          | <b>22</b> |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                             |                          | <b>23</b> |                    |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                               |                          | <b>24</b> |                    |
|                                                                                      | <b>25</b> 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                                              | 0                        | <b>25</b> | 4,168              |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                          | 137,964                  | <b>26</b> | 283,962            |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>                                                                                           |                          |           |                    |
|                                                                                      | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                      | 2,178,069                | <b>27</b> | 2,468,471          |
|                                                                                      | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                         | 722,822                  | <b>28</b> | 743,937            |
|                                                                                      | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>                                                                                                    |                          |           |                    |
|                                                                                      | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                         |                          | <b>29</b> |                    |
|                                                                                      | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                            |                          | <b>30</b> |                    |
|                                                                                      | <b>31</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                     |                          | <b>31</b> |                    |
| <b>32</b> <b>Total net assets or fund balances</b> . . . . .                         | 2,900,891                                                                                                                                                                                                                      | <b>32</b>                | 3,212,408 |                    |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | 3,038,855                                                                                                                                                                                                                      | <b>33</b>                | 3,496,370 |                    |

**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>  | 2,901,028 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 2,625,668 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 275,360   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 2,900,891 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 36,157    |
| <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 in 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 33, column (B)) | <b>10</b> | 3,212,408 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                                                                                        |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                     |     | No |
| <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?                                                                                                                                                                                                                                                                  |     | No |
| <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 in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                      |     |    |

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

Form 990 (2019)

## Form 990, Part III, Line 4a:

HELPING FARMERS THRIVE - SINCE 2013, AMERICA'S FARMERS AND RANCHERS HAVE WEATHERED A 50 PERCENT DROP IN NET FARM INCOME. THE STRAIN IN TODAY'S FARM ECONOMY IS NO ACCIDENT; IT'S THE RESULT OF POLICIES DESIGNED TO ENRICH CORPORATIONS AT THE EXPENSE OF FARMERS AND RANCHERS. IN RESPONSE, FARM AID CONTINUED TO EXPAND ITS DIRECT FARMER RESPONSE AND INCREASED ITS ADVOCACY OF SOLUTIONS TO FARM POLICY THAT NEEDS A MASSIVE SHIFT IN DIRECTION - ONE THAT DELIVERS FAIR PRICES TO FARMERS THAT ALLOW THEM TO MAKE A LIVING. IN 2019, FARM AID CONTINUED TO SERVE AS AN EXPERT ON THE ISSUES OF FARMER STRESS AND MENTAL HEALTH, WITH MANY HIGH-PROFILE INTERVIEWS INCLUDING ON BROADCAST NEWS SUCH AS CBS NEWS, PBS NEWSHOUR, BBC AND NPR, AND IN PRINT OUTLETS SUCH AS TIME MAGAZINE, THE WASHINGTON POST, NEW YORK TIMES, BLOOMBERG NEWS, MILWAUKEE JOURNAL SENTINEL AND PROGRESSIVE FARMER. THROUGH THE 1-800-FARM-AID HOTLINE AND FARMHELP@FARMAID.ORG EMAIL SERVICE, FARM AID'S HOTLINE MANAGER, MADELINE LUTKEWITTE, REFERS FARMERS TO AN EXTENSIVE NETWORK OF FAMILY FARM AND RURAL SUPPORT ORGANIZATIONS ACROSS THE COUNTRY. REFERRALS PROVIDE IMMEDIATE 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. AS OF OCTOBER 31, 2019, FARM AID RECEIVED 773 CONTACTS TO THE 1-800-FARM-AID HOTLINE AND FARMHELP@FARMAID.ORG EMAIL SERVICE. FARM AID HAS ISSUED 64 EMERGENCY GRANTS TO FARM FAMILIES IN CRISIS, TOTALING \$32,000. 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 ADVOCATES TO OUR MOST TRUSTED RESOURCES, NEW OFFERINGS AND TIMELY OPPORTUNITIES VIA OUR CURATED RESOURCE GUIDES. IN JANUARY, FARM AID COMMUNICATED ABOUT THE IMPACT OF THE GOVERNMENT SHUTDOWN ON FAMILY FARMERS, INCLUDING VIA AN INTERVIEW ON PBS NEWS HOUR ABOUT HOW THE GOVERNMENT SHUTDOWN HAD THE POTENTIAL TO SHUT DOWN FAMILY FARMS. IN THE SPRING, FARM AID ACTIVATED THE FAMILY FARM DISASTER FUND TO SEND IMMEDIATE RELIEF TO FARMERS IN THE MIDWEST AND PLAINS AFFECTED BY HISTORIC FLOODING. FARM AID RAISED AND DISTRIBUTED MORE THAN \$210,000 TO HELP FARMERS IN NEBRASKA, IOWA, MISSOURI, KANSAS, ILLINOIS, WISCONSIN AND SOUTH DAKOTA NAVIGATE THEIR OPTIONS ON THE LONG ROAD TO DISASTER RECOVERY. ADDITIONAL FLOODING LATER IN 2019 EXPANDED FARM AID'S DISASTER RESPONSE TO TEXAS. SINCE 2017, FARM AID HAS HELPED BRING AWARENESS AND ACTION TO THE ISSUE OF FARMER MENTAL HEALTH VIA ADVOCACY ON THE FARM AND RANCH STRESS ASSISTANCE NETWORK (FRSAN), WHICH WAS AUTHORIZED IN THE 2018 FARM BILL. THE BILL CALLS FOR \$10 MILLION IN ANNUAL FUNDING TO SUPPORT ORGANIZATIONS PROVIDING MENTAL HEALTH RESOURCES TO FARMERS AND THOSE WORKING IN AGRICULTURE. IN 2019, FARM AID WAS PART OF A COALITION OF ORGANIZATIONS THAT WON A FRSAN GRANT TO BUILD A FARMER SUPPORT NETWORK IN THE NORTHEAST. "BUILDING AN INCLUSIVE AND COMPREHENSIVE NETWORK FOR FARM AND RANCH STRESS ASSISTANCE IN THE NORTHEAST" WILL CONVEENE A NETWORK OF FARMER SERVICE PROVIDERS TO BUILD CONNECTIONS AND COLLABORATION. ADDITIONALLY, THIS PROJECT WILL GATHER RESOURCES, PROVIDE FEEDBACK ON REGIONAL NEEDS, DEVELOP AN ONLINE CLEARINGHOUSE TO SHARE AVAILABLE RESOURCES AND REFERRALS WITH FARMERS AND SERVICE PROVIDERS, AND TRAIN SERVICE PROVIDERS ON THE NETWORK, AVAILABLE RESOURCES, AND BEST PRACTICES FOR WORKING WITH FARMERS UNDER STRESS. THIS WORK WILL BUILD ON THE LEGACY OF FARM AID'S 34 YEARS OF DIRECT FARM SERVICE AND ITS WORK TO BUILD STRONG FARMER NETWORKS OF SUPPORT. IN JULY, FARM AID PARTNERED WITH THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA) TO PRODUCE A WEBINAR FOR APA'S MEMBERSHIP OF MENTAL HEALTHCARE PROFESSIONALS TO LEARN MORE ABOUT THE UNIQUE STRESSORS THAT FARMERS FACE. APA'S EXECUTIVE DIRECTOR, DR. ARTHUR EVANS, AND OTHER MEMBERS OF APA'S EXECUTIVE TEAM, ATTENDED FARM AID 2019 AND THE PRE-EVENTS TO MEET FARMERS AND LEARN MORE ABOUT HOW APA CAN UNIQUELY BRING ATTENTION TO THIS ISSUE AND SERVE FARMERS. FARM AID WILL CONTINUE AND EXPAND THIS PARTNERSHIP INTO 2020. IN JULY 2018, FARM AID WAS AWARDED \$219,285 IN FUNDING FROM THE KEEPSAEGLE CY PRES PROCESS, THE NATIVE AMERICAN AGRICULTURE FAST TRACK FUND (NAAFTF). NAAFTF FUNDING SUPPORTS FARM AID'S WORK THROUGH 2020 TO ANALYZE AND BOLSTER THE RESOURCE OFFERINGS SPECIFIC TO NATIVE AMERICAN FARMERS AND ENSURE THOSE OFFERINGS ARE EFFECTIVELY NETWORKED, CATALOGUED AND COMMUNICATED. IN 2019, FARM AID PRIORITIZED OUTREACH TO NATIVE AMERICAN FARM ORGANIZATIONS AND FARMERS AND BEGAN THE WORK TO CONVEENE AN ADVISORY GROUP TO PLAN A NATIVE AMERICAN FARMER AND RANCHER TRAINING PROGRAM TO TAKE PLACE IN 2020. AS PART OF FESTIVAL OUTREACH, FARM AID ENGAGED EACH OF THE 11 NATIVE TRIBES OF WISCONSIN. IN NOVEMBER, FARM AID POSTED A FULL-TIME POSITION FOR THIS WORK WITH A GOAL TO HIRE IN EARLY 2020. FARM AID WAS HONORED TO CONTINUE TO LEND ITS EXPERIENCE AND EXPERTISE TO SUPPORT LEAD CLASS COUNSEL IN ITS GRANTING OF CY PRES FUNDS FROM THE HISTORIC CLASS ACTION LAWSUIT, IN RE BLACK FARMERS DISCRIMINATION LITIGATION, BROUGHT BY BLACK FARMERS AGAINST THE U.S. DEPARTMENT OF AGRICULTURE FOR DECADES OF DISCRIMINATION IN FARM LENDING. IN 2017, LEAD CLASS COUNSEL FROM THIS CASE ENGAGED FARM AID AS A TECHNICAL ADVISOR DUE TO ITS LONG YEARS OF EXPERIENCE COLLABORATING WITH AND MAKING GRANTS TO AFRICAN AMERICAN FARMING ORGANIZATIONS. IN 2019, FARM AID SUPPORTED LEAD CLASS COUNSEL IN REVIEW OF REPORTS FROM THE BLACK FARMER ORGANIZATIONS THAT RECEIVED GRANTS THROUGH THE PROCESS DESIGNED BY FARM AID AND PROVIDED A REPORT TO LEAD CLASS COUNSEL. FARM AID AWARDED \$317,500 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 \$224,100 TO ASSIST FARM FAMILIES AFFECTED BY HISTORIC, EXTREME FLOODING ACROSS THE MIDWEST AND PLAINS IN THE SPRING AND IN TEXAS IN THE FALL. AN ADDITIONAL \$32,000 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:**

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 \$299,500 TO FAMILY FARM ORGANIZATIONS WORKING TO ENSURE COMPETITIVE MARKETS FOR FAMILY 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 \$46,386 TO DEFRAY EXPENSES FOR FARMER LEADERSHIP TRAINING PROGRAMS, STRATEGY MEETINGS AND OTHER OPPORTUNITIES TO ELEVATE THE VOICE OF FAMILY FARMERS.THROUGHOUT THE YEAR, FARM AID BROUGHT FORWARD OPPORTUNITIES FOR FARMERS AND EATERS TO INFLUENCE PUBLIC POLICY, FOR EXAMPLE TO PROTECT BASIC RIGHTS FOR LIVESTOCK AND POULTRY FARMERS AND FOR FEDERAL SUPPORT OF FARM TO SCHOOL PROGRAMS THAT BRING FARM-FRESH FOOD TO SCHOOL CAFETERIAS. ADDITIONALLY, FARM AID LENT SUPPORT TO EFFORTS LIKE CALLING ON ELECTED OFFICIALS, AS WELL AS CANDIDATES RUNNING FOR OFFICE, TO ENSURE A FAIR MARKETPLACE FOR AMERICA'S FAMILY FARMERS AND RANCHERS. 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. AND TO PROMOTE REGENERATIVE AGRICULTURE.FARM AID ALSO CONTINUES ITS LEADERSHIP TO IN THE PHILANTHROPIC COMMUNITY TO BRING ATTENTION TO THE VARIED CHALLENGES FACED BY FAMILY FARMERS AND TO ENCOURAGE COLLABORATION AND COLLECTIVE PROBLEM SOLVING.

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## Form 990, Part III, Line 4c:

PROMOTING FOOD FROM FAMILY FARMS - THE HEART OF FARM AID'S WORK TO PROMOTE FOOD FROM FAMILY FARMS IS OUR ANNUAL FARM AID FESTIVAL. FARM AID 2019 WAS HELD AT ALPINE VALLEY MUSIC THEATRE IN EAST TROY, WISCONSIN, ON SEPTEMBER 21. A SOLD-OUT CROWD OF 30,000 (WITH TICKET BUYERS REPRESENTING ALL 50 STATES) ENJOYED PERFORMANCES BY FARM AID BOARD MEMBERS WILLIE NELSON, NEIL YOUNG, JOHN MELLENCAMP AND DAVE MATTHEWS WITH TIM REYNOLDS. ADDITIONAL ARTISTS INCLUDED BONNIE RAITT, LUKE COMBS, NATHANIEL RATELIFF & THE NIGHT SWEATS, JAMEY JOHNSON, MARGO PRICE, LUKAS NELSON & PROMISE OF THE REAL, YOLA, TANYA TUCKER, JAMESTOWN REVIVAL, PARTICLE KID, IAN MELLENCAMP, THE HO-CHUNK NATION THUNDERCLOUD SINGERS, AND THE WISDOM INDIAN DANCERS. ALL THE ARTISTS GENEROUSLY DONATED THEIR TIME AND TRAVEL EXPENSES. ON SEPTEMBER 21 AT FARM AID 2019:-

THROUGHOUT THE VENUE, FARM AID SERVED ITS HOMEGROWN CONCESSIONS: FAMILY FARM-SOURCED FOOD WITH AN ECOLOGICAL STANDARD AND A FAIR PRICE PAID TO FARMERS. HOMEGROWN CONCESSIONS BUILDS A STRONG RELATIONSHIP BETWEEN FARMERS, FOOD COMPANIES, THE VENUE CONCESSIONAIRE AND VENDORS. MENU ITEMS FEATURED MANY LOCAL WISCONSIN PRODUCTS, INCLUDING BREAD AND PRETZELS BAKED WITH WHEAT FROM FARMERS WITH REGENERATIVE PRACTICES. FOOD COMPANIES AND SPONSORS DONATED FOOD THAT MET FARM AID'S CRITERIA FOR HOMEGROWN CATERING BACKSTAGE AND IN VIP AREAS. - THE HOMEGROWN YOUTHMARKET, OPERATED BY YOUNG PEOPLE FROM LOCAL YOUTH AGRICULTURE ORGANIZATIONS FFA, THE GRANGE, TEENS GROW GREENS AND NEU-LIFE, BROUGHT LOCAL APPLES, CIDER AND BAKED GOODS TO FESTIVALGOERS. - IN FARM AID'S HOMEGROWN VILLAGE, 40 FARM AND FOOD GROUPS ENGAGED FESTIVALGOERS IN HANDS-ON, INTERACTIVE ACTIVITIES ABOUT FAMILY FARMERS, SOIL, WATER AND FOOD PRODUCTION. IN THE HOMEGROWN SKILLS TENT, FESTIVALGOERS TOOK PART IN WORKSHOPS ABOUT BEEKEEPING, SOAP MAKING, GRAIN MILLING AND SEED SAVING. ON THE FARMYARD STAGE, RENOWNED AG BROADCASTER PAM JAHNKE HOSTED CONVERSATIONS WITH FARMERS, ACTIVISTS AND ARTISTS, EXPLORING ISSUES LIKE NATIVE FOOD SYSTEMS AND FARMER MENTAL HEALTH. FESTIVALGOERS' PARTICIPATION IN HOMEGROWN EXHIBITS AND CONVERSATIONS DEMONSTRATES THAT ENGAGING PEOPLE IN A HANDS-ON WAY FOSTERS DEEP AWARENESS OF KEY FOOD AND FARM ISSUES.- 13,868 POUNDS OF FOOD AND SERVICEWARE WASTE WAS COLLECTED BY COMPOST CRUSADERS TO BUILD SOILS FOR FUTURE CROPS. A SIZEABLE VOLUNTEER EFFORT HELPED FESTIVALGOERS DIFFERENTIATE BETWEEN LANDFILL-BOUND TRASH, RECYCLABLES AND COMPOSTABLES. FARM AID SOLD REUSABLE WATER BOTTLES TO REDUCE PLASTIC USE. A RECORD NUMBER OF FESTIVAL T-SHIRTS, MADE WITH CERTIFIED ORGANIC COTTON, WERE SOLD.- FARM AID PARTNERED WITH MILWAUKEE'S HUNGER TASKFORCE TO ORGANIZE A FOOD DRIVE AND POST-EVENT FOOD RESCUE. MORE THAN 17,000 POUNDS OF FOOD WAS COLLECTED TO BENEFIT LOCAL FAMILIES IN NEED. - CORPORATE SPONSORS INCLUDED PATAGONIA WORKWEAR, FARMER FOCUS, PETE AND GERRY'S ORGANIC EGGS, HORIZON ORGANIC, NEW GLARUS BREWING COMPANY, CHEESE CITY BEER, ORGANIC VALLEY AND TOY FARMER.- FARM AID GENERATED SEVERAL MAJOR DONATIONS AS WELL AS INDIVIDUAL GIFTS.- FARM AID PARTNERED WITH MADISON'S WKOW AND QUINCY MEDIA TO BROADCAST A TELETHON THE DAY BEFORE FARM AID 2019, WHICH BROUGHT IN NEARLY \$47,000 IN DONATIONS FROM VIEWERS ACROSS THE UPPER MIDWEST. AGAINST THE BACKDROP OF A GROWING NATIONAL FARM CRISIS, FARM AID 2019 EMPHASIZED THE DETERMINATION OF FARMERS AND RANCHERS IN WISCONSIN AND ACROSS THE NATION TO SURVIVE MOUNTING CHALLENGES THAT INCLUDE DEVASTATING WEATHER, LOW PRICES AND HARMFUL FARM AND TRADE POLICIES. FARM AID HOSTED SEVERAL PRE-FESTIVAL EVENTS IN WISCONSIN TO BRING FARMERS, ADVOCATES AND ACTIVISTS TOGETHER, ENGAGE THE PUBLIC, AND INVITE THE MEDIA TO HIGHLIGHT ISSUES OF CONCERN TO FAMILY FARMERS AND EATERS AND THE STORIES OF THEIR RESILIENCE. - FARM AID'S FORWARD FROM HERE EVENT WAS INSPIRED BY WISCONSIN'S UNIQUE CULTURAL AND POPULIST HERITAGE IN ORDER TO INSPIRE ACTION, BUILD COMMUNITY, ELEVATE MODELS FOR EXERCISING FARMER POWER AND FOSTER SOLIDARITY. - A FARMER MEETING AND BREAKFAST, ATTENDED BY FARMERS FROM ACROSS THE COUNTRY, WAS HELD ON FRIDAY MORNING. - FARM AID HOSTED THREE FARM TOURS ON FRIDAY AFTERNOON-FOCUSING ON MILWAUKEE'S LOCAL FOOD SYSTEM; HEALTHY SOIL AND REGENERATIVE AGRICULTURE; AND ON-FARM INNOVATIONS THAT ARE HELPING FARMERS SURVIVE THE CURRENT FARM CRISIS.- FARM AID EVE, A CELEBRATION OF FAMILY FARMERS AND GOOD FOOD, BROUGHT TOGETHER 400 DONORS, FARMERS, ACTIVISTS, VOLUNTEERS AND OTHER MEMBERS OF FARM AID'S CORE COMMUNITY THE NIGHT BEFORE THE FESTIVAL. THE SECOND SPIRIT OF FARM AID AWARDS WERE PRESENTED IN FOUR CATEGORIES. JOEL GREENO AND BENNY BUNTING RECEIVED THE FARMER ACTIVIST AWARD; KARL ADAMS OF LIVE NATION RECEIVED THE PRODUCTION TEAM AWARD; MIKE WANCHIC RECEIVED THE ARTIST AWARD; AND MONA LEE BROCK WAS POSTHUMOUSLY HONORED FOR HER LIFELONG WORK AS A FARM ADVOCATE. BEFORE DOORS OPENED AT FARM AID 2019, FARM AID HELD A PRESS EVENT ATTENDED BY HUNDREDS OF MEMBERS OF THE MEDIA. THE EVENT FEATURED FARM AID'S BOARD ARTISTS AND FARMERS, ADVOCATES AND ACTIVISTS WORKING IN THE STATE. OVER THE SUMMER, FARM AID STAFF VISITED WITH FEATURED FARMERS TO FILM VIDEO SPOTS THAT TELL THEIR STORIES IN A COMPELLING WAY AND CREATE A JUMPING OFF POINT FOR THE PRESS EVENT CONVERSATION. THE VIDEOS TOLD THE STORIES OF FARMERS COMING TOGETHER TO BUILD POWER, INCLUDING DAIRY FARMERS ORGANIZING FOR FAIR PRICES; NATIVE AMERICAN FARMERS REBUILDING FOOD SOVEREIGNTY; Hmong farmers taking care of the land and feeding their communities; women farmers revitalizing their rural communities; and small grains and pasture-based farmers building new, local markets and mitigating climate change. FARM AID 2019 RECEIVED SIGNIFICANT LOCAL AND REGIONAL MEDIA COVERAGE, AS WELL AS NATIONAL ATTENTION, INCLUDING FROM MILWAUKEE JOURNAL SENTINEL, CHICAGO TRIBUNE, ASSOCIATED PRESS, NBC NIGHTLY NEWS, ABC NEWS NIGHTLINE, USA TODAY, RFD-TV, ROLLING STONE AND BILLBOARD MAGAZINE. STORIES RESULTED IN 2,048 PRINT, ONLINE AND BROADCAST MEDIA HITS AND MORE THAN 2 BILLION MEDIA IMPRESSIONS. FEATURE STORIES PROMOTED THE ENTERTAINMENT VALUE OF THE FESTIVAL, AS WELL AS THE CURRENT FARM ECONOMY CRISIS THAT PUTS OUR FAMILY FARMERS AND OUR FOOD SYSTEM AT RISK. FARM AID 2019 WAS BROADCAST LIVE ON AXS TV, AND A HIGHLIGHTS SPECIAL WILL AIR IN 2020. SIRIUS XM SATELLITE RADIO BROADCAST THE ENTIRE CONCERT LIVE, WITH ARTISTS, FAMILY FARMERS AND ADVOCATES INTERVIEWED BETWEEN MUSIC SETS. THE FESTIVAL WAS WEBCAST LIVE ON WWW.FARMAID.ORG AND FARM AID'S YOUTUBE CHANNEL, WITH NEARLY 100,000 VIEWS AND AN AVERAGE OF 30 MINUTES WATCH TIME. THE FARM AID 2019 APP FOR IPHONE AND ANDROID PROVIDED DETAILS INCLUDING THE MUSIC LINEUP, STORIES ABOUT FEATURED FARMERS, INFORMATION ABOUT THE WORK OF THE ORGANIZATIONS TAKING PART IN THE HOMEGROWN VILLAGE, AND THE MENU FOR HOMEGROWN CONCESSIONS. THE FARM AID 2019 APP WAS DOWNLOADED BY 12,012 PEOPLE (UP 36% FROM 2018), WHO LOGGED 77,000 SESSIONS WITH AN AVERAGE SESSION TIME OF MORE THAN 5 MINUTES. FARM AID'S SOCIAL MEDIA CAMPAIGN ALLOWS PEOPLE TO SHARE HOW THEY SUPPORT FAMILY FARMERS AND FARM AID, REACHING MORE THAN 20 MILLION PEOPLE DURING THE PERIOD BETWEEN ANNOUNCEMENT AND FESTIVAL DAY. OUR ONLINE COMMUNITY FARM AID'S WEBSITE INFORMS AND INSPIRES THE PUBLIC THROUGH STORYTELLING ABOUT AMERICA'S INNOVATIVE FAMILY FARMERS, THE CHALLENGES THEY FACE AND THE SOLUTIONS THEY HOLD. IN ADDITION, IT OFFERS RESOURCES DIRECTLY TO FARMERS AND SHOWS READERS HOW THEY CAN SUPPORT FAMILY FARMERS EVERY DAY IN THEIR OWN LIVES. FARMAID.ORG OFFERS TIMELY NEWS AND OPPORTUNITIES TO ENGAGE IN FOOD AND FARM ISSUES. IN 2018, THERE WERE MORE THAN 810,000 VISITS TO WWW.FARMAID.ORG BY MORE THAN 580,000 VISITORS. FARM AID COMMUNICATED WITH ITS AUDIENCE OF MORE THAN 81,000 EMAIL SUBSCRIBERS AND REACHED MILLIONS OF PEOPLE ON FACEBOOK, TWITTER, INSTAGRAM AND YOUTUBE. THE NUMBER OF FOLLOWERS ON THESE NETWORKS GREW BY THOUSANDS OF USERS (133,000 ON FACEBOOK, 33,500 ON TWITTER, 21,000 ON INSTAGRAM, AND 213,000 ON YOUTUBE). FARM AID'S YOUTUBE CHANNEL FEATURES MORE THAN 2,300 VIDEOS, WITH NEARLY 200 MILLION LIFETIME VIEWS.

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SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
FARM AID INC

Employer identification number  
36-3383233

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
| Total                              |          |                                                                                |                                                             |    |                                                   |                                                 |



**Part II**

**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                 |                 |                 |                 |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|
| <b>Section A. Public Support</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                 |                 |                 |                 |                  |
| <b>Calendar year<br/>(or fiscal year beginning in) ▶</b>                                                                                                                                                                                                                                                                                                                                                                                        | <b>(a) 2015</b> | <b>(b) 2016</b> | <b>(c) 2017</b> | <b>(d) 2018</b> | <b>(e) 2019</b> | <b>(f) Total</b> |
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .                                                                                                                                                                                                                                                                                                                                | 1,296,648       | 1,369,354       | 1,327,995       | 1,636,703       | 1,590,794       | 7,221,494        |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .                                                                                                                                                                                                                                                                                                                                 |                 |                 |                 |                 |                 |                  |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..                                                                                                                                                                                                                                                                                                                              |                 |                 |                 |                 |                 |                  |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                                                                                                                                                                                                                                                           | 1,296,648       | 1,369,354       | 1,327,995       | 1,636,703       | 1,590,794       | 7,221,494        |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .                                                                                                                                                                                                                              |                 |                 |                 |                 |                 | 282,041          |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                                                                                                                                                                                                                                                           |                 |                 |                 |                 |                 | 6,939,453        |
| <b>Section B. Total Support</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                 |                 |                 |                 |                  |
| <b>Calendar year<br/>(or fiscal year beginning in) ▶</b>                                                                                                                                                                                                                                                                                                                                                                                        | <b>(a) 2015</b> | <b>(b) 2016</b> | <b>(c) 2017</b> | <b>(d) 2018</b> | <b>(e) 2019</b> | <b>(f) Total</b> |
| <b>7</b> Amounts from line 4. . .                                                                                                                                                                                                                                                                                                                                                                                                               | 1,296,648       | 1,369,354       | 1,327,995       | 1,636,703       | 1,590,794       | 7,221,494        |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .                                                                                                                                                                                                                                                                                                  | 16,995          | 21,450          | 16,526          | 16,414          | 12,856          | 84,241           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .                                                                                                                                                                                                                                                                                                                                |                 |                 |                 |                 |                 |                  |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .                                                                                                                                                                                                                                                                                                                                  |                 |                 |                 |                 |                 |                  |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                 |                 |                 |                 | 7,305,735        |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                                                                                                                                                                                                                                                             |                 |                 |                 |                 | <b>12</b>       | 14,715,772       |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                             |                 |                 |                 |                 |                 |                  |
| <b>Section C. Computation of Public Support Percentage</b>                                                                                                                                                                                                                                                                                                                                                                                      |                 |                 |                 |                 |                 |                  |
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                                      |                 |                 |                 |                 | <b>14</b>       | 94.990 %         |
| <b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                                             |                 |                 |                 |                 | <b>15</b>       | 92.370 %         |
| <b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>                                                                                                                                                                |                 |                 |                 |                 |                 |                  |
| <b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                        |                 |                 |                 |                 |                 |                  |
| <b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |                 |                 |                 |                 |                 |                  |
| <b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |                 |                 |                 |                 |                 |                  |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                               |                 |                 |                 |                 |                 |                  |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .                                                                     |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .                                                                     |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</b> 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.          |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. .                                                                                                                                                   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                                     | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . .                                                                                                                                                                                                    |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .                                                                                         |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                                                                                                                    |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.                                                                                                                                                                                                      |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.                                                                                               |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .                                                                                                                        |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .                                                                                                                                                                         |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                            |           |  |
|------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                        |           |  |
|------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► ☐

**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 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.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                             |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>b</b> 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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                           |     |    |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                    |     |    |
| <b>3c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>4a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                        |     |    |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>                                                                                                                                                                           |     |    |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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 amendment to the organizing document).</i> |     |    |
| <b>5a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>5b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>5c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                          |     |    |
| <b>6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>                                                                                                                                                                                             |     |    |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                      |     |    |
| <b>9a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>b</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                          |     |    |
| <b>9b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                               |     |    |
| <b>9c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                     |     |    |
| <b>10a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>                                                                                                                                                                                                                                                                                                                                                          |     |    |
| <b>10b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |

Part IV Supporting Organizations (continued)

|                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                            |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?                                                                                                                 |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>                                 |     |    |

Section B. Type I Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? <i>If "No," describe in <b>Part VI</b> 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.</i> |     |    |
| <b>2</b> 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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>                                                                                                                                                                                                                                                                              |     |    |

Section C. Type II Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

Section D. All Type III Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                               |     |    |
| <b>3</b> 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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>                                                                                   |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| <b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| <b>a</b> 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? <i>If "Yes," then in <b>Part VI</b> 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.</i> |  |  |
| <b>b</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? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>                                                                                                                              |  |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| <b>a</b> 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? <i>Provide details in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                    |  |  |

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

|                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                            |                             |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1                                |                                                                                                                                                                                                          | <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |                             |
| Section A - Adjusted Net Income  |                                                                                                                                                                                                          | (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                                                                                                                                                                            | 1b                                                                                                                                                                                                                                                                                         |                             |
| c                                | 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                                                                                                                                                                                                                                                                                          |                             |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                                                                                                                                                                                                                                                                                            |                             |

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions                                                                                                                   | Current Year |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                     |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity     |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                     |              |
| 4 Amounts paid to acquire exempt-use assets                                                                                                 |              |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                 |              |
| 6 Other distributions (describe in Part VI). See instructions                                                                               |              |
| 7 Total annual distributions. Add lines 1 through 6.                                                                                        |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions |              |
| 9 Distributable amount for 2019 from Section C, line 6                                                                                      |              |
| 10 Line 8 amount divided by Line 9 amount                                                                                                   |              |

| Section E - Distribution Allocations<br>(see instructions)                                                                                                                      | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2019 from Section C, line 6                                                                                                                          |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.                                                       |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2019:                                                                                                                              |                             |                                        |                                           |
| a From 2014. . . . .                                                                                                                                                            |                             |                                        |                                           |
| b From 2015. . . . .                                                                                                                                                            |                             |                                        |                                           |
| c From 2016. . . . .                                                                                                                                                            |                             |                                        |                                           |
| d From 2017. . . . .                                                                                                                                                            |                             |                                        |                                           |
| e From 2018. . . . .                                                                                                                                                            |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                                                   |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                                                  |                             |                                        |                                           |
| h Applied to 2019 distributable amount                                                                                                                                          |                             |                                        |                                           |
| i Carryover from 2014 not applied (see instructions)                                                                                                                            |                             |                                        |                                           |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                                                                             |                             |                                        |                                           |
| 4 Distributions for 2019 from Section D, line 7:                                                                                                                                |                             |                                        |                                           |
| \$                                                                                                                                                                              |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                                                  |                             |                                        |                                           |
| b Applied to 2019 distributable amount                                                                                                                                          |                             |                                        |                                           |
| c Remainder. Subtract lines 4a and 4b from 4.                                                                                                                                   |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.                                                                                                                  |                             |                                        |                                           |
| 8 Breakdown of line 7:                                                                                                                                                          |                             |                                        |                                           |
| a Excess from 2015. . . . .                                                                                                                                                     |                             |                                        |                                           |
| b Excess from 2016. . . . .                                                                                                                                                     |                             |                                        |                                           |
| c Excess from 2017. . . . .                                                                                                                                                     |                             |                                        |                                           |
| d Excess from 2018. . . . .                                                                                                                                                     |                             |                                        |                                           |
| e Excess from 2019. . . . .                                                                                                                                                     |                             |                                        |                                           |

Additional Data

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

**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, 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; 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 instructions).

Facts And Circumstances Test

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- 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<br>FARM AID INC | Employer identification number<br>36-3383233 |
|------------------------------------------|----------------------------------------------|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

|   |                                                                                                                                                                               |      |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1 | 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)                                                                                                          |      |

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

|    |                                                                                         |                                                          |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$                                                     |
| 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If "Yes," describe in Part IV.                                                          |                                                          |

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | 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 function activities                                                                                                                                                                                                                                                                                                                                                                                                           | ▶ \$                                                     |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                            | ▶ \$                                                     |
| 4 | Did the filing organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 1        |             |         |                                                                       |                                                                                                                                              |
| 2        |             |         |                                                                       |                                                                                                                                              |
| 3        |             |         |                                                                       |                                                                                                                                              |
| 4        |             |         |                                                                       |                                                                                                                                              |
| 5        |             |         |                                                                       |                                                                                                                                              |
| 6        |             |         |                                                                       |                                                                                                                                              |



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6,071                                                    |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 511                                                      |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6,582                                                    |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2,613,707                                                |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2,620,289                                                |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 281,014                                                  |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | 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. |  |  |
| 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.                                             |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 70,254                                                   |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                        |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                        |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

**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             |          |          |          |          |           |
|------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             | 251,524  | 263,476  | 256,624  | 281,014  | 1,052,638 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          | 1,578,957 |
| <b>c</b> Total lobbying expenditures                             | 5,666    | 5,100    | 8,250    | 6,582    | 25,598    |
| <b>d</b> Grassroots nontaxable amount                            | 62,881   | 65,869   | 64,156   | 70,254   | 263,160   |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          | 394,740   |
| <b>f</b> Grassroots lobbying expenditures                        | 4,966    | 5,100    | 7,898    | 6,071    | 24,035    |

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

|           |                                                                                                                                                                                                                               | (a) |    | (b)    |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|           |                                                                                                                                                                                                                               | Yes | No | Amount |
| <b>1</b>  | 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: |     |    |        |
| <b>a</b>  | Volunteers? .....                                                                                                                                                                                                             |     |    |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....                                                                                                                            |     |    |        |
| <b>c</b>  | Media advertisements? .....                                                                                                                                                                                                   |     |    |        |
| <b>d</b>  | Mailings to members, legislators, or the public? .....                                                                                                                                                                        |     |    |        |
| <b>e</b>  | Publications, or published or broadcast statements? .....                                                                                                                                                                     |     |    |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes? .....                                                                                                                                                                    |     |    |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body? .....                                                                                                                             |     |    |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....                                                                                                                               |     |    |        |
| <b>i</b>  | Other activities? .....                                                                                                                                                                                                       |     |    |        |
| <b>j</b>  | Total. Add lines 1c through 1i .....                                                                                                                                                                                          |     |    |        |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....                                                                                                                           |     |    |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912 .....                                                                                                                                                       |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....                                                                                                                              |     |    |        |
| <b>d</b>  | 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 |
|------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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."

|          |                                                                                                                                                                                                                                                  |           |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Dues, assessments and similar amounts from members .....                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                       |           |  |
| <b>a</b> | Current year .....                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> | Carryover from last year .....                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> | Total .....                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .                                                                                                                                                | <b>3</b>  |  |
| <b>4</b> | 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? ..... | <b>4</b>  |  |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions) .....                                                                                                                                                                   | <b>5</b>  |  |

**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.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
FARM AID INC

Employer identification number  
36-3383233

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                     | (a) Donor advised funds | (b) Funds and other accounts |
|-----------------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .             |                         |                              |
| 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II Conservation Easements.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                      | Held at the End of the Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| a Total number of conservation easements . . . . .                                                                                                   | 2a                          |
| b Total acreage restricted by conservation easements . . . . .                                                                                       | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .                                                       | 2c                          |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|    | (a) Current year                               | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |         |
|----|------------------------------------------------|----------------|--------------------|----------------------|---------------------|---------|
| 1a | Beginning of year balance                      | 367,530        | 445,641            | 435,714              | 436,144             | 457,892 |
| b  | Contributions                                  | 0              | 0                  | 0                    | 0                   | 0       |
| c  | Net investment earnings, gains, and losses     | 60,046         | -8,123             | 36,706               | 26,564              | 6,746   |
| d  | Grants or scholarships                         | 21,607         | 20,789             | 21,439               | 20,694              | 22,965  |
| e  | Other expenditures for facilities and programs | 0              | 43,821             | 0                    | 0                   | 0       |
| f  | Administrative expenses                        | 5,379          | 5,378              | 5,340                | 6,300               | 5,529   |
| g  | End of year balance                            | 400,590        | 367,530            | 445,641              | 435,714             | 436,144 |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment 100.000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | No |
| 3a(ii) |     | No |
| 3b     |     |    |

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment)                                                       | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------|--------------------------------------------------------------------------------------------|---------------------------------|------------------------------|----------------|
| 1a                      | Land                                                                                       |                                 |                              |                |
| b                       | Buildings                                                                                  |                                 |                              |                |
| c                       | Leasehold improvements                                                                     |                                 |                              |                |
| d                       | Equipment                                                                                  | 54,929                          | 49,606                       | 5,323          |
| e                       | Other                                                                                      |                                 |                              |                |
| Total.                  | Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                 |                              | 5,323          |

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                     |                |                                                              |
| (2) Closely-held equity interests . . . . .                             |                |                                                              |
| (3) Other _____                                                         |                |                                                              |
| (A)                                                                     |                |                                                              |
| (B)                                                                     |                |                                                              |
| (C)                                                                     |                |                                                              |
| (D)                                                                     |                |                                                              |
| (E)                                                                     |                |                                                              |
| (F)                                                                     |                |                                                              |
| (G)                                                                     |                |                                                              |
| (H)                                                                     |                |                                                              |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    |                |                                                              |

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                       | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                 |                |                                                              |
| (2)                                                                 |                |                                                              |
| (3)                                                                 |                |                                                              |
| (4)                                                                 |                |                                                              |
| (5)                                                                 |                |                                                              |
| (6)                                                                 |                |                                                              |
| (7)                                                                 |                |                                                              |
| (8)                                                                 |                |                                                              |
| (9)                                                                 |                |                                                              |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ |                |                                                              |

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                               | (b) Book value |
|-------------------------------------------------------------------------------|----------------|
| (1)                                                                           |                |
| (2)                                                                           |                |
| (3)                                                                           |                |
| (4)                                                                           |                |
| (5)                                                                           |                |
| (6)                                                                           |                |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶ |                |

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                     | (b) Book value |
|---------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                            |                |
| (2)                                                                 |                |
| (3)                                                                 |                |
| (4)                                                                 |                |
| (5)                                                                 |                |
| (6)                                                                 |                |
| (7)                                                                 |                |
| (8)                                                                 |                |
| (9)                                                                 |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 4,168          |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

|          |                                                                                                          |           |           |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 2,931,806 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> | 36,157    |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |           |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> | 36,157    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  | 2,895,649 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>4b</b> | 5,379     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> | 5,379     |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 2,901,028 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

|          |                                                                                                           |           |           |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 2,620,289 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                         |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |           |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           | <b>2e</b> | 0         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      | <b>3</b>  | 2,620,289 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>4b</b> | 5,379     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               | <b>4c</b> | 5,379     |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 2,625,668 |

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
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|                  |             |
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|                  |             |
|                  |             |

**Additional Data**

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

**Supplemental Information**

| Return Reference | Explanation                                                                                   |
|------------------|-----------------------------------------------------------------------------------------------|
| PART V, LINE 4:  | THE USE OF THIS FUND OF \$400,590 IS RESTRICTED TO THE YOUNKERS-FARM AID SCHOLARSHIP PROGRAM. |



| Supplemental Information              |                                  |
|---------------------------------------|----------------------------------|
| Return Reference                      | Explanation                      |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | INVESTMENT MANAGEMENT FEE 5,379. |

| Supplemental Information               |                                   |
|----------------------------------------|-----------------------------------|
| Return Reference                       | Explanation                       |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | INVESTMENT MANAGEMENT FEES 5,379. |

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
FARM AID INC

Employer identification number  
36-3383233

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 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.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region                                           | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| See Add'l Data                                       |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                      |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                      |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                      |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                      |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                      |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| 3a Sub-total . . . . .                               | 0                                   | 1                                                                          |                                                                                                                                                |                                                                                                        | 6,772                                                    |
| b Total from continuation sheets to Part I . . . . . | 0                                   | 0                                                                          |                                                                                                                                                |                                                                                                        | 0                                                        |
| c Totals (add lines 3a and 3b)                       | 0                                   | 1                                                                          |                                                                                                                                                |                                                                                                        | 6,772                                                    |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1</b> | <b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of noncash assistance | <b>(h)</b> Description of noncash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|-----------------------------------------------------|-------------------|-----------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----------------------------------------------|--------------------------------------------------------------|
|          |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
|          |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
|          |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
|          |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |

- 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 . . . . . ► \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

|                 |                                                                                                                                                         |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16. |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

Part III can be duplicated if additional space is needed.

[illegible]

**Part 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)* . . . . . ☐ 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)* . . . . . ☐ 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

**Part V**

**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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 to provide any additional information. See instructions.

**990 Schedule F, Supplemental Information**

| Return Reference | Explanation                                                             |
|------------------|-------------------------------------------------------------------------|
| PART I, LINE 3:  | THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING FOR EXPENDITURES |

**990 Schedule F, Supplemental Information**

| Return Reference            | Explanation |
|-----------------------------|-------------|
| PART III ACCOUNTING METHOD: |             |



## 990 Schedule F, Supplemental Information

| Return<br>Reference                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>SCHEDULE F,<br>PART I, LINE 3 | THE ORGANIZATION SOLD TICKETS FOR THE ANNUAL FESTIVAL TO 33 FOREIGN INDIVIDUALS WHO RESIDE IN THE NORTH AMERICA (28 INDIVIDUALS) AND EUROPE (5 INDIVIDUALS) REGIONS. THE TOTAL TICKET SALES TO THESE INDIVIDUALS TOTALED \$88,547 (\$86,869 IN NORTH AMERICA & \$1,678 IN EUROPE). ONE OF THE FOREIGN INDIVIDUALS IN THE NORTH AMERICA REGION PURCHASED \$59,500 OF TICKETS, \$41,060 OF WHICH IS IN EXCESS OF THE FAIR MARKET OF THE EXCHANGE AND THUS A CONTRIBUTION. THIS FOREIGN INDIVIDUAL WAS REPORTED ON SCHEDULE B IN ACCORDANCE WITH IRS REGULATIONS. THE ORGANIZATION DID NOT EXPEND ANY MONEY IN THESE REGIONS IN ORDER TO OBTAIN THESE SALES. |

**Additional Data**

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

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region                             | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|----------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| NORTH AMERICA                          | 0                                   | 0                                           | TICKET SALES                                                                                                                   | N/A                                                                                                |                                   |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0                                   | 0                                           | TICKET SALES                                                                                                                   | N/A                                                                                                |                                   |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region                   | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| MIDDLE EAST AND NORTH AFRICA | 0                                   | 1                                           | SALARY                                                                                                                         | N/A                                                                                                | 6,772                             |



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue         |                                                                                    | (a) Event #1<br><b>FESTIVAL</b><br>(event type) | (b) Event #2<br><b>LUCK REUNION</b><br>(event type) | (c) Other events<br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|------------------------------------|--------------------------------------------------------|
|                 |                                                                                    |                                                 |                                                     |                                    |                                                        |
| Direct Expenses | <b>1</b> Gross receipts . . . . .                                                  | 3,785,214                                       | 51,271                                              |                                    | 3,836,485                                              |
|                 | <b>2</b> Less: Contributions . . . . .                                             | 300,066                                         | 34,321                                              |                                    | 334,387                                                |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                           | 3,485,148                                       | 16,950                                              |                                    | 3,502,098                                              |
|                 | <b>4</b> Cash prizes . . . . .                                                     |                                                 |                                                     |                                    |                                                        |
|                 | <b>5</b> Noncash prizes . . . . .                                                  | 73,687                                          | 4,500                                               |                                    | 78,187                                                 |
|                 | <b>6</b> Rent/facility costs . . . . .                                             | 615,063                                         | 1,863                                               |                                    | 616,926                                                |
| Direct Expenses | <b>7</b> Food and beverages . . . . .                                              | 88,379                                          | 14,165                                              |                                    | 102,544                                                |
|                 | <b>8</b> Entertainment . . . . .                                                   |                                                 |                                                     |                                    |                                                        |
|                 | <b>9</b> Other direct expenses . . . . .                                           | 1,569,189                                       | 48,540                                              |                                    | 1,617,729                                              |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |                                                 |                                                     |                                    | 2,415,386                                              |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                                                 |                                                     |                                    | 1,086,712                                              |
|                 |                                                                                    |                                                 |                                                     |                                    |                                                        |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue         |                                                                                         | (a) Bingo                                                           | (b) Pull tabs/Instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col.(a) through col.(c)) |
|-----------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
|                 |                                                                                         |                                                                     |                                                                     |                                                                     |                                                   |
| Direct Expenses | <b>1</b> Gross revenue . . . . .                                                        |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>2</b> Cash prizes . . . . .                                                          |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>3</b> Noncash prizes . . . . .                                                       |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>4</b> Rent/facility costs . . . . .                                                  |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>5</b> Other direct expenses . . . . .                                                |                                                                     |                                                                     |                                                                     |                                                   |
| Direct Expenses | <b>6</b> Volunteer labor . . . . .                                                      | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                                     |                                                                     |                                                                     |                                                   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|            |                                                                                                                                                                                          |                              |                                                          |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------|
| <b>11</b>  | Does the organization conduct gaming activities with nonmembers?                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| <b>12</b>  | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| <b>13</b>  | Indicate the percentage of gaming activity conducted in:                                                                                                                                 |                              |                                                          |
| <b>a</b>   | The organization's facility                                                                                                                                                              | <b>13a</b>                   | %                                                        |
| <b>b</b>   | An outside facility                                                                                                                                                                      | <b>13b</b>                   | %                                                        |
| <b>14</b>  | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                                                        |                              |                                                          |
|            | Name ► .....                                                                                                                                                                             |                              |                                                          |
|            | Address ► .....                                                                                                                                                                          |                              |                                                          |
| <b>15a</b> | Does the organization have a contract with a third party from whom the organization receives gaming revenue?                                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| <b>b</b>   | If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....                             |                              |                                                          |
| <b>c</b>   | If "Yes," enter name and address of the third party:                                                                                                                                     |                              |                                                          |
|            | Name ► .....                                                                                                                                                                             |                              |                                                          |
|            | Address ► .....                                                                                                                                                                          |                              |                                                          |
| <b>16</b>  | Gaming manager information:                                                                                                                                                              |                              |                                                          |
|            | Name ► .....                                                                                                                                                                             |                              |                                                          |
|            | Gaming manager compensation ► \$ .....                                                                                                                                                   |                              |                                                          |
|            | Description of services provided ► .....                                                                                                                                                 |                              |                                                          |
|            | <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor                                                              |                              |                                                          |
| <b>17</b>  | Mandatory distributions:                                                                                                                                                                 |                              |                                                          |
| <b>a</b>   | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?                                               |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>   | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ ..... |                              |                                                          |

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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

Department of the  
Treasury  
Internal Revenue Service  
Name of the organization  
FARM AID INC

Employer identification number  
36-3383233

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.

| (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 noncash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) See Additional Data                            |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (2)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (3)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (4)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (5)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (6)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (7)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (8)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (9)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (10)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (11)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (12)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 93

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

**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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1)<br>EMERGENCY AND FARM DISASTER GRANTS   | 64                       | 32,000                   | 0                                | N/A                                                   | N/A                                   |
| (2)<br>LEADERSHIP GRANTS TO PROMOTE FARMING | 8                        | 4,952                    | 0                                | N/A                                                   | N/A                                   |
| (2)                                         |                          |                          |                                  |                                                       |                                       |
| (3)                                         |                          |                          |                                  |                                                       |                                       |
| (4)                                         |                          |                          |                                  |                                                       |                                       |
| (5)                                         |                          |                          |                                  |                                                       |                                       |
| (6)                                         |                          |                          |                                  |                                                       |                                       |
| (7)                                         |                          |                          |                                  |                                                       |                                       |

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 2:  | 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 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

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

Form 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 |
|-----------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| AGRICULTURE & LAND-BASED TRAINING ASSOCIATION<br>PO BOX 6264<br>SALINAS, CA 93912 | 77-0566055 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| ALABAMA SUSTAINABLE AGRICULTURE NETWORK<br>PO BOX 2533<br>BIRMINGHAM, AL 35202    | 56-2461946 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| APPALACHIAN CENTER FOR ECONOMIC NETWORKS<br>94 COLUMBUS ROAD<br>ATHENS, OH 45701                               | 31-1129632 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| APPALACHIAN SUSTAINABLE DEVELOPMENT<br>1096 OLE BERRY RD SUITE 100<br>ABINGDON, VA 24210                       | 31-1445533 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                                                                                      |
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| CALIFORNIA FARMLINK<br>335 SPRECKELS DRIVE SUITE F<br>APTOS, CA 95003                                          | 94-3332630 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE                                                                               |
| CENTER FOR RURAL AFFAIRS<br>PO BOX 136 145 MAIN STREET<br>LYONS, NE 68038                                      | 47-0553823 | 501(C)(3)                     | 50,000                   |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE; TAKING ACTION TO CHANGE SYSTEMS - NATIONAL SUSTAINABLE AGRICULTURE COALITION |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| COMMUNITY ALLIANCE WITH FAMILY FARMERS<br>PO BOX 363<br>DAVIS, CA 95617                                        | 94-2914745 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |
| COMMUNITY FARM ALLIANCE<br>PO BOX 130<br>BEREA, KY 40403                                                       | 61-1092056 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                                                   |
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| COUNCIL FOR HEALTHY FOOD SYSTEMS<br>PO BOX 809<br>CAMERON, TX 76520                                            | 45-1420591 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS - FARM AND RANCH FREEDOM ALLIANCE |
| CULTIVATE KANSAS CITY<br>300 E 39TH STREET<br>KANSAS CITY, MO 64111                                            | 20-2365320 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | GROWING THE GOOD FOOD MOVEMENT                                    |

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| DAKOTA RURAL ACTION<br>PO BOX 549<br>BROOKINGS, SD 57006                                                       | 46-0398656 | 501(C)(3)                     | 9,042                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |
| EARTH ISLAND INSTITUTE INC<br>2150 ALLSTON WAY SUITE 460<br>BERKELEY, CA 94704                                 | 94-2889684 | 501(C)(3)                     | 10,000                   |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                                                                        |
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| FAMILY FARM DEFENDERS<br>PO BOX 1772<br>MADISON, WI 53703                                                      | 39-1814573 | 501(C)(3)                     | 12,957                   |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE; TAKING ACTION TO CHANGE SYSTEMS; GROWING THEGOOD FOOD MOVEMENT |
| FARMERS LEGAL ACTION GROUP<br>6 WEST 5TH STREET SUITE 650<br>ST PAUL, MN 55102                                 | 36-3431212 | 501(C)(3)                     | 30,000                   |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE                                                                 |

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| FARMWORKER ASSOCIATION OF FLORIDA<br>1264 APOPKA BLVD<br>APOPKA, FL 32703                                      | 59-2683978 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | GROWING THE GOOD FOOD MOVEMENT                                                          |
| FEDERATION OF SOUTHERN COOPERATIVES<br>2769 CHURCH STREET<br>EAST POINT, GA 30344                              | 58-1026695 | 501(C)(3)                     | 45,400                   |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE; TAKING ACTION TO CHANGE SYSTEMS; GROWING THE GOOD FOOD MOVEMENT |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| FONDY FOOD CENTER<br>1617 W NORTH AVENUE SUITE 4<br>MILWAUKEE, WI 53205                                        | 31-1751969 | 501(C)(3)                     | 8,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| FRIENDS OF FAMILY FARMERS<br>249 LIBERTY STREET NE SUITE 212<br>SALEM, OR 97301                                | 30-0390131 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| GROWN NYC<br>100 GOLD STREET SUITE 3300<br>NEW YORK, NY 10038                                                  | 13-2765465 | 501(C)(3)                     | 7,500                    |                                   | N/A                                                   | N/A                                    | GROWING THE GOOD FOOD MOVEMENT     |
| HOLISTIC MANAGEMENT INTERNATIONAL<br>5941 JEFFERSON STREET<br>SUITE B<br>ALBUQUERQUE, NM 87109                 | 85-0324203 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| HUNGER TASK FORCE<br>201 S HAWLEY COURT<br>MILWAUKEE, WI 53214                                                 | 39-1345847 | 501(C)(3)                     | 7,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| IDAHO ORGANIZATION OF RESOURCE COUNCILS<br>910 W MAIN STREET 244<br>BOISE, ID 83702                            | 46-5310102 | 501(C)(3)                     | 7,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |

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| ILLINOIS STEWARDSHIP ALLIANCE<br>230 S BROADWAY ST SUITE 200<br>SPRINGFIELD, IL 62701                          | 37-6160476 | 501(C)(3)                     | 7,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |
| INSTITUTE FOR AGRICULTURE & TRADE POLICY<br>2105 FIRST AVENUE S<br>MINNEAPOLIS, MN 55404                       | 36-3501938 | 501(C)(3)                     | 7,500                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |

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| INTERCHURCH MINISTRIES OF NEBRASKA<br>215 CENTENNIAL MALL SOUTH SUITE 512<br>512<br>LINCOLN, NE 68508          | 47-0379495 | 501(C)(3)                     | 102,500                  |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| IOWA CITIZENS FOR COMMUNITY IMPROVEMENT<br>2001 FOREST AVENUE<br>DES MOINES, IA 50311                          | 42-1110721 | 501(C)(3)                     | 10,000                   |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                                                                         |
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| IOWA STATE UNIVERSITY FOUNDATION<br>PO BOX 4550<br>IOWA CITY, IA 52244                                         | 42-1143702 | 501(C)(3)                     | 12,478                   |                                   | N/A                                                   | N/A                                    | SCHOLARSHIPS                                                                            |
| KANSAS FARMERS UNION FOUNDATION<br>115 E MARLIN SUITE 108 BOX 1064<br>MCIPHERSON, KS 67460                     | 48-1183833 | 501(C)(3)                     | 8,500                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE; TAKING ACTION TO CHANGE SYSTEMS; GROWING THE GOOD FOOD MOVEMENT |

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| LAND LOSS PREVETION PROJECT<br>PO BOX 179<br>DURHAM, NC 27702                                                  | 56-1348982 | 501(C)(3)                     | 15,500                   |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE; TAKING ACTION TO CHANGE SYSTEMS; GROWING THE GOOD FOOD MOVEMENT |
| LAND STEWARDSHIP PROJECT<br>821 EAST 35TH STREET SUITE 200<br>MINNEAPOLIS, MN 55407                            | 41-1466054 | 501(C)(3)                     | 10,000                   |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS                                                         |

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| MAINE ORGANIC FARMERS AND GARDENERS<br>PO BOX 170<br>UNITY, ME 04988                                           | 01-6048322 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| MICHAEL FIELDS AGRICULTURAL INSTITUTE<br>N8030 TOWNLINE ROAD PO BOX 990<br>EAST TROY, WI 53120                 | 39-1449246 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                                         |
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| MIDWEST ORGANIC & SUSTAINABLE EDUCATION SERVICE<br>PO BOX 339<br>SPRING VALLEY, WI 54767                       | 39-1824623 | 501(C)(3)                     | 7,500                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE                                  |
| MISSOURI RURAL CRISIS CENTER<br>1108 RANGELINE STREET<br>COLUMBIA, MO 65201                                    | 43-1432033 | 501(C)(3)                     | 10,500                   |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE; TAKING ACTION TO CHANGE SYSTEMS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                                                                         |
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| NATIONAL FAMILY FARM COALITION<br>222 MAIN STREET<br>GLOUCESTER, MA 01930                                      | 38-2652620 | 501(C)(3)                     | 28,000                   |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE; TAKING ACTION TO CHANGE SYSTEMS; GROWING THE GOOD FOOD MOVEMENT |
| NATIONAL FARMERS UNION FOUNDATION<br>20 F STREET NW SUITE 300<br>WASHINGTON, DC 20009                          | 31-1582315 | 501(C)(3)                     | 80,000                   |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE                                                                  |

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| NATIONAL YOUNG FARMERS COALITION<br>PO BOX 1074<br>HUDSON, NY 12534                                            | 47-2072946 | 501(C)(3)                     | 7,500                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS                                                         |
| NORTHEAST ORGANIC FARMING ASSOCIATION<br>411 SHELDON ROAD<br>BARRE, MA 01005                                   | 22-2574183 | 501(C)(3)                     | 15,000                   |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE; TAKING ACTION TO CHANGE SYSTEMS; GROWING THE GOOD FOOD MOVEMENT |

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| NORTHERN PLAINS RESOURCE COUNCIL<br>220 S 27TH STREET SUITE A<br>BILLINGS, MT 59101                            | 81-0367205 | 501(C)(3)                     | 7,500                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |
| OHIO ECOLOGICAL FOOD AND FARM ASSOCIATION<br>41 CROSWELL ROAD<br>COLUMBUS, OH 43214                            | 34-1638273 | 501(C)(3)                     | 7,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |

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| OPERATING SPRING PLANT<br>INC<br>2615-B GELA ROAD<br>OXFORD, NC 27565                                          | 58-2037106 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| OREGON RURAL ACTION<br>PO BOX 1231<br>LA GRANDE, OR 97850                                                      | 03-0383463 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |

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| ORGANIC FARMING RESEARCH FOUNDATION<br>PO BOX 440<br>SANTA CRUZ, CA 95060                                      | 77-0252545 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |
| PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE AGRICULTURE<br>PO BOX 419<br>MILLHEIM, PA 16854                       | 25-1685497 | 501(C)(3)                     | 7,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |

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| PRACTICAL FARMERS OF IOWA<br>1615 GOLDEN ASPEN DRIVE<br>SUITE 101<br>AMES, IA 50010                            | 42-1255174 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| QUIVIRA COALITION<br>1413 SECOND STREET SUITE 1<br>SANTE FE, NM 87505                                          | 31-1551770 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| (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 |
| RED CLIFF BAND OF LAKE SUPERIOR CHIPPEW<br>88455 PIKE ROAD<br>BAYFIELD, WI 54814                               | 39-1178866 | 501(C)(3)                     | 5,115                    |                                   | N/A                                                   | N/A                                    | GROWING THE GOOD FOOD MOVEMENT     |
| RED TOMATO INC<br>76 EVERETT SKINNER ROAD<br>PLAINVILLE, MA 02762                                              | 04-3375151 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                                               |
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| (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                            |
| RODALE INSTITUTE<br>611 SIEGFRIEDALE ROAD<br>KUTZTOWN, PA 19530                                                | 23-7206884 | 501(C)(3)                     | 6,500                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS - ORGANIC FARMERS ASSOCIATION |
| RURAL ADVANCEMENT FOUNDATION<br>PO BOX 640<br>PITTSBORO, NC 27312                                              | 56-1704863 | 501(C)(3)                     | 32,500                   |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS                               |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                                                           |
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| (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                                        |
| SOCIALLY RESPONSIBLE AGRICULTURE PROJECT<br>1120 WASHINGTON AVENUE<br>SUITE 200<br>GOLDEN, CO 80401            | 20-8688122 | 501(C)(3)                     | 10,000                   |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS - ILLINOIS CITIZENS FOR CLEAN AIR & WATER |
| SOUTHWEST GEORGIA PROJECT<br>1216 DAWSON ROAD SUITE 108<br>ALBANY, GA 31707                                    | 58-1172475 | 501(C)(3)                     | 10,000                   |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE                                                    |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| (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 |
| TEXAS ORGANIC FARMERS AND GARDENERS ASSOCIATION<br>PO BOX 48<br>ELGIN, TX 78621                                | 74-2687511 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| THE FOOD GROUP<br>8501 54TH AVENUE N<br>NEW HOPE, MN 55428                                                     | 41-1246504 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                                                                           |
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| (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                                                        |
| TIDES CENTER<br>1012 TOREY AVENUE<br>SAN FRANCISCO, CA 94129                                                   | 94-3213100 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | GROWING THE GOOD FOOD MOVEMENT - NORTHEAST SUSTAINABLE AGRICULTURE WORKING GROUP (NESAWG) |
| TUFTS UNIVERSITY<br>136 HARRISON AVENUE<br>BOSTON, MA 02111                                                    | 04-2103634 | 501(C)(3)                     | 6,000                    |                                   | N/A                                                   | N/A                                    | GROWING THE GOOD FOOD MOVEMENT - NEW ENTRY SUSTAINABLE FARMING PROJECT                    |

| Form 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                                                                                      |
| WORC EDUCATION PROJECT<br>220 S 27TH STREET SUITE B<br>BILLINGS, MT 59101                                      | 84-1123481 | 501(C)(3)                     | 19,500                   |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE; TAKING ACTION TO CHANGE SYSTEMS; GROWING THE GOOD FOOD MOVEMENT - AMERICAN AGRICULTURE MOVEMENT |
| WEST VIRGINIA FOOD & FARM COALITION<br>3820 MACCORKLE AVENUE SE<br>CHARLESTON, WV 25304                        | 46-2706460 | 501(C)(3)                     | 7,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS                                                                                         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                                         |
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| (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                      |
| WISCONSIN FARMERS UNION<br>FOUNDATION<br>117 W SPRING STREET<br>CHIPPEWA FALLS, WI 54729                       | 39-1854577 | 501(C)(3)                     | 12,000                   |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE; TAKING ACTION TO CHANGE SYSTEMS |
| WISCONSIN TRIBAL<br>CONSERVATION ADVISORY<br>COUNCIL INC<br>7118 CITY ROAD<br>GILLET, WI 54124                 | 02-0778620 | 501(C)(3)                     | 7,500                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE                                  |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| (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 |
| UNIVERSITY OF NEBRASKA<br>3835 HOLDREDGE STREET<br>LINCOLN, NE 68588                                           | 47-0049123 | 501(C)(3)                     | 6,551                    |                                   | N/A                                                   | N/A                                    | SCHOLARSHIPS                       |
| ANGELIC ORGANICS<br>LEARNING CENTER<br>1545 ROCKTON ROAD<br>CALEDONIA, IL 61011                                | 36-4288904 | 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. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| (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<br>817 GRAND AVE 101<br>NEW HAVEN, CT 06511                                                      | 83-0397621 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | GROWING THE GOOD FOOD MOVEMENT     |
| COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE<br>ONE SUGARLOAF STREET<br>SOUTH DEERFIELD, MA 01373              | 04-3416862 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | GROWING THE GOOD FOOD MOVEMENT     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| (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 |
| CONNECTICUT FARMLAND TRUST<br>77 BUCKINGHAM STREET<br>HARTFORD, CT 06106                                       | 32-0007171 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| DAKOTA RESOURCE COUNCIL<br>1720 BURNT BOAT ROAD 104<br>BISMARCK, ND 58503                                      | 45-0363903 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| (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 |
| DREAMING OUT LOUD<br>80 M STREET SE WE WORK<br>WASHINGTON, DC 20003                                            | 26-1286043 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | GROWING THE GOOD FOOD MOVEMENT     |
| FARM FRESH RHODE ISLAND<br>1005 MAIN ST UNIT 8130<br>PAWTUCKET, RI 02860                                       | 20-4625643 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | GROWING THE GOOD FOOD MOVEMENT     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                                    |
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| FOOD WORKS<br>PO BOX 3855<br>CARBONDALE, IL 62902                                                              | 26-3662215 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE                             |
| GREATER MILWAUKEE SYNOD OF THE EVANGELICAL LUTH CHURCH IN AMERICA<br>1212 S LAYTON BLVD<br>MILWAUKEE, WI 53215 | 36-3514257 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE - ALICE'S GARDEN URBAN FARM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| GREEN VILLAGE INITIATIVE<br>325 LAFAYETTE ST UNIT 9101<br>BRIDGEPORT, CT 06604                                 | 27-1439954 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | GROWING THE GOOD FOOD MOVEMENT     |
| GROW PITTSBURGH<br>6587 HAMILTON AVE 2W<br>PITTSBURGH, PA 15206                                                | 43-2112710 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | GROWING THE GOOD FOOD MOVEMENT     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| HARTFORD FOOD SYSTEMS<br>190 WETHERSFIELD AVE<br>HARTFORD, CT 06114                                            | 06-0199180 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |
| KNOX HARTFORD<br>75 LAUREL STREET<br>HARTFORD, CT 06106                                                        | 06-0985421 | 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. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| LAND FOR GOOD<br>39 CENTRAL SQUARE SUITE 306<br>KEENE, NH 03431                                                | 02-0530711 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| LOCAL FOOD HUB<br>PO BOX 4647<br>CHARLOTTESVILLE, VA 22905                                                     | 26-4137130 | 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. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| NATIONAL CENTER FOR APPROPRIATE TECHNOLOGY<br>PO BOX 3838<br>BUTTE, MT 59702                                   | 81-0361047 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| ONEIDA NATION<br>PO BOX 365<br>ONEIDA, WI 54155                                                                | 39-6081138 | INDIAN TRIBE                  | 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. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| OREGON TILTH<br>2525 SE 3RD ST<br>CORVALLIS, OR 97333                                                          | 94-3029559 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| ORGANIC SEED ALLIANCE<br>PO BOX 772<br>PORT TOWNSEND, WA 98368                                                 | 51-0175667 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| ORGANIZATION FOR COMPETITIVE MARKETS<br>PO BOX 6486<br>LINCOLN, NE 68506                                       | 91-1904212 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |
| POWDER RIVER BASIN RESOURCE COUNCIL<br>934 NORTH MAIN ST<br>SHERIDAN, WY 82801                                 | 74-2183158 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | GROWING THE GOOD FOOD MOVEMENT     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| ROGUE FARM CORPS<br>PO BOX 533<br>ASHLAND, OR 97520                                                            | 03-0529330 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| RURAL VERMONT<br>46 EAST STATE ST<br>MONTPELIER, VT 05602                                                      | 22-3045871 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| SOUTHEAST MA<br>AGRICULTURAL PARTNERSHIP<br>PO BOX 80625<br>SOUTH DARTMOUTH, MA<br>02536                       | 20-1625240 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| SOUTHERN SAWG<br>PO BOX 1552<br>FAYETTEVILLE, AR 72702                                                         | 71-0844535 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| SUSTAINABLE FOOD CENTER<br>2921 E 17TH STREET<br>BUILDING C<br>AUSTIN, TX 78702                                | 74-2441468 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| THE LAND CONNECTION<br>206 N RANDOLPH ST SUITE 400<br>CHAMPAIGN, IL 61820                                      | 37-1413944 | 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.**

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                                                                                                   |
|-------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| THIRD SECTOR NEW ENGLAND<br>89 SOUTH ST SUITE 700<br>BOSTON, MA 02111               | 04-2261109     | 501(C)(3)                            | 10,000                          |                                          | N/A                                                          | N/A                                           | HELPING FARMERS THRIVE; TAKING ACTION TO CHANGE SYSTEMS - THE CARROT PROJECT & REAL FOOD GENERATION (FORMERLY KNOWN AS REAL FOOD CHALLENGE) |
| TRUST FOR CONSERVATION INNOVATION<br>405 14TH STREET SUITE 164<br>OAKLAND, CA 94612 | 91-2166435     | 501(C)(3)                            | 5,000                           |                                          | N/A                                                          | N/A                                           | TAKING ACTION TO CHANGE SYSTEMS - ANIMAL AGRICULTURE REFORM COLLABORATIVE (AARC)                                                            |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| VERMONT GRASS FARMERS ASSOCIATION<br>327 US ROUTE 302<br>BARRE, VT 05641                                       | 03-0352796 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | HELPING FARMERS THRIVE             |
| WATERKEEPERS CHESAPEAKE<br>PO BOX 11075<br>TAKOMA PARK, MD 20913                                               | 45-4381850 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO CHANGE SYSTEMS    |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| WESTERN CO ALLIANCE FOR<br>COMMUNITY ACTION<br>2481 COMMERCE BLVD PO<br>BOX 1931<br>GRAND JUNCTION, CO 81502   | 84-0837218 | 501(C)(3)                     | 5,000                    |                                   | N/A                                                   | N/A                                    | TAKING ACTION TO<br>CHANGE SYSTEMS |

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
FARM AID INC

Employer identification number  
36-3383233

Part I

Types of Property

|                                                                            | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . .                                                 |                               |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . .                                             |                               |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . .                                             |                               |                                                        |                                                                                       |                                                              |
| 4 Books and publications . .                                               |                               |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                |                               |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . .                                              |                               |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . .                                                 |                               |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . .                                            |                               |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded .                                             | X                             | 1                                                      | 1,273                                                                                 | MARKET QUOTATIONS                                            |
| 10 Securities—Closely held stock .                                         |                               |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . .              |                               |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . .                                            |                               |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—Other . . . .                    |                               |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential . .                                             |                               |                                                        |                                                                                       |                                                              |
| 16 Real estate—Commercial . .                                              |                               |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                               |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . .                                                  |                               |                                                        |                                                                                       |                                                              |
| 20 Drugs and medical supplies .                                            |                               |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                               |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . .                                            |                               |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . .                                                |                               |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . .                                         |                               |                                                        |                                                                                       |                                                              |
| DONATED<br>AUCTION<br>ITEMS AND                                            | X                             | 40                                                     | 78,187                                                                                | ESTIMATED FAIR VALUE                                         |
| 25 Other ► ( PACKAGES )                                                    |                               |                                                        |                                                                                       |                                                              |
| FOOD AND                                                                   | X                             | 1                                                      | 300                                                                                   | FAIR MARKET VALUE                                            |
| 26 Other ► ( BEVERAGES )                                                   |                               |                                                        |                                                                                       |                                                              |
| 27 Other ► ( )                                                             |                               |                                                        |                                                                                       |                                                              |
| 28 Other ► ( )                                                             |                               |                                                        |                                                                                       |                                                              |

29 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

29

0

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 isn't required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

Yes

No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part 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                                                                                                                                                                                                                                                                                                                                                          |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 32B: | 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 O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service  
Name of the organization  
FARM AID INC

**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**

**Employer identification number**

36-3383233

**990 Schedule O, Supplemental Information**

| Return Reference                     | Explanation                                                                                                   |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 2 | WILLIE NELSON AND LANA NELSON - FAMILY RELATIONSHIP. WILLIE NELSON AND MARK ROTHBAUM - BUSINESS RELATIONSHIP. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation                                    |
|------------------------------------------------|------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 8B | THERE WERE NO COMMITTEE MEETINGS HELD IN 2019. |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                             | Explanation                                                                                                                                                        |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | A DRAFT OF THE 2019 FORM 990 IS PROVIDED TO MANAGEMENT FOR REVIEW AND APPROVAL. A FINAL DRAFT IS SUBMITTED TO THE BOARD FOR REVIEW PRIOR TO SUBMISSION TO THE IRS. |

# 990 Schedule O, Supplemental Information

| Return Reference                                | Explanation                                                                                                                                  |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | FARM AID'S CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS AND OFFICERS. IT IS MONITORED BY THE ORGANIZATION'S OPERATIONS DIRECTOR. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | FARM AID METHODICALLY ASSESSES AND MAKES DECISIONS ON SALARY LEVELS BASED ON INDEPENDENT MARKET RATE COMPENSATION SURVEYS PRODUCED BY ITS PAYROLL PROVIDER, A NATIONAL LEADER IN PAYROLL 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 FINANCIAL DIFFICULTY, OR IN THE EVENT OF A RECENT MARKET RATE ADJUSTMENT. EXPANSION OF JOB DESCRIPTION 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 SALARY, IN WHICH CASE, IT IS DETERMINED BY THE BOARD OF DIRECTORS. |

## 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation                                                                                                                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE, AND ARE ALSO MADE AVAILABLE UPON REQUEST. |

## 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                          |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART IX,<br>LINE 11G | OTHER CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES 90,898. MANAGEMENT AND GENERAL EXPENSES 1,724. FUNDRAISING EXPENSES 4,640. TOTAL EXPENSES 97,262. MARKETING, PUBLIC RELATIONS & MEDIA: PROGRAM SERVICE EXPENSES 198,374. MANAGEMENT AND GENERAL EXPENSES 8. FUNDRAISING EXPENSES 10,486. TOTAL EXPENSES 208,868. |



**990 Schedule O, Supplemental Information**

| Return<br>Reference                | Explanation                                                                                                    |
|------------------------------------|----------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VIII,<br>LINE 1F | THIS AMOUNT ALSO INCLUDES \$301,883 OF SPONSORSHIP INCOME RECEIVED FOR THE CONCERT AND BENEFIT EVENTS IN 2019. |