

Department of the Treasury

Internal Revenue Service

# Return of Organization Exempt From Income Tax

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



A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number В Address change FARM AID, INC Name change 36-3383233 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (617)354 - 2922501 CAMBRIDGE STREET, 3RD FLOOR 8,300,063. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended 02141 CAMBRIDGE, MA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: GLENDA YODER Yes X No for subordinates? SAME AS C ABOVE \_\_Yes **H(b)** Are all subordinates included? No Tax-exempt status: X 501(c)(3) 527 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.FARMAID.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 1985 M State of legal domicile: IL Trust Part I Summary Briefly describe the organization's mission or most significant activities: FARM AID'S MISSION IS TO BUILD A 1 Activities & Governance 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. 8 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 23 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 454 Total number of volunteers (estimate if necessary) 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 4,062,921. 3,040,212. Contributions and grants (Part VIII, line 1h) 8 Revenue 31,736. 26,395. 9 Program service revenue (Part VIII, line 2g) -11,918. 313,787. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 637,950. 633,587. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,720,689. 4,013,981. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,204,670. 1,355,354. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,274,432. 1,655,229. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. Ο. b Total fundraising expenses (Part IX, column (D), line 25) 318,073. 1,089,554. 1,570,870. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 3,568,656. 4,581,453. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,152,033. -567,472. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 12,312,057. 11,753,712. 20 Total assets (Part X, line 16) 728,824. 728,288 **21** Total liabilities (Part X, line 26) El det 583,233. 025,424 11 22 Net assets or fund balances. Subtract line 21 from line 20 11 Part II Signature Block

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

Sign	Signature of officer	[	Date								
-	GLENDA YODER, ASSOC. DIRE	CTOR & ASSIST.	TREASURER								
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	EUGENE BORGONZI		11/15/	24 self-employed P01269879							
Preparer	Firm's name EAG NEW ENGLAND L	LC	F	Firm's EIN 99-2277914							
Use Only	Firm's address 160 FEDERAL STREE	T, 9TH FLOOR									
	BOSTON, MA 02110		F	Phone no.617-227-6161							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)										

	990 (2023) FARM AID, INC	36-3383233	Pa
Par	t 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 H		
	OF AGRICULTURE IN AMERICA. FARM AID ARTISTS AND BO		
	NELSON, JOHN MELLENCAMP, NEIL YOUNG, DAVE MATTHEWS		
	HOST AN ANNUAL FESTIVAL TO SUPPORT FARM AID'S YEAR		
2	Did the organization undertake any significant program services during the year which were not list		
	prior Form 990 or 990-EZ?	Yes	Ă
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am services? Yes	X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca	tions to others, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,114,576. including grants of \$ 794,58	30.) (Revenue \$	
	HELPING FARMERS THRIVE - WHILE FARM INCOME HELD ST		
	INPUT COSTS CONTINUED TO RISE, PUTTING MANY FARMER	<u>RS ON A RAZOR-SHARP</u>	
	EDGE. IN ADDITION, FARMERS FACED THE CONSTANT CHAI	LENGES OF COMPETIN	G
	IN AN EVER-CONSOLIDATING MARKET THAT FAVORS CORPOR	RATIONS; TRYING TO	
	EARN A FAIR PRICE IN UNFAIR MARKETS; AND WEATHER,	INCLUDING EXTREME	
	WEATHER AND NATURAL DISASTERS EXACERBATED BY CLIMA	ATE CHANGE. THE STR.	AI
	IN THE FARM ECONOMY IS NO ACCIDENT; IT IS THE RESU	JLT OF POLICIES	
	DESIGNED TO ENRICH CORPORATIONS AT THE EXPENSE OF	FARMERS, RANCHERS	AN
	EATERS. IN RESPONSE, FARM AID CONTINUED TO EXPAND	OUR DIRECT FARMER	
	RESPONSE AND INCREASED OUR ADVOCACY OF SOLUTIONS	TO FARM POLICY THAT	
	NEEDS A MASSIVE SHIFT IN DIRECTIONONE THAT IS EQUI	TABLE TO ALL FARME	RS
	AND DELIVERS FAIR PRICES AND COMPETITIVE MARKETS	THAT ALLOW FARMERS '	то
4b		34.) (Revenue \$	
	TAKING ACTION TO CHANGE THE SYSTEM - FARM AID WORK		
	REGIONAL AND NATIONAL ORGANIZATIONS TO PROMOTE FAT		D
	GRASSROOTS ORGANIZING EFFORTS. FARM AID GRANTED \$3		
	ORGANIZATIONS WORKING TO ENSURE COMPETITIVE MARKET	•	
	ADDRESS ANTITRUST AND CONTRACT VIOLATIONS, FIGHT H		
	STRENGTHEN THE GRASSROOTS AROUND A UNIFIED VISION		00
	SYSTEM, AND AMPLIFY AN EFFECTIVE FARMER VOICE TO H		
	SYSTEM.		
	5151111		
	IN EARLY 2023, FARM AID RE-LAUNCHED OUR FARM BILL	101 TO ENGAGE FARM	ER
	AND EATERS IN THE LONG PROCESS TO A NEW FARM BILL		
	TO BE PASSED BEFORE THE EXPIRATION OF THE EXISTING		
4c	427 001	0.) (Revenue \$ 26,	
40	(Code:) (Expenses \$437,921. including grants of \$ PROMOTING FOOD FROM FAMILY FARMS - THE HEART OF FA		55
	PROMOTE FOOD FROM FAMILY FARMS IS OUR ANNUAL FARM		
	AID 2023 WAS HELD AT RUOFF MUSIC CENTER IN NOBLEST		
	SEPTEMBER 23. A CROWD OF 22,209 ENJOYED PERFORMANCE	<u> </u>	חם
	MEMBERS WILLIE NELSON, JOHN MELLENCAMP, NEIL YOUNG TIM REYNOLDS, AND MARGO PRICE. ADDITIONAL ARTISTS	-	п
	· · · · · · · · · · · · · · · · · · ·		<del>т</del>
	WEIR & WOLF BROS, ALLISON RUSSELL, LUKAS NELSON &		
	NATHANIEL RATELIFF & THE NIGHT SWEATS, STRING CHER	-	
	KID, THE BLACK OPRY FEATURING KYSHONA, LORI RAYNE	· · · · · ·	TH
	JIM IRSAY BAND FEATURING ANN WILSON OF HEART, CLAY	-	~ ~
	WISDOM INDIAN DANCERS AND NATIVE PRIDE PRODUCTIONS		
	FEATURED A SURPRISE PERFORMANCE BY BOB DYLAN, BACK	(ED BY MEMBERS OF T	HE
4d	Other program services (Describe on Schedule O.)	-	
	(Expenses \$ 404,778. including grants of \$ 150,140.) (Revenue \$	0.)	
4e	Total program service expenses3,853,896.		
		Form 9	990
32002	SEE SCHEDULE O FOR CONTINU	ATION(S)	
	2	5 710	~ ~
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Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	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	6		X
7	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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b	Х	
15	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	15		X
16	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	16		X
17	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	17		X
18	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	18	Х	
19	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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

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

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 FARM AID, INC

 Part IV
 Checklist of Required Schedules (continued)

I UI	Continued)			
00	Did the experimetion we set many them $\Phi = 0.00$ of example on other conjutions to be foundamentic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		-77	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 01	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטע זו סטוופטעוב ט נטווגמווז מ ובאטטואב טו זוטגב נט מוזץ וווים ווז נוווא דמוג ע		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27		162	
h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 1a 1a 1b 1b 0</b>			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
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Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		Vee	Na				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No				
Lu	filed for the calendar year ending with or within the year covered by this return 2a 23							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	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)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		v				
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Gh						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b						
	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?	7a	Х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15						
Ŭ	to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
40	amounts due or received from them.)	40						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.							
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	104						
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							
с	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.		000					
332005	12-21-23	Form	990	(2023)				

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5 2023.05000 FARM AID, INC

a Enter the number of voting members of the governing body at the end of the tax year         1a         a         b           if there are meted afferences in voting members of the governing body, of the governing body delayed brad authority to an exculter committies or similar committies, replan on Schedule 0.         b         b         b         b         b         c         2         X           2         Did any officer, circlescr, trustee, or key employees to an arrangement duties customarily performed by or under the direct supervision of differs, directors, trustees, or key employees to the governing body diversion of the organization have averned using sufficient diversion of the organization have employees.         2         X           3         Did the organization have employees to the governing body.         The governing body.         7a         4           4         Did the organization have employees to the governing body.         The governing body.         7a         5           5         Did the organization have employees to the governing body?         7a         5         5           6         Did the organization have employees to the governing body?         7a         7a           9         D the organization contemportaneously document the mettings held or writtin actions underlaten during the year by the tolowing:         7b           9         D the organization contemportaneously document the mettings held or writtin actions underlaten during the year by the tolowing:		Check if Schedule O contains a response or note to any line in this Part VI					Σ
a Enter the number of voting members of the governing body at the end of the tax year         1a         a         b           if there are meted afferences in voting members of the governing body, of the governing body delayed brad authority to an exculter committies or similar committies, replan on Schedule 0.         b         b         b         b         b         c         2         X           2         Did any officer, circlescr, trustee, or key employees to an arrangement duties customarily performed by or under the direct supervision of differs, directors, trustees, or key employees to the governing body diversion of the organization have averned using sufficient diversion of the organization have employees.         2         X           3         Did the organization have employees to the governing body.         The governing body.         7a         4           4         Did the organization have employees to the governing body.         The governing body.         7a         5           5         Did the organization have employees to the governing body?         7a         5         5           6         Did the organization have employees to the governing body?         7a         7a           9         D the organization contemportaneously document the mettings held or writtin actions underlaten during the year by the tolowing:         7b           9         D the organization contemportaneously document the mettings held or writtin actions underlaten during the year by the tolowing:	Sect	tion A. Governing Body and Management					_
If there are material afferences in voling rights among members of the governing body, or if the governing to a statulate 0. In the number of volting members included on line 1a, above, who are independent						Yes	1
big delegated word authority to an excutive committee or similar committee, optian on Schedule 0.       10       8         2       Did any officar, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       3         4       Did the organization house members or stockholders, or other person?       3         5       Did the organization house members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       6         6       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a         9       Did the organization contenproanously document the mellings held or writen actions undertaken during the year by the following:       7b         9       Did the organization contenproanously document the mellings held or writen actions undertaken during the year by the following:       7b         9       Did the organization have writen policies and transferses on Schedula CD       7b         9       Did the organization contenproanously document the mellings held or writen activities of such chapters, affiliates, and branches to ensure their polyee listed in Part VII, Section A, who cannot be reached	1a	Enter the number of voting members of the governing body at the end of the tax year	1a				
b         Enter the number of voting members included on line 1a, above, who are independent.         Int		If there are material differences in voting rights among members of the governing body, or if the governing					
2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other direct, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of directs, directors, trustees, or key employees to the governing documents since the pior Form 900 was filed?       3         4       Did the organization become aware during the year of a significant diversion of the organization is assets?       5         5       Did the organization have members or stockholders?       6         7a       Da was not your amagement duties out on the organization near or more members or the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7a         a The governing body?       Ba as not your and the governing body?       8a       X         b Each committee with authority to act on behalf of the governing body?       8a       X       XB         b Each committee with authority to act on behalf of the governing body?       9       9       9         committee information and the process in aformation about palicies and procedures governing body perfore filling the form?       9         b Id the organization have withen policies and procedures governing the activities of such chapters, affiliates, and by employees instein MR the organization to evert this form 900.       11         b Id the organization		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
officer, director, trustee, or key employee?       2       X         3       Did the organization delegate control over management during user or any performed by or under the direct supervision of officers, furstees, or key employees to a management company or other person?       3         4       Did the organization make any significant changes to its governing documents since the prior Form 990 was field?       4         5       Did the organization have members of scholdors?       6         7       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?       7         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7         b       The governing body?       8       8         care and governing body?       8       8       9         Section B. PoliCies?       7       8       8         care and governing body?       9       1       8       8         care and governing body?       9       1       8       9         Section B. PoliCies?       7       7       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10 </td <td>b</td> <td>Enter the number of voting members included on line 1a, above, who are independent</td> <td>1b</td> <td>8</td> <td></td> <td></td> <td></td>	b	Enter the number of voting members included on line 1a, above, who are independent	1b	8			
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a The governing body?       Ba       X         b Each committee with authority to act on behalf of the governing body?       B       B         b Is there any officer, directority trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yea," provide the names and addresses on Schedule O       9         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Vee         10a Did the organization have local chapters, branches, or affiliates?       10a         b If 'Yes,'' did the organization accomplete copy of this Form 90 to all members of its governing body before filing the form?       11a         2b Did the organization have a written collicies required to this Form 990.       12a       X         2b Did the organization have a written collicies required to disclose annually interests that could give rise to conflicts?       12a       X         2b Did the organization have a written collicy?       13 X       14       14 a ter organization have a written collicy?       13 X         2b Did the organization have a written document retention and destruction policy?       13 X       X         12b Did the organization have a written collicy or process include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       13         3 Did the organization inveit, no contribute assets to, or panaigement official       15b	Q				15	1	t
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9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? // "Yes," provide the names and addresses on Schedule O       9         Section B. Policies       (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes         10a       Did the organization have local chapters, branches, or affiliates?       10a         bit "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 is exempt purposes?       10b         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       12a         12b       Did the organization is evaluated on the verse state of the organization is even the policy? If "No," go to line 13       12a         12c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done       12c         13       Did the organization have a written voltecover policy?       13a       14         14       Did the organization have a written ocontemporaneous substantiation of the deliberation and decision?       12e       X         14       Did the organization have a written document retention and destruction policy?       13a       X         15       Did the organization ha						21	┢
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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes         10a       Did the organization have local chapters, branches, or affiliates?       10a         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12b       Describe on Schedule O the process, if any, used by the organization to review this Form 990.       12a       X         12b       Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done       12c       X         13       Did the organization are a written document retention and destruction policy?       14       X         14       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the diberation and decision?       15a         16a       Of the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the yea?       16a         16a       If "Yes," did the organization follow a written policy or procedure requiring the organization is ex	9						
10a       Did the organization have local chapters, branches, or affiliates?       10a         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?       10a         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a         2       Describe on Schedule O the process, if any, used by the organization to review this Form 990.       12a         12a       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done on Schedule O how this was done on Schedule O how this was done on Schedule O now this the organization free on the organization have a written whistleblower policy?       13       X         12b       Did the organization have a written document retention and destruction policy?       14       X         12b       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the organization       15a       15b         12c       M       12a       SEE SCHEDULE O       16a	200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		L
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11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         b       Describe on Schedule 0 the process, if any, used by the organization to review this Form 990.         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13         12b       Ud the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule 0 how this was done         13       Did the organization have a written whistleblower policy?         14       Did the organization have a written document retention and destruction policy?         15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         a       The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         b       If "Yes," did the organization for enganization or mode applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?         Section C. Disclosure       If a         17       List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u> 18       Did the organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these availab	b		•				L
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15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15         a       The organization's CEO, Executive Director, or top management official       15a         b       Other officers or key employees of the organization       15b         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       15b       15b         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a         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?       16a       16a         Section C. Disclosure       If "Yes," did the a copy of this Form 990 is required to be filed SEE SCHEDULE O       If applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         If Own website       Another's website       Image: Upon request       Other (explain on Schedule O)       0         19       Describe on Schedule to the public during the tax year.       20       State the name, address, and t	13	Did the organization have a written whistleblower policy?					╞
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<ul> <li>a The organization's CEO, Executive Director, or top management official</li> <li>b Other officers or key employees of the organization</li> <li>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>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?</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply.</li> <li>X Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records GLENDA YODER - (617) 354-2922</li> <li>501 CAMBRIDGE STREET 3RD FLOOR, CAMBRIDGE, MA 02141</li> </ul>	15	Did the process for determining compensation of the following persons include a review and approva	al by indeper	ndent			
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If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         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?       16a         Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O       18         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply.       Image: Context and the context and the state and the state applicable on the public during the tax year.         20       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.         20       State the name, address, and telephone number of the person who possesses the organization's books and records         GLENDA YODER - (617) 354 - 2922       501 CAMBRIDGE STREET 3RD FLOOR, CAMBRIDGE, MA 02141         32006 12-21-23       Form 99	а	The organization's CEO, Executive Director, or top management official			15a		
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<ul> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply.</li> <li>I Own website Another's website I Upon request Other (explain on Schedule O)</li> <li>19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records GLENDA YODER - (617)354-2922</li> <li>501 CAMBRIDGE STREET 3RD FLOOR, CAMBRIDGE, MA 02141</li> </ul>			0				_
<ul> <li>for public inspection. Indicate how you made these available. Check all that apply.         <ul> <li>X Own website</li> <li>Another's website</li> <li>X Upon request</li> <li>Other (explain on Schedule O)</li> </ul> </li> <li>19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records GLENDA YODER - (617)354-2922         </li> <li>21 State the name, address TREET 3RD FLOOR, CAMBRIDGE, MA 02141         </li> </ul>				ection 501(c)(3)	s only)	availa	bl
<ul> <li>X Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records <u>GLENDA YODER - (617)354-2922</u> 501 CAMBRIDGE STREET 3RD FLOOR, CAMBRIDGE, MA 02141</li> </ul>					, only)	avana	0.
<ul> <li>19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records         <u>GLENDA YODER - (617)354-2922</u> <u>501 CAMBRIDGE STREET 3RD FLOOR, CAMBRIDGE, MA 02141</u> </li> </ul>			on Sabadu				
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 <u>GLENDA YODER - (617)354-2922</u> 501 CAMBRIDGE STREET 3RD FLOOR, CAMBRIDGE, MA 02141 32006 12-21-23 Form <b>99</b>	10			,	l financ		
20       State the name, address, and telephone number of the person who possesses the organization's books and records         GLENDA YODER - (617)354-2922         501       CAMBRIDGE STREET 3RD FLOOR, CAMBRIDGE, MA 02141         32006       12-21-23	19			arest policy, and	i iii ai i	Jai	
GLENDA YODER - (617)354-2922           501 CAMBRIDGE STREET 3RD FLOOR, CAMBRIDGE, MA 02141           Form 99	20			ordo			
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FARM AID, INC

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

INC

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Employees, and Independent Contractors

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

(A) Name and title	<b>(B)</b> Average	(do		Pos		1 than o	one	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CAROLINE MCCORMICK	35.00									
OPERATIONS DIRECTOR						X		122,827.	0.	31,911.
(2) JENNIFER FAHY	35.00									
COMMUNICATIONS DIRECTOR						X		124,441.	0.	23,435.
(3) GLENDA YODER	35.00									
ASSISTANT TREASURER				Х				128,805.	0.	13,675.
(4) SHORLETTE AMMONS	35.00									
PROGRAM DIRECTOR						X		105,415.	0.	19,748.
(5) STEPHEN SNYDER	35.00									
DEVELOPMENT & BRAND DIRECTOR						X		100,780.	0.	22,615.
(6) CAROLYN MUGAR	20.00									
EXE. DIRECTOR & VICE PRESIDENT				Х				74,277.	0.	0.
(7) WILLIE NELSON	1.00									
CHAIRMAN/DIRECTOR		Х		X				0.	0.	0.
(8) LANA NELSON	1.00									
SECRETARY/DIRECTOR		Х		X				0.	0.	0.
(9) DAVID MATTHEWS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JOHN MELLENCAMP	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MARK ROTHBAUM	1.00									
DIRECTOR		Х						0.	0.	0.
(12) EVELYN SHRIVER - TREASURER/	1.00									-
DIRECTOR (RESIGNED 8/29/23)		Х		X				0.	0.	0.
(13) NEIL YOUNG	1.00									-
DIRECTOR		Х						0.	0.	0.
(14) ANNIE NELSON	1.00									
DIRECTOR		х						0.	0.	0.
(15) MARGO PRICE	1.00								•	
DIRECTOR		X						0.	0.	0.
										- 000 (1111)

FARM AID, Form 990 (2023)

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Form 990 (2023) FARM AID, INC 36-3383233										33 Page <b>8</b>	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) (C)								(D)	(E)		(F)
Name and title	I GO NOT CHECK MORE THAN ONE										Estimated
	hours per week					s both pr/trus		compensation	compensatio		amount of
	(list any							- from	from related		other
	hours for	director						the organization	organization (W-2/1099-MIS		compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	50/	organization
	organizations	ruste	al trus		/ee	mpen		1099-NEC)	1000 NEO		and related
	below	Individual trustee or	Institutional trustee	5	nploy	st co	ы				organizations
	line)	Indivi	In stit	Officer	Key employee	Highest compensated employee	Former				0
								656,545.		0.	111,384.
1b Subtotal c Total from continuation sheets to Part VI								0.00,040.		0.	0.
d Total (add lines 1b and 1c)								656,545.			111,384.
2 Total number of individuals (including but n									000 of reportable		•
compensation from the organization											5
										_	Yes No
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	phest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3 X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsa	tion	and	oth	ner compensation from t	he organization		
and related organizations greater than \$150	,		'								4 X
5 Did any person listed on line 1a receive or a											
rendered to the organization? <i>If</i> "Yes." <i>corr</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ch r	bers	on .					5 X
1 Complete this table for your five highest co	mnensated ind	ene	nder	nt co	ontra	actor	s th	hat received more than \$	100 000 of com	nensatio	n from
the organization. Report compensation for	-									Jensatio	
(A)	,			5				(B)			(C)
Name and business	address							Description of s	ervices	Cor	npensation
NEP II, INC DBA SCREENWORKS LLC VIDEO PRODUCTION									TION		
2 BETA DRIVE, PITTSBURGH, PA 15238 SERVICES											264,047.
VANGUARD COMMUNICATIONS, 2121 K ST, NW, COMMUNICATIONS/MAR											
STE 650, WASHINGTON, DC 20037TING SERVICES232,026.THE TEAM COMPANIES LLC, 2300 EMPIRE AVE,										232,026.	
5TH FLOOR, BURBANK, CA 91504 STAFFING SERVICES 222,726									222 726		
INSOURCE SERVICES INC									222,720.		
148 LINDEN STREET, WELLES	LEY, MA	0	24	82				ACCOUNTING S	ERVICES		166,029.
CLIFTONLARSONALLEN								-			
PO BOX 829709, PHILADELPHIA, PA 19182 ACCOUNTING SERVICES 148,958.							148,958.				
2 Total number of independent contractors (in	-	ot lin	nitec	l to t	-	-	ted	above) who received me	ore than		
\$100,000 of compensation from the organized	zation				5	)					

332008 12-21-23

ar	t VIII	2023) FAR Statement of Rev	ven	ue						
		Check if Schedule O c	conta	ins a resp	onse	or note to any line			/=\	
							<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	( <b>D)</b> Revenue exclu
							1 otal 10 tollao		business revenue	from tax und sections 512 -
S	1 a	Federated campaigns		1a		25,067.				300110113 3 12
nut		Membership dues				, -				
b		Fundraising events				324,535.				
and Other Similar Amounts		Related organizations								
mil		Government grants (contri				237,610.				
ŝ		All other contributions, gifts,								
the		similar amounts not included	abov	e 1f		2,453,000.				
0 P	g	Noncash contributions included in I	lines 1a	a-1f <b>1g</b>	\$	1,015,066.				
an	h	Total. Add lines 1a-1f					3,040,212.			
						Business Code				
	2 a	HOMEGROWN CONCESSION			FEE	110000	20,500.	20,500.	ļ	
e	b	HOMEGROWN YOUTHMARKE	ET S.	ALES		110000	5,895.	5,895.		
Revenue	С									
Bev	d									
	e	All - 44								
		All other program service					26,395.			
	<u> </u>	Total. Add lines 2a-2f Investment income (includ					20,333.			
	3	other similar amounts)	•	-		· .	251,079.			251,0
	4	Income from investment o								
	5	Royalties			•	ł				
	-	···· <b>j</b> -·····		(i) Re		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss)	·····							
	7 a	Gross amount from sales of		(i) Secur	rities	(ii) Other				
		assets other than inventory	7a	1,124,	748.					
	b	Less: cost or other basis								
aniia		and sales expenses	7b	1,062,						
		Gain or (loss)			708.		C0 700			C0 7
		Net gain or (loss)					62,708.			62,7
	8 a	Gross income from fundraisir including \$								
		contributions reported on								
		Part IV, line 18			8a	3,574,670.				
	h					3,153,748.				
		Net income or (loss) from					420,922.			420,9
		Gross income from gamin								
		Part IV, line 19								
	b	Less: direct expenses								
		Net income or (loss) from								
	10 a	Gross sales of inventory, le	ess r	eturns						
		and allowances								
		Less: cost of goods sold				70,294.				
+	С	Net income or (loss) from	sales	of invent	ory		123,408.			123,4
		LIGENATIO DESC				Business Code	00.055	00.055		
Revenue		LICENSING FEES				110000	89,257.	89,257.		
/en	b									
Be	C L									
		All other revenue				L	89,257.			
	e						5,257.			

	Check il Schedule O contains a respor	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,309,839.	1,309,839.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	45,515.	45,515.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	176,676.	144,560.	15,394.	16,722.
6	Compensation not included above to disqualified		-		· · · ·
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,118,229.	914,594.	97,752.	105,883.
8	Pension plan accruals and contributions (include	, -, -			
-	section 401(k) and 403(b) employer contributions)	28,458.	23,424.	2,357.	2,677.
9	Other employee benefits	231,935.	190,906.	19,211.	<u>2,677.</u> 21,818.
10	Payroll taxes	99,931.	85,316.	4,738.	9,877.
11	Fees for services (nonemployees):	,	,	_,,,,,,	-,••
	Management				
	Legal	10,923.	6,750.	3,392.	781.
	Accounting	289,453.	206,089.	59,105.	24,259.
	Lobbying		, , , , , , , , , , , , , , , , ,		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,567.		4,567.	
g		,			
5	column (A), amount, list line 11g expenses on Sch O.)	602,417.	432,027.	156,491.	13,899.
12	Advertising and promotion		-		
13	Office expenses	55,579.	43,957.	319.	11,303.
14	Information technology	76,603.	43,894.	5,280.	27,429.
15	Royalties				
16	Occupancy	211,349.	168,483.	23,743.	19,123.
17	Travel	97,498.	84,480.	10,012.	3,006.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,936.	29,283.	2,263.	3,390.
23	Insurance	40,146.	22,832.	1,022.	16,292.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
	OTHER BUSINESS EXPENSES	67,206.	59,900.	3,250.	4,056.
b		39,425.	2,646.	3.	36,776.
с	FACILITY RENTALS AND PR	28,468.	28,031.	175.	262.
d	SUBSCRIPTIONS & DUES	12,300.	11,370.	410.	520.
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,581,453.	3,853,896.	409,484.	318,073.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Farm 990 (0000)

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Form 990 (2023)

FARM AID, INC

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

Part IX Statement of Functional Expenses

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X

· · · ·	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Cash - non-interest-bearing	293,344.	1	454,487.
Savings and temporary cash investments	10,201,291.	2	8,596,832.
Pledges and grants receivable, net	533,439.	3	318,317.
Accounts receivable, net	85,223.	4	1,434,014.
Loans and other receivables from any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons		5	
Loans and other receivables from other disqualified persons (as defined			
under section (1958(f)(1)), and persons described in section (1958(c)(3)(B)		6	

	•		555,1551	•	010/01/0		
	4	Accounts receivable, net			85,223.	4	1,434,014.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			133,259.	8	138,073.
As	9	<b>–</b>			88,970.	9	89,870.
		Land, buildings, and equipment: cost or other	I I	F		_	,
		basis. Complete Part VI of Schedule D	10a	29,868.			
	b	Less: accumulated depreciation	10b	24,055.	6,485.	10c	5,813.
	11	Investments - publicly traded securities			355,561.	11	5,813. 360,222.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			73,737.	14	35,488.
	15	Other assets. See Part IV, line 11			540,748.	15	320,596.
	16	Total assets. Add lines 1 through 15 (must equa	12,312,057.	16	11,753,712.		
	17	Accounts payable and accrued expenses	148,185.	17	353,060.		
	18	Grants payable		27,570.	18	46,011.	
	19	Deferred revenue		<b>/</b>	19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F			21		
	22	Loans and other payables to any current or form					
tie		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
Lie	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			553,069.	25	329,217.
	26				728,824.	26	728,288.
		Organizations that follow FASB ASC 958, che			•		
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			11,108,402.	27	10,614,889.
3ala	28	Net assets with donor restrictions			474,831.	28	410,535.
und Balances		Organizations that do not follow FASB ASC 9					,
In L		and complete lines 29 through 33.	,				
	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
ŝ	31	Retained earnings, endowment, accumulated inc				31	
ά					11,583,233.	32	11,025,424.
let A	32	TOTAL THE ASSELS OF TUTIO DAIATICES					
Net	32 33	Total net assets or fund balances			12,312,057.	33	11,753,712.

Form 990 (2023)

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Part X Balance Sheet

FARM AID, INC

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

Form	1990 (2023) FARM AID, INC	36-	-3383233	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,01	3,9	81.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,583	L,4	53.
3	Revenue less expenses. Subtract line 2 from line 1	3	-56'	7,4	72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,583	3,2	33.
5	Net unrealized gains (losses) on investments	5	(	9,6	63.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	11,02	5,4	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	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?		<u>2</u> c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	L

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

# 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 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

2023

Name of the or	ganization
----------------	------------

Nan	ne of t	the organization	<b></b> :						identification number	
			AID, INC						6-3383233	
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	1S.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)(1	I)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	า 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6										
7	7 X 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). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:				-				
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	irry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). (	Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,	
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness	
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .			
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information								
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	,	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
Tota	ıl									
LHA	For	Paperwork Reduction Act	Notice, see the Inst	ructions for Form 990 o	or 990-EZ	. 332021	12-21-23	Sche	dule A (Form 990) 2023	

FARM AID, INC

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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 fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1590794.	2693871.	2214277.	3162921.	3040212.	12702075.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1 - 0 0 - 0 1	0.000.001				
4	Total. Add lines 1 through 3	1590794.	2693871.	2214277.	3162921.	3040212.	12702075.
5							
	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)						749,122.
	Public support. Subtract line 5 from line 4.						11952953.
	ction B. Total Support			[	r		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1590794.	2693871.	2214277.	3162921.	3040212.	12702075.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	10.076	10	4			
	and income from similar sources $\dots$	12,856.	18,662.	17,362.	23,432.	251,079.	323,391.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						13025466.
	Gross receipts from related activities,	•	,				,315,342.
13	First 5 years. If the Form 990 is for the	-	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
0	organization, check this box and <b>stop</b>						
	ction C. Computation of Publi						01 77
	Public support percentage for 2023 (I					14	91.77 %
	Public support percentage from 2022					15	98.84 %
16a	<b>33 1/3% support test - 2023.</b> If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2022.</b> If the o				line 15 is 33 1/3%	or more, check the	is box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	•	• •	,	•		
b	10% -facts-and-circumstances test	•				-	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu				• •		
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2023

(

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FARM AID, INC

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.)

See	ction A. Public Support		-	-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
~	the organization without charge						<u> </u>
6	<b>Total.</b> Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)	L	kot oppond third	founds or fifth toy	Veer en a costion /		
14	First 5 years. If the Form 990 is for the	•					·
Sec	check this box and stop here	ic Support Per	centage				
	Public support percentage for 2023 (I			column (f))		15	%
16	Public support percentage from 2022					16	%
	ction D. Computation of Inves						/0
17				line 13 column (f))		17	%
18	Investment income percentage from					18	%
	<b>33 1/3% support tests - 2023.</b> If the						
	more than 33 1/3%, check this box a						
ł	<b>33 1/3% support tests - 2022.</b> If the						/3%. and
~	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
-	23 12-21-23		,				dule A (Form 990) 2023
			1	5			-

<sup>2023.05000</sup> FARM AID, INC

1

2

3a

3b

3c

Yes No

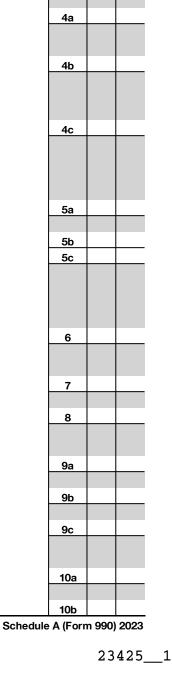
# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** 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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990)			AID,	
Part IV	Support	ting	Organizations (	continue	d)

2

1

Yes No

			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and					
	11c below, the governing body of a supported organization?	11a				
b	A family member of a person described on line 11a above?	11b				
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide					
	detail in Part VI.	11c				
Sec	Section B. Type I Supporting Organizations					
			Yes	No		
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> 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 officers, directors, or trustees were allocated among the					
	supported organizations and what conditions or restrictions if any applied to such powers during the tax year	1				

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

1 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)? *If* "*No*," *describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* 

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
------------	--	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? *If* "Yes" or "No" provide details in **Part VI.**

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

Yes No
Yes No
Yes
No

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# 17 2023.05000 FARM AID, INC

Schedule A (Form 990) 2023 FARM AID, INC			36-3383233 Page
Part V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia		<u> </u>
1 Check here if the organization satisfied the Integral Part Tes	t as a qualifying trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting orga	anizations must complete S	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 instru	ctions) 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):			
a Average monthly value of securities	1a		
<b>b</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 0.015 of line 3 (for great	er amount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	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) <b>1</b>		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, colu	mn 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 Check here if the current year is the organization's first as a	non-functionally integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2023

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15551115 700333 23425

8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in <b>Part VI</b> ). See instructions.				
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				

FARM AID, INC Schedule A (Form 990) 2023

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

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1

2

3

4

5

6

7

**Current Year** 

(iii) Distributable

Amount for 2023

Schedule A (Form 990) 2023



# Administrative expenses paid to accomplish exempt purposes of supported organizations

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

**1** Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

4 Amounts paid to acquire exempt-use assets

Section D - Distributions

2

3

6

7

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.)

### SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: BEQUEST FROM DISINTERESTED PARTY

DATE: 03/18/21 AMOUNT: 7200000.

DESCRIPTION: BEQUEST FROM DISINTERESTED PARTY

DATE: 12/07/21 AMOUNT: 212269.

DESCRIPTION: 2ND PAYMENT ON BEQUEST FROM DISINTERESTED PARTY

DATE: 02/09/22 AMOUNT: 900000.

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SCHEDULE C	,
------------	---

Department of the Treasury

Internal Revenue Service

(Form 990)

# **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 for instructions and the latest information.

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

• 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.

Nam	ne of organization			1	Emplo	over identification number
	FARM AI					36-3383233
Pa	rt I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527	7 org	anization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pa	rt I-B Complete if the org	anization is exempt und	ler section 501(c)(	3).		
	Enter the amount of any excise tax	, 0	der section 4955		\$	
	Enter the amount of any excise tax					
	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?			
	Was a correction made?					Yes No
		anization is exempt und	ler section 501(c).	except section 50	01(c)	(3).
1	Enter the amount directly expended	•			. ,	. ,
	Enter the amount of the filing organ					
	exempt function activities		-		. \$	
3	Total exempt function expenditures					
	line 17b					
	Did the filing organization file <b>Form</b> Enter the names, addresses, and er made payments. For each organization contributions received that were pro- political action committee (PAC). If	nployer identification number (E tion listed, enter the amount pai omptly and directly delivered to	IN) of all section 527 pc d from the filing organiz a separate political orga	olitical organizations to zation's funds. Also entr anization, such as a sep	which er the	the filing organization amount of political
	<b>(a)</b> Name	(b) Address	(c) EIN	<b>(d)</b> Amount paid fr filing organization funds. If none, enter	ı's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

23

LHA 332041 11-06-23

	Schedule C (Form 990) 2023       FARM AID, INC       36-3383233       Page 2         Part II-A       Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(c)(3))						
	section 501(h)).         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).         Check       if the filing organization checked box A and "limited control" provisions apply.						
	Limi	ts on Lobbying Expe			<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a	Total lobbying expenditures to influ	uence public opinion (g	grassroots lobbying)		6,730.	0.	
b	Total lobbying expenditures to influ	uence a legislative bod	ly (direct lobbying)		30,740.	0.	
с	Total lobbying expenditures (add li	nes 1a and 1b)			37,470.	0.	
d					3,849,329.	0.	
е	Total exempt purpose expenditure	s (add lines 1c and 1d	)		3,886,799.	0.	
f	Lobbying nontaxable amount. Ente	er the amount from the	e following table in both	n columns.	344,340.	0.	
	If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable amo	ount is:			
	not over \$500,000,	20% of	the amount on line 1e.				
	over \$500,000 but not over \$1,000	9,000, \$100,00	0 plus 15% of the exce	ess over \$500,000.			
	over \$1,000,000 but not over \$1,5	00,000, \$175,00	0 plus 10% of the exce	ess over \$1,000,000.			
	over \$1,500,000 but not over \$17,0	000,000, \$225,00	0 plus 5% of the exces	ss over \$1,500,000.			
	over \$17,000,000,	\$1,000,	000.				
g	Grassroots nontaxable amount (en	ter 25% of line 1f)			86,085.	0.	
h	Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	0.	
i	Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	0.	
j	If there is an amount other than ze						
-	reporting section 4911 tax for this					Yes No	
	(Some organizations the second s	hat made a section 5 See the separa	ate instructions for lin	nave to complete all ones 2a through 2f.)	of the five columns be	low.	
		Lobbying Exper	nditures During 4-Yea	r Averaging Period			
	Calendar year	<b>(a)</b> 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total	

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	( <b>d</b> ) 2023	(e) Total
2a Lobbying nontaxable amount	275,065.	290,400.	328,178.	344,340.	1,237,983.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,856,975.
<b>c</b> Total lobbying expenditures	13,387.	12,760.	4,078.	37,470.	67,695.
d Grassroots nontaxable amount	68,766.	72,600.	82,045.	86,085.	309,496.
e Grassroots ceiling amount (150% of line 2d, column (e))					464,244.
f Grassroots lobbying expenditures	12,954.	12,760.	3,833.	6,730.	36,277.

Schedule C (Form 990) 2023

332042 11-06-23

# 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(1	<b>)</b>
	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		2		
_	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	I
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information	<u></u>			
Drovi	de the descriptions required for Part LA, line 1: Part LB, line 4: Part LC, line 5: Part ILA (affiliated group	lict): Dort II A	linos 1 a	ad 2 (soo	

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.

Schedule C (Form 990) 2023

332043 11-06-23

(Form 990) (Form 190) SCHEDULE D (Form 990) (Form 190) Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.							<u>545-0047</u>
Department of the Treasury	Part IV, line 6, 7, 8, 9, 10					Open to	CU o Public
Internal Revenue Service		Inspect	tion				
Name of the organization	FARM AID, INC			Em		ntificatio	on numbe ววว
Part I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Fund	ls or Ad	cour			
	answered "Yes" on Form 990, Part IV, lin			, o o u i		inpiete ii t	ne
		(a) Donor advised funds		(b) Fur	ds and ot	her acco	unts
1 Total number at er	d of year			. ,			
	contributions to (during year)						
	grants from (during year)						
	end of year						
	n inform all donors and donor advisors in v		vised fund	ds			
-	n's property, subject to the organization's	-				Yes	
	n inform all grantees, donors, and donor a						
°,	oses and not for the benefit of the donor o			-			
impermissible priva				•		Yes	
	ation Easements. Complete if the org						
1 Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).					
	of land for public use (for example, recrea		of a histo	orically	important	t land are	а
Protection o	natural habitat	Preservation		-	-		
Preservation	of open space						
2 Complete lines 2a	through 2d if the organization held a qualif	fied conservation contribution in the for	m of a co	nserva	tion easer	ment on t	he last
day of the tax year							he Tax Yea
a Total number of co	nservation easements			2a			
<b>b</b> Total acreage restr				2b			
Ū.	vation easements on a certified historic stru			2c			
	ation easements included on line 2c acqu						
	ure listed in the National Register			2d			
	ation easements modified, transferred, rel			zation	during the	e tax	
year			Ū.		Ū.		
4 Number of states v	where property subject to conservation eas	sement is located					
5 Does the organizat	ion have a written policy regarding the per	iodic monitoring, inspection, handling o	of				
	prcement of the conservation easements it					Yes	
6 Staff and volunteer	hours devoted to monitoring, inspecting,					ring the y	vear
						0,	
7 Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation ea	semen	ts during t	the year	
8 Does each conserv	 vation easement reported on line 2d above	satisfy the requirements of section 170	)(h)(4)(B)(i	)			
and section 170(h)	(4)(B)(ii)?					Yes	
9 In Part XIII, describ	e how the organization reports conservation						
balance sheet, and	include, if applicable, the text of the footn	note to the organization's financial state	ments th	at desc	ribes the		
organization's acco	ounting for conservation easements.	-					
	tions Maintaining Collections of		Other S	imila	r Assets	s.	
Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.					
U U	elected, as permitted under FASB ASC 95	· ·				S	
	asures, or other similar assets held for pub			nce of I	oublic		
	Part XIII the text of the footnote to its finar						
-	elected, as permitted under FASB ASC 95						
art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in fu	irtherance	e of pul	olic servic	e,	
	ng amounts relating to these items.						
(i) Revenue inclue	ng amounts relating to these items. ded on Form 990, Part VIII, line 1 d in Form 990, Part X				\$		

	30
3425	2023.05000

the following amounts required to be reported under FASB ASC 958 relating to these items:

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2023

\$

\$

FARM AID, INC

15551115 700333 23425

b

332051 09-28-23

Assets included in Form 990, Part X

Sche	dule D (Form 990) 2023 FARM AI					36	5-33	83233	3 Ра	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	ther S	Similar A	ssets	contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that ma	ake sign	ificant use	of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt	t purpose i	in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other si	imilar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's col	llection?				Yes		No
Par	t IV Escrow and Custodial Arran		e if the organization	answered "Yes	" on For	rm 990, Pa	art IV, li	ne 9, or		
4	reported an amount on Form 990, Pa		6							
па	Is the organization an agent, trustee, custodi	•	•						_	<b>.</b>
	on Form 990, Part X?						∟	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:					Amount	•	
	De sienie a balance							Amoun		
	Beginning balance									
	Additions during the year					1d				
-	Distributions during the year					1e				
f	0									
	Did the organization include an amount on Fe					·	∟	Yes	-	_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if									
1 41		(a) Current year	(b) Prior year	(c) Two years b		) Three year	e hack	(e) Four	Veare	hack
4	Designing of year balance	322,744.	411,062.	416,7			,590.	(C) 1 Out	367,	
	Beginning of year balance	522,711.	411,002.	410,7	• • •	400	,		507,	550.
	Contributions	28,715.	-65,705.	22,2	61	4.4	,230.		60	046.
	Net investment earnings, gains, and losses	18,011.	17,570.	22,2			<u>,230.</u> ,503.			607.
	Grants or scholarships	10,011.	17,570.		20.	22	, 505.		21,	007.
е	Other expenditures for facilities									
	and programs	0.	5 042	5,7	10	F	550			270
	Administrative expenses	333,448.	5,043.	· · · ·			<u>,550.</u>			379.
-	End of year balance	,	322,744.	411,0	02.	410	,767.		400,	590.
2	Provide the estimated percentage of the curr			) held as:						
a	Board designated or quasi-endowment	.0000	_%							
	Permanent endowment 0000	%								
С		%								
-	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held an	id administered	for the			ſ	Yes	Ne
	organization by:								res	No
	(i) Unrelated organizations?							3a(i)		X X
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Dar	t VI Land, Buildings, and Equipm		ment funds.							
T ai	Complete if the organization answere		Part IV line 11a S		art X lin	o 10				
	Description of property	(a) Cost or ot basis (investm	• •	or other (other)	• •	umulated eciation		(d) Bool	k value	е
4-	Land				achie					
-	Land									
b	Buildings						_			
	Leasehold improvements			9,868.	2	4,055			5,83	12
	Equipment			<u> </u>	Z	.±,000	•		, 0,	<u></u>
	Other		<u> </u>						5 0'	1 2
Iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X</u>	<u>, line 10c, column</u>	<u>(B))</u>					5,81	
						Sc	nedule	D (Form	1 990)	2023

332052 09-28-23

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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: Cost or end	l-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9) Table 6			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		
	n Form 000 Dort IV line	110 or 11f Coo Form 000 Dort V line 05	
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	The or Thi. See Form 990, Part X, line 25.	
1.         (a) Description of liability			(b) Book value
(1) Federal income taxes	10		200 017
(2) OPERATING LEASE LIABILITIE	5		329,217.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.			329,217.
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide to organization's liability for uncertain tax positions under liability.</li> </ol>			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Schedule D (Form 990) 2023

15551115 700333 23425

Schedule D	(Form 990)	2023

FARM AID, INC 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.

Sche	edule D (Form 990) 2023 FARM AID, INC		36-3	3383233	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Reve	enue per Ret	urn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	4,019,	077.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	9,663.			
b	Donated services and use of facilities 2b				
с	Recoveries of prior year grants 2c				
d	I Other (Describe in Part XIII.) 2d				
е	Add lines 2a through 2d		2e	9, 4,009,	663.
3	Subtract line <b>2e</b> from line <b>1</b>		3	4,009,	414.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4,567.			
b	Other (Describe in Part XIII.)				
С	Add lines <b>4a</b> and <b>4b</b>		4c		567.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,013,	981.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per R	eturr	ו	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	4,576,	886.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a				
b	Prior year adjustments 2b				
С	Conter losses 2c				
d	I Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		0.
3	Subtract line <b>2e</b> from line <b>1</b>		3	4,576,	886.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4,567.			
b	Other (Describe in Part XIII.)				
с	Add lines <b>4a</b> and <b>4b</b>		4c		567.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,581,	453.
Pa	art 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.

## PART V, LINE 4:

# THE USE OF THIS FUND OF \$333,448 IS RESTRICTED TO THE YOUNKERS-FARM AID

## SCHOLARSHIP PROGRAM.

332054 09-28-23

FARM AID, INC					36-33832	33
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the orgar	ization answered "	Yes" on
Form 990, Part I	V, line 14b.					
1 For grantmakers. Does	s the organizatior	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,	
the grantees' eligibility f	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes 🗌 No
2 For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance out	side the
United States.						
<b>3</b> Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If acti	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent	gram services, investments, grants to		e specific type	investments
		contractors in the region	recipients located in the region)	of service	e(s) in the region	in the region
NORTH AMERICA -						
CANADA AND MEXICO,						
BUT NOT THE UNITED						
STATES	0	0	TICKET SALES	N/A		0.
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,						
AUSTRIA, BELGIUM	0	0	TICKET SALES	N/A		0.
NORTH AMERICA -						
CANADA AND MEXICO,						
BUT NOT THE UNITED						
STATES	0	0	FUNDRAISING	N/A		0.
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,						
AUSTRIA, BELGIUM	0	0	FUNDRAISING	N/A		0
EAST ASIA AND THE						
PACIFIC - AUSTRALIA,						
BRUNEI, BURMA,						
CAMBODIA,	0	0	FUNDRAISING	N/A		0.
	1	1	1	1		1

# Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name of the organization

Statement of Activities Outside the United States

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

**Open to Public** Inspection Employer identification number

OMB No. 1545-0047

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

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LHA 332071 11-29-23

and 3b)

3 a Subtotal **b** Total from continuation

sheets to Part I c Totals (add lines 3a

Ο.

Ο.

Ο.

Schedule F (Form 990) 2023

2

Schedule F (Form 990) 2023
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FARM AID, INC

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.

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

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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

### FARM AID, INC Schedule F (Form 990) 2023 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(b) Region

(c) Number of

recipients

(d) Amount of

cash grant

(e) Manner of

cash disbursement

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

Schedule F (Form 990) 2023

# 36-3383233

(g) Description of

noncash assistance

(f) Amount of

noncash assistance Page 3

**(h)** Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	Yes	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X 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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

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.

PART I, LINE 3:

THE ORGANIZATION HAD NO FOREIGN EXPENDITURES BUT IF IT DID, IT WOULD

ACCOUNT FOR THEM USING THE ACCRUAL METHOD OF ACCOUNTING

FORM 990, SCHEDULE F, PART I, LINE 3

THE ORGANIZATION SOLD TICKETS FOR THE ANNUAL FESTIVAL TO 3 FOREIGN

INDIVIDUALS WHO RESIDE IN THE NORTH AMERICA REGION (CANADA), THE

NETHERLANDS AND GREAT BRITAIN. THE TOTAL TICKET SALES TO THESE

INDIVIDUALS TOTALED \$65,445.21, OF WHICH \$30,666 WAS IN EXCESS OF THE

FAIR MARKET OF THE EXCHANGE AND THUS A CONTRIBUTION. THESE INDIVIDUALS

WERE REPORTED ON SCHEDULE B, IF THE AMOUNT OF THEIR CONTRIBUTIONS

EXCEEDED THE REPORTING THRESHOLDS IN ACCORDANCE WITH IRS REGULATIONS.

THE ORGANIZATION DID NOT EXPEND ANY MONEY IN THIS REGION IN ORDER TO

OBTAIN THESE SALES. THE ORGANIZATION RECEIVED DONATIONS FROM 40 FOREIGN

INDIVIDUALS WHO RESIDE IN NORTH AMERICA (16 INDIVIDUALS), EUROPE (22

INDIVIDUALS), AND AUSTRALIA (2 INDIVIDUALS). TOTAL DONATIONS FROM THESE

INDIVIDUALS TOTALED \$37,247.56 (\$35,096.48 IN NORTH AMERICA, \$2,035.73

IN EUROPE, \$115.35 IN AUSTRALIA). THESE INDIVIDUALS WERE REPORTED ON

SCHEDULE B, IF THE AMOUNT OF THEIR CONTRIBUTIONS EXCEEDED THE REPORTING

THRESHOLDS IN ACCORDANCE WITH IRS REGULATIONS. THE ORGANIZATION DID NOT

EXPEND ANY MONEY IN THESE REGIONS IN ORDER TO OBTAIN THESE DONATIONS.

332075 11-29-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities 🛛	OMB No. 1545-0047	
(Form 990)	rm 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the						or if the	2023	
5 <i></i>	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.							Open to Public	
Internal Revenue Service	Jai unent of the freasury								
Name of the organization Employer								identification number	
Part I Fundrais							36-3383		
required to	complete this part	Complete if the organization answe	red "Y	es" or	i Form 990, Part IV, li	ne 1	(. Form 990-Ez	filers are not	
<ol> <li>Indicate whether th         <ul> <li>Mail solicitat</li> <li>Mail solicitat</li> <li>Internet and</li> <li>Phone solici</li> <li>In-person so</li> </ul> </li> <li>2 a Did the organization key employees list</li> <li>b If "Yes," list the 10 compensated at lease</li> </ol>	e organization rais email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv east \$5,000 by the	ed funds through any of the followin e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with pur- riduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi ant to	non-g gover aising of onal fu agree	overnment grants nment grants events ficers, directors, trust undraising services? nents under which th	ne fur	Yes adraiser is to be Amount paid	e	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
		n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from re	gistration	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

FARM AID, INC

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))	
,		(event type)	(event type)	(total number)		
	1 Gross receipts	3,864,293.	34,912.		3,899,205	
	2 Less: Contributions	324,535.	0.		324,535	
;	3 Gross income (line 1 minus line 2)	3,539,758.	34,912.		3,574,670	
	4 Cash prizes					
	5 Noncash prizes					
	6 Rent/facility costs	759,013.	5,450.		764,463	
	7 Food and beverages	150,021.	23,078.		173,099	
I 1	8 Entertainment					
I .	9 Other direct expenses		91,065.		2,216,186	
1 °	<ul><li>Direct expense summary. Add lines 4 throug</li><li>Net income summary. Subtract line 10 from l</li></ul>				3,153,748	
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming		
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		
	\$15,000 on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo		(c) Other gaming		
		(a) Bingo		(c) Other gaming		
	1 Gross revenue	(a) Bingo		(c) Other gaming		
	Gross revenue 2 Cash prizes			(c) Other gaming		
	<ol> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> </ol>			(c) Other gaming	(d) Total gaming (add col. (a) through col. (d	
	<ol> <li>Gross revenue</li></ol>			(c) Other gaming	col. (a) through col. (c	
	<ol> <li>Gross revenue</li></ol>	Yes%	bingo/progressive bingo	Yes% No	col. (a) through col. (c	
	1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor	Yes%	bingo/progressive bingo	Yes% No	col. (a) through col. (c	
	<ol> <li>Gross revenue</li></ol>	Yes%     No     from line 1, column (d)	bingo/progressive bingo	Yes %	col. (a) through col. (c	
	<ol> <li>Gross revenue</li></ol>	Yes%         No         1 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (c	
	<ol> <li>Gross revenue</li></ol>	Yes%         No         1 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (c	

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	FARM	AID,	INC	36-33	383233	Page 3
11	Does the organization conduct ga	aming activi	ities with	ionmembers?		Yes	No
				a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?					Yes	No
13	Indicate the percentage of gaming						
а	The organization's facility					13a	%
b	An outside facility					13b	%
14	Enter the name and address of th	e person w	no prepa	es the organization's gaming/special events books and recor	ds:		
	Name						
	Address						
15a	Does the organization have a con	tract with a	a third par	y from whom the organization receives gaming revenue?		Yes Yes	No No
b	If "Yes," enter the amount of gam				nount		
	of gaming revenue retained by the						
С	If "Yes," enter name and address	of the third	l party:				
	Name						
	Address						
16	Coming monogor information:						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	5 5 1	·					
	Description of services provided						
		_					
	Director/officer	Empl	loyee	Independent contractor			
	Mandatory distributions:						
а	•			naritable distributions from the gaming proceeds to		Yes	No No
Ь	retain the state gaming license?			law to be distributed to other exempt organizations or spent			
U	organization's own exempt activit						
Pa				e explanations required by Part I, line 2b, columns (iii) and (v)	: and Part	III. lines 9.	9b. 10b.
				vide any additional information. See instructions.		, , ,	, , ,
						•	
33208	33 09-13-23			4.1	Schedul	e G (Form	990) 2023

 (continued)
Schedule G (Form 990)

15551115 700333 23425

332084 04-01-23

42 2023.05000 FARM AID, INC

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Attach to Form s.gov/Form990 for		ation		Open to Public Inspection
Name of the organization	TNG	GO LO WWW.IFS	5.90770111990101				Employer identification number
FARM AID,							36-3383233
Does the organization maintain records a criteria used to award the grants or assis     Describe in Part IV the organization's pro-	to substantiate the stance?						on XYes No
Part II Grants and Other Assistance to recipient that received more than S	•				anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGRICULTURAL JUSTICE PROJECT PO BOX 5786 GAINESVILLE, FL 32627	35-2484219	501(C)(3)	8,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
AGRICULUTRE & LAND-BASED TRAINING ASSOCIATION - PO BOX 6264 - SALINAS, CA 93912	77-0566055	501(C)(3)	9,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
ALABAMA SUSTAINABLE AGRICULTURE NETWORK – 711 84TH ST S – BIRMINGHAM, AL 35206	56-2461946	501(C)(3)	9,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH ST #1 TUCSON, AZ 85713	52-2094677	501(C)(3)	9,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
ANGELIC ORGANICS LEARNING CENTER 1545 ROCKTON ROAD CALEDONIA, IL 61011	36-4288904	501(C)(3)	8,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
APPALACHIAN CENTER FOR ECONOMIC NETWORKS - 94 COLUMBUS ROAD - ATHENS, OH 45701	31-1129632	501(C)(3)	8,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>	0		e line 1 table				<u> </u>

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

36-3383233 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN SUSTAINABLE DEVELOPMENT – PO BOX 475 –							GROWING THE GOOD FOOD
	31-1445533	501(C)(3)	8,000.	0	N/A	N/A	MOVEMENT
DUFFIELD, VA 24244-5227	51-14455555	501(C)(3)	8,000.	0.	N/A	N/A	NOVEMENT
CAROLINA FARM STEWARDSHIP							
ASSOCIATION - PO BOX 448 -							TAKING ACTION TO CHANGE
PITTSBORO, NC 27312	24-0040340	501(C)(3)	8,000.	0	N/A	N/A	SYSTEM
FIII3BORO, NC 27312	24-0040340	501(0)(3)	8,000.	0.	N/A	N/A	SISIEM
CENTER FOR RURAL AFFAIRS							
PO BOX 136							TAKING ACTION TO CHANGE
LYONS, NE 68038	47-0553823	501(C)(3)	54,500.	0	N/A	N/A	SYSTEM
	47 0555025	501(0)(3)	51,500.				
COMMUNITY ALLIANCE WITH FAMILY							TAKING ACTION TO CHANGE
FARMERS - PO BOX 363 - DAVIS, CA							SYSTEM; HELPING FARMERS
95617	94-2914745	E01(0)(2)	24.000	0	AT / A	N/A	THRIVE
93017	94-2914745	501(C)(3)	34,000.	0.	N/A	N/A	IARIVE
COMMUNITY FARM ALLIANCE							
							TAKING ACTION TO CHANGE
327 CHESTNUT ST, STE 1	C1 10000FC	F01(a)(2)	0.000	0			TAKING ACTION TO CHANGE
BEREA, KY 40403	61-1092056	501(C)(3)	9,000.	0.	N/A	N/A	SYSTEM
COMMUNITY INVOLVED IN SUSTAINING							
AGRICULTURE - 1 SUGARLOAF STREET -							GROWING THE GOOD FOOD
SOUTH DEERFIELD, MA 01373	04-3416862	501(C)(3)	8,000.	0	N/A	N/A	MOVEMENT
SOUTH DEERFIELD, MA 01373	04-3410802	501(C)(3)	8,000.	0.	N/A	N/A	MOVEMENT
CONNECTICUT FARMLAND TRUST, INC.							
77 BUCKINGHAM STREET, #5							
,	32-0007171	501(C)(3)	9,000.	^	N/A	N/A	HELPING FARMERS THRIVE
HARTFORD, CT 06106	32-000/1/1	501(0)(3)	9,000.	U.	N/A		HEBFING FARMERS TARIVE
COUNCIL FOR HEALTHY FOOD SYSTEMS							TAKING ACTION TO CHANGE
PO BOX 809							SYSTEM-FARM AND RANCH
	45 1420501	F01(C)(2)	0.000	•	NT / 7	NT / N	
CAMERON, TX 76520	45-1420591	501(C)(3)	9,000.	0.	N/A	N/A	FREEDOM ALLIANCE
CULTIVATE KANSAS CITY							
300 E 39TH STREET							
	20.2265200	E01(0)(2)	7 500	•	AT / A	AT / A	
KANSAS CITY, MO 64111	20-2365320	501(C)(3)	7,500.	υ.	N/A	N/A	HELPING FARMERS THRIVE

### FARM AID, INC

Schedule I (Form 990) FARM AID,							86-3383233 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.) 	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAKOTA RESOURCE COUNCIL							TAKING AGTON TO GUANGE
1720 BURNT BOAT ROAD, SUITE 104	45-0363903	E01(0)(2)	0.000	0	NT / 3	NT / 3	TAKING ACTION TO CHANGE
BISMARCK, ND 58503	45-0363903	501(C)(3)	9,000.	0.	N/A	N/A	
							TAKING ACTION TO CHANGE
DAKOTA RURAL ACTION							SYSTEM; HELPING FARMERS
PO BOX 549							THRIVE; GROWING THE GOOD
BROOKINGS, SD 57006	46-0398656	501(C)(3)	11,500.	0.	N/A	N/A	FOOD MOVEMENT
DREAMING OUT LOUD							
80 M STREET SE							GROWING THE GOOD FOOD
WASHINGTON, DC 20003	26-1286043	501(C)(3)	7,500.	0.	N/A	N/A	MOVEMENT
EARTH ISLAND INSTITUTE, INC.							
2150 ALLSTON WAY, SUITE 460							TAKING ACTION TO CHANGE
BERKELEY, CA 94704	94-2889684	501(C)(3)	12,000.	0.	N/A	N/A	SYSTEM
FAMILY FARM DEFENDERS							
PO BOX 1772							TAKING ACTION TO CHANGE
MADISON, WI 53701	39-1814573	501(C)(3)	8,000.	0.	N/A	N/A	SYSTEM
FARM FRESH RHODE ISLAND							
10 SIMS AVENUE, UNIT 103							GROWING THE GOOD FOOD
PROVIDENCE, RI 02909	20-4625643	501(C)(3)	7,500.	0.	N/A	N/A	MOVEMENT
FARMERS LEGAL ACTION GROUP, INC.							
6 W 5TH STREET, SUITE 650							
ST. PAUL, MN 55102	36-3431212	501(C)(3)	30,000.	0.	N/A	N/A	HELPING FARMER THRIVE
FARMWORKER ASSOCIATION OF FLORIDA,							
INC. – 1264 APOPKA BLVD – APOPKA,							TAKING ACTION TO CHANGE
FL 32703	59-2683978	501(C)(3)	9,000.	0.	N/A	N/A	SYSTEM
							HELPING FARMERS THRIVE;
FEDERATION OF SOUTHERN							TAKING ACTION TO CHANGE
COOPERATIVES - 2769 CHURCH STREET							SYSTEM; GROWING THE GOOD
- EAST POINT, GA 30344	58-1026695	501(C)(3)	90,000.	0.	N/A	N/A	FOOD MOVEMENT

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OOD WORKS							
PO BOX 3855							
CARBONDALE, IL 62902	26-3662215	501(C)(3)	9,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
,			, ,				
FRIENDS OF FAMILY FARMERS							
9056 HATTON LANE							TAKING ACTION TO CHANGE
UNCTION CITY, OR 97448	30-0390131	501(C)(3)	9,000.	0.	N/A	N/A	SYSTEM
ROW PITTSBURGH							
587 HAMILTON AVENUE, #2W							GROWING THE GOOD FOOD
PITTSBURGH, PA 15206	43-2112710	501(C)(3)	7,500.	0.	N/A	N/A	MOVEMENT
ROWNYC							
PO BOX 2327	12 2765465	F01 ( q) ( 2 )	7 500	0			GROWING THE GOOD FOOD
IEW YORK, NY 10272	13-2765465	501(C)(3)	7,500.	υ.	N/A	N/A	MOVEMENT
OLISTIC MANAGEMENT INTERNATIONAL							
2425 SAN PEDRO NE, SUITE A							
ALBUQUERQUE, NM 87110	85-0324203	501(C)(3)	9,000.	0	N/A	N/A	HELPING FARMERS THRIVE
		301(0)(3)	5,000.	••			
DAHO ORGANIZATION OF RESOURCE							
COUNCILS, INC 910 W. MAIN							TAKING ACTION TO CHANGE
STREET, STE 234 - BOISE, ID 83702	46-5310102	501(C)(3)	9,000.	0.	N/A	N/A	SYSTEM
LLINOIS STEWARDSHIP ALLIANCE							
230 BROADWAY #200							TAKING ACTION TO CHANGE
SPRINGFIELD, IL 62701	37-6160476	501(C)(3)	9,000.	0.	N/A	N/A	SYSTEM
INSTITUTE FOR AGRICULTURE AND							
PRADE POLICY - 2648 EMERSON AVE S							TAKING ACTION TO CHANGE
MINNEAPOLIS, MN 55408	36-3501938	501(C)(3)	7,500.	0.	N/A	N/A	SYSTEM
INTERTRIBAL AGRICULTURE COUNCIL, INC, - PO BOX 958 - BILLINGS, MT							

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWA CITERENCE FOR CONSUMILARY							
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT - 2001 FOREST AVENUE -							TAKING ACTION TO CHANGE
DES MOINES, IA 50311	42-1110721	501(C)(3)	10,000.	0	N/A	N/A	SYSTEM
	12 1110/21	501(0)(3)	10,000.				
KANSAS FARMERS UNION FOUNDATION							
115 E MARLIN, STE 108, PO BOX 1064							TAKING ACTION TO CHANG
MCPHERSON, KS 67460	48-1183833	501(C)(3)	9,000.	0.	N/A	N/A	SYSTEM
,			,				
KNOX, INC.							
75 LAUREL STREET							
HARTFORD, CT 06106	06-0985421	501(C)(3)	7,500.	0.	N/A	N/A	HELPING FARMERS THRIVE
LAND FOR GOOD, INC.							
1263 COUNTY ROAD							
WALPOLE, NH 03608	02-0530711	501(C)(3)	7,500.	0.	N/A	N/A	HELPING FARMERS THRIVE
LAND STEWARDSHIP PROJECT							TAKING ACTION TO CHANGE
821 EAST 35TH STREET, SUITE 200							SYSTEM; HELPING FARMERS
MINNEAPOLIS, MN 55407	41-1466054	501(C)(3)	37,000.	0.	N/A	N/A	THRIVE
LOCAL FOOD HUB							
PO BOX 4647	0.6 41.251.20	501 ( 2) ( 2)					
CHARLOTTESVILLE, VA 22905	26-4137130	501(C)(3)	9,000.	υ.	N/A	N/A	HELPING FARMERS THRIVE
MAINE ORGANIC FARMERS AND							
GARDENERS ASSOCIATION - 294 CROSBY BROOK ROAD, PO BOX 170 - UNITY, ME							
04988	01-6048322	501(C)(3)	8,000.	0	N/A	N/A	HELPING FARMERS THRIVE
	01 0040322		8,000.	0.	р/д		HIDETING FAMILIES INKIVE
MARBLESEED, INC.							
PO BOX 339							
SPRING VALLEY, WI 54767	39-1824623	501(C)(3)	9,000.	0	N/A	N/A	HELPING FARMERS THRIVE
,,			2,000.		<u> </u>		
MICHAEL FIELDS AGRICULTURAL							
INSTITUTE, INC PO BOX 990 -							
EAST TROY, WI 53120	39-1449246	501(C)(3)	9,000.	0.	N/A	N/A	HELPING FARMERS THRIVE

### Schedule I (Form 990) FARM AID, INC

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI RURAL CRISIS CENTER							
1906 MONROE STREET							TAKING ACTION TO CHANGE
COLUMBIA, MO 65201	43-1432033	501(C)(3)	12,000.	0.	N/A	N/A	SYSTEM
MULTIPLIER							TAKING ACTION TO CHANGE SYSTEM - ANIMAL
548 MARKET STREET, PMB 81178							AGRICULTURE REFORM
SAN FRANCISCO, CA 94104-5401	91-2166435	501(C)(3)	9,000.	0.	N/A	N/A	COLLABORATIVE (AARC)
NATIONAL CENTER FOR APPROPRIATE FECHNOLOGY - 3040 CONTINENTAL							
DRIVE - BUTTE, MT 59701	81-0361047	501(C)(3)	8,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
NATIONAL FAMILY FARM COALITION							TAKING ACTION TO CHANGE
222 MAIN STREET							SYSTEM; GROWING THE GOOI
GLOUCESTER, MA 01930	38-2652620	501(C)(3)	25,000.	0.	N/A	N/A	FOOD MOVEMENT
NATIONAL YOUNG FARMERS COALITION 418 BROADWAY ALBANY, NY 12207	47-2072946	501(C)(3)	14,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE SYSTEM; HELPING FARMERS THRIVE
NEBRASKA FARMERS UNION							HELPING FARMERS
L305 PLUM STREET LINCOLN, NE 68502	47-0711632	501(C)(3)	12,000.	0	N/A	N/A	THRIVE-NEBRASKA RURAL RESPONSE COUNCIL/HOTLINE
	47 0711032	501(0)(3)	12,000.	0.	N/A	N/A	RESPONSE COUNCIL/ NOTHINE
NORTHERN PLAINS RESOURCE COUNCIL							
220 S 27TH STREET, STE A							TAKING ACTION TO CHANGE
BILLINGS, MT 59101	81-0367205	501(C)(3)	9,000.	0.	N/A	N/A	SYSTEM
DHIO ECOLOGICAL FOOD AND FARM							
ASSOCIATION - 41 CROSWELL ROAD -	34-1638273	501(C)(3)	9,000.	0	N/A	N/A	HELPING FARMERS THRIVE
COLUMBUS, OH 43214	54-1030273	501(0)(3)	5,000.	0.	N/A		HEBTING FARMERS INKIVE
DRGANIC FARMING RESEARCH							
FOUNDATION - PO BOX 440 - SANTA							
CRUZ, CA 95061	77-0252545	501(C)(3)	9,000.	0.	N/A	N/A	HELPING FARMERS THRIVE

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ORGANIC SEED ALLIANCE							
PO BOX 772							TAKING ACTION TO CHANGE
PORT TOWNSEND, WA 98368	51-0175667	501(C)(3)	9,000.	0.	N/A	N/A	SYSTEM
,			,				
PASA SUSTAINABLE AGRICULTURE							
1631 N FRONT STREET							
HARRISBURG, PA 17102	25-1685497	501(C)(3)	9,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
POWDER RIVER BASIN RESOURCE							
COUNCIL - 934 N MAIN STREET -							
SHERIDAN, WY 82801	74-2183158	501(C)(3)	9,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
PRACTICAL FARMERS OF IOWA							
1615 GOLDEN ASPEN DRIVE, STE 101							
AMES, IA 50010	42-1255174	501(C)(3)	9,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
QUIVIRA COALITION, INC.							
1413 2ND STREET, STE 1	21 1551770	E01(0)(2)	0.000	0	N/A	NT / 7	
SANTE FE, NM 87505	31-1551770	501(C)(3)	9,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
RED CLIFF BAND OF LAKE SUPERIOR							GROWING THE GOOD FOOD
CHIPPEWA - 88385 PIKE ROAD -							MOVEMENT-MINO
BAYFIELD, WI 54814	39-1178866	501(C)(3)	9,000.	0.	N/A	N/A	BIMAADIZIIWIN TRIBAL FARM
,							
RED TOMATO, INC.							
10 SIMS AVENUE, #102							GROWING THE GOOD FOOD
PROVIDENCE, RI 02909	04-3375151	501(C)(3)	7,500.	0.	N/A	N/A	MOVEMENT
RODALE INSTITUTE							TAKING ACTION TO CHANGE
611 SIEGFRIEDALE ROAD							SYSTEM-ORGANIC FARMERS
KUTZTOWN, PA 19530-9320	23-7206884	501(C)(3)	9,000.	0.	N/A	N/A	ASSOCIATION
ROGUE FARM CORPS							
PO BOX 86024							
PORTLAND, OR 97286	03-0529330	501(C)(3)	9,000.	0.	N/A	N/A	HELPING FARMERS THRIVE

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RURAL ADVANCEMENT FOUNDATION							HELPING FARMERS THRIVE;
INTERNATIONAL - USA - PO BOX 640 -							TAKING ACTION TO CHANGE
PITTSBORO, NC 27312	56-1704863	501(C)(3)	65,000.	0.	N/A	N/A	SYSTEM
,			, .				
RURAL COALITION							
1029 VERMONT AVENUE NW, SUITE 601							TAKING ACTION TO CHANGE
WASHINGTON, DC 20005	52-1203899	501(C)(3)	15,000.	0.	N/A	N/A	SYSTEM
i							
RURAL VERMONT							
46 E STATE STREET							TAKING ACTION TO CHANGE
MONTPELIER, VT 05602	22-3045871	501(C)(3)	9,000.	0.	N/A	N/A	SYSTEM
SOCIALLY RESPONSIBLE AGRICULTURE							
PROJECT, INC 2093 PHILADELPHIA							TAKING ACTION TO CHANGE
PIKE - CLAYMONT, DE 19703	20-8688122	501(C)(3)	18,000.	0.	N/A	N/A	SYSTEM
SOUTHWEST GEORGIA PROJECT							HELPING FARMERS
1216 DAWSON ROAD, SUITE 108							THRIVE-SWP FOR COMMUNITY
ALBANY, GA 31707	58-1172475	501(C)(3)	12,000.	0.	N/A	N/A	EDUCATION INC
SUSTAINABLE FOOD CENTER, INC.							
2921 E 17TH STREET, BUILDING C							
AUSTIN, TX 78702	74-2441468	501(C)(3)	7,500.	0.	N/A	N/A	HELPING FARMERS THRIVE
THE BOOD CROWN							
THE FOOD GROUP 8501 54TH AVE N							
	41-1246504	501(C)(3)	9,000.	0	N/A	N/A	HELPING FARMERS THRIVE
NEW HOPE, MN 55428	41-1240504	501(0)(3)	3,000.	0.	N/A	N/A	HELFING FARMERS THRIVE
THE LAND CONNECTION FOUNDATION							
206 N RANDOLPH STREET, SUITE 400							
CHAMPAIGN, IL 61820	37-1413944	501(C)(3)	9,000.	n	N/A	N/A	HELPING FARMERS THRIVE
	5, 1115544		5,000.	0.			
THE LIVESTOCK INSTITUTE OF							
SOUTHERN NEW ENGLAND - 287 STATE							GROWING THE GOOD FOOD
ROAD - WESTPORT, MA 02790	46-5691864	501(C)(3)	9,000.	0	N/A	N/A	MOVEMENT

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BOSTON, NA 02111         04-2261109         501(C)(3)         9,000.         0. N/A         N/A         PROJECT           TIDES CENTER         PO BOX 899385         94-3213100         501(C)(3)         7,500.         0. N/A         N/A         PROJECT           TRUSTEES OF TUFTS COLLEGE, INC.         501(C)(3)         7,500.         0. N/A         N/A         PROJECT           SOMENVILLE, MA 02144         04-2103634         501(C)(3)         9,000.         0. N/A         N/A         PROJECT           AATERKEEPERS CHESAPEAKE (FAIR FRAME CAMPAICH) - PO BOX 11075 - FAKOMA PARK, MD 20913-1075         45-4381850         501(C)(3)         9,000.         0. N/A         N/A         PROJECT           AEST VIRGINIA POOD & FARM SET COLGRADO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1931 - BRAND JUNCTION, CO 81502         46-2706460         501(C)(3)         7,500.         0. N/A         N/A         PYSTEM           SCOMENTITY ACTION - PO BOX 1931 - BRAND JUNCTION, CO 81502         84-0837218         501(C)(3)         7,500.         0. N/A         N/A         PYSTEM           AISCONSIN PARMERS UNION FOUNDATION LIT V SPINEN STREET         84-0837218         501(C)(3)         9,000.         0. N/A         N/A         PYSTEM           MCSCONSIN PARMERS UNION FOUNDATION LIT V SPINEN STREET         84-0837218         501(C)(3)         9,000.	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash 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
89 SOUTH STREET, SUITE 700       04-2261109       501(c)(3)       9,000.       0. N/A       N/A       PROJECT         DEDES CENTER       04-2261109       501(c)(3)       9,000.       0. N/A       N/A       PROJECT         DEDES CENTER       04-2261109       501(c)(3)       7,500.       0. N/A       N/A       PROJECT         DEDES CENTER       94-3213100       501(c)(3)       7,500.       0. N/A       N/A       PAKING ACTION TO CI         DEDES CENTER       94-3213100       501(c)(3)       7,500.       0. N/A       N/A       PAKING ACTION TO CI         DEDES CENTER       94-3213100       501(c)(3)       9,000.       0. N/A       N/A       PAKING ACTION TO CI         DEDES CENTERS       94-3213105       501(c)(3)       9,000.       0. N/A       N/A       PAKING ACTION TO CI         SOMERVILLE, NA 02144       04-2103634       501(c)(3)       9,000.       0. N/A       N/A       PAKING ACTION TO CI         RAND MICTION FOOD & FARM       FARMER CHEARIN       PO BOX 18931-5       45-4381850       501(c)(3)       7,500.       0. N/A       N/A       PAKING ACTION TO CI         REARD JUNCTION FOOD & FARM       Source Conduction FROPT       Source Conduction FROPT       Source Conduction PROJECT       Source Col(3)       9,	THIDD SECTOR NEW ENGLAND INC							HELDING FADMEDS
BOSTON, NA 02111         04-2261109         501(C)(3)         9,000.         0. N/A         N/A         PROJECT           TIDES CENTER PO BOX 889385         94-3213100         501(C)(3)         7,500.         0. N/A         N/A         PROJECT           TRUSTEES OF TUTTS COLLEGE, INC. 169 HOLLAND STREET         94-3213100         501(C)(3)         7,500.         0. N/A         N/A         PROJECT           SOMERVILLE, NA 02144         04-2103634         501(C)(3)         9,000.         0. N/A         N/A         PROJECT           NATERREEPERS CHESAPEARE (PAIR FRAMS CAMPAIGN) - PO BOX 11075 - TAKINA PARK, MD 20913-1075         45-4381850         501(C)(3)         9,000.         0. N/A         N/A         PROJECT           WEST VIRGINIA FOOD & FARM SET COLORADO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 81502         46-2706460         501(C)(3)         7,500.         0. N/A         N/A         SYSTEM           WESTERN COLORADO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 81502         84-0837218         501(C)(3)         9,000.         0. N/A         N/A         SYSTEM           WISCONSIN FARMERS UNION FOUNDATION LIT W SPRING STREET         84-0837218         501(C)(3)         9,000.         0. N/A         N/A         SYSTEM           WORC EDUCATION PROJECT         20 S 27TH STREET         501(C)(3) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
TIDES CENTER PO EOX 893355       94-3213100       501(c)(3)       7,500.       0. N/A       N/A       FXXING ACTION TO CC         LOS ANGELES, CA 90088 9385       94-3213100       501(c)(3)       7,500.       0. N/A       N/A       FXSTEM NESAMG         TRUSTEES OF TUFTS COLLEGE, INC. 169 HOLLAND STREET       04-2103634       501(c)(3)       9,000.       0. N/A       N/A       FXSTEM NESAMG         MATERKEEPERS CHESAPEAKE (FAIR FARNS CAMPLATING) - PO BOX 11075 - TAKING ACTION TO CT TAKING ACTION TO CT TAKING ACTION TO CT       TAKING ACTION TO CT         VEST VIRGINIA FOOD & FARM COALITION - 3820 MACCORKLE AVENUE ES - CHARLESTON, WV 25304       46-2706460       501(c)(3)       7,500.       0. N/A       N/A       FYSTEM         WISCONSIN FARMES UNION FOUNDATION 117 W SFRING STREET COMMUNITY ACTION, CO 81502       84-0837218       501(c)(3)       9,000.       0. N/A       N/A       FYSTEM         WISCONSIN FARMES UNION FOUNDATION 117 W SFRING STREET BILLINGS STREET BILLINGS, MT 59101       39-1854577       501(c)(3)       9,000.       0. N/A       N/A       FYSTEM         WORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 59101       45-0356819       501(c)(3)       19,500.       0. N/A       N/A       FYSTEM		04-2261109	501(C)(3)	9 000	0	N / A	N / A	
PO BOX 889365         94-3213100         501(C)(3)         7,500         0. N/A         N/A         PAKING ACTION TO CL SYSTEM-NESSAWG           TRUSTEES OF TUFFS COLLEGE, INC. 169 HOLLAND STREET         94-3213100         501(C)(3)         7,500         0. N/A         N/A         NIA		04 2201105	501(0)(3)	5,000.				
PO BOX 889385 94-3213100 501(C)(3) 7,500. 0, N/A N/A RAINERS TAKING ACTION TO CL LOS ANGELES, CA 90088-9385 94-3213100 501(C)(3) 7,500. 0, N/A N/A RAINERS THE NESAWG TRUSTEES OF TUPTS COLLEGE, INC. 169 HOLAND STREET SUBMERVILLE, MA 02144 04-2103634 501(C)(3) 9,000. 0, N/A N/A PROJECT TAKING ACTION TO CL SOMERVILLE, MA 02144 04-2103634 501(C)(3) 9,000. 0, N/A N/A PROJECT TAKING ACTION TO CL TAKING ACTION TO CL STATING ACTION TO CL SE - CHARLESTON, WV 25304 46-2706460 501(C)(3) 7,500. 0, N/A N/A SYSTEM WEST VIRGINIA FOOD & FARM COALITION - 3820 MACCORKLE AVENUE SE - CHARLESTON, WV 25304 46-2706460 501(C)(3) 7,500. 0, N/A N/A SYSTEM WESTEM COLORADO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 81502 84-0837218 501(C)(3) 9,000. 0, N/A N/A SYSTEM WISCONSIN FARMERS UNION FOUNDATION 117 W SPRING STREET CHIPEWA FALLS, WI 54729 39-1854577 501(C)(3) 9,000. 0, N/A N/A SYSTEM WORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 59101 45-0356819 501(C)(3) 19,500. 0, N/A N/A N/A SYSTEM	TIDES CENTER							
LOS ANGELES, CA 90088-9385         94-321310         501(C)(3)         7,500.         0.N/A         N/A         SYSTEM-NESAWG           TRUSTEGE OF TUFTS COLLEGE, INC.         169         04-2103634         501(C)(3)         9,000.         0.N/A         N/A         N/A         SYSTEM-NESAWG           SOMERVILLE, MA 02144         04-2103634         501(C)(3)         9,000.         0.N/A         N/A         N/A         PROJECT           WATERKEEPERS CHESAPEAKE (FAIR FARMS CAMPAIGN) - PO BOX 11075 - TAKOMA PARK, MD 20913-1075         45-4381850         501(C)(3)         9,000.         0.N/A         N/A         SYSTEM           WEST VIRGINIA FOOD & FARM COALITION - 3820 MACCORKLE AVENUE ES = CHARLESTON, WZ 25304         46-2706460         501(C)(3)         7,500.         0.N/A         N/A         SYSTEM           WESTERN COLORADO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1191 - GRAND JUNCTION, CO 81502         84-0837218         501(C)(3)         9,000.         0.N/A         N/A         SYSTEM           WISCONSIN FARMERS UNION FOUNDATION 117 W SPRING STREET         39-1854577         501(C)(3)         9,000.         0.N/A         N/A         SYSTEM           WORC EDUCATION FROJECT         220 S 27TH STREET         501(C)(3)         9,000.         0.N/A         N/A         SYSTEM           DILLINGS, MT 59101         45-0356819								TAKING ACTION TO CHANGE
TRUSTES OF TUFTS COLLEGE, INC.       HELFING FARMERS         169 HOLLAND STREET       SUGTAINABLE FARMING         SUGMERVILLE, MA 02144       04-2103634       501(C)(3)       9,000.       0. N/A       N/A       PROJECT         WATERKEEPERS CHESAPEAKE (FAIR FARMS CAMPATON) - PO BOX 11075 - TAKOMA PARK, MD 20913-1075       45-4381850       501(C)(3)       9,000.       0. N/A       N/A       N/A       SYSTEM         WEST VIRGINIA FOOD & FARM COALITION - 3820 MACCORKLE AVENUE SE - CHARLESTON, WV 25304       46-2706460       501(C)(3)       7,500.       0. N/A       N/A       SYSTEM         WESTERN COLORADO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 81502       84-0837218       501(C)(3)       9,000.       0. N/A       N/A       SYSTEM         WISCONSIN FARMERS UNION FOUNDATION 117 W SPRING STREET       S01(C)(3)       9,000.       0. N/A       N/A       SYSTEM         WORC EDUCATION FROJECT       220 S 27TH STREET       501(C)(3)       19,500.       0. N/A       N/A       SYSTEM		94-3213100	501(C)(3)	7 500.	0.	N/A	N/A	
TRUSTEES OF TUFTS COLLEGE, INC. 169 HOLLAND STREET SOMERVILLE, MA 02144 04-2103634 501(C)(3) 9,000. 0.N/A N/A PROJECT WATERKEEPERS CHESAPEAKE (FAIR FARMS CAMPAIGN) - PO BOX 11075 - TAKING ACTION TO CL TAKING ACTION TO CL SET VIRGINIA FOOD & FARM COALIFICION - 3820 MACCORKLE AVENUE SE - CHARLESTON, WV 25304 46-2706460 501(C)(3) 9,000. 0.N/A N/A N/A SYSTEM WEST VIRGINIA FOOD & FARM COALIFICION - 90 BOX 1931 - GRAND JUNCTION, CO 81502 84-0837218 501(C)(3) 9,000. 0.N/A N/A N/A SYSTEM WISCONSIN FARMERS UNION FOUNDATION 117 W SPRING STREET CHIPPEWA FALLS, WI 54729 39-1854577 501(C)(3) 9,000. 0.N/A N/A N/A SYSTEM WORC EDUCATION FROJECT 220 S 27TH STREET EILLINGS, MT 59101 45-0356819 501(C)(3) 19,500. 0.N/A N/A N/A SYSTEM								
169 HOLLAND STREET       04-2103634       501(C)(3)       9,000.       0. N/A       N/A       FROJECT         WATERKEEPERS CHESAPEAKE (FAIR FARMS CAMPAIGN) - PO BOX 11075 - TAKOMA PARK, MD 20913-1075       45-4381850       501(C)(3)       9,000.       0. N/A       N/A       FROJECT         WEST VIRGINIA FOOD & FARM COALITION - 3820 MACCORKLE AVENUE SE - CHARLESTON, WV 25304       46-2706460       501(C)(3)       7,500.       0. N/A       N/A       SYSTEM         WESTERN COLORADO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 81502       84-0837218       501(C)(3)       9,000.       0. N/A       N/A       SYSTEM         WISCONSIN FARMERS UNION FOUNDATION 117 W SFRING STREET       39-1854577       501(C)(3)       9,000.       0. N/A       N/A       SYSTEM         WOOC EDUCATION FROJECT       220 S 27TH STREET       45-0356819       501(C)(3)       19,500.       0. N/A       N/A       SYSTEM	TRUSTEES OF TUFTS COLLEGE, INC.							THRIVE-NEW ENTRY
WATERKEEPERS CHESAPEAKE (FAIR FARMS CAMPAIGN) - PO BOX 11075 - TAKOMA PARK, MD 20913-1075 45-4381850 501(C)(3) 9,000. 0. N/A N/A SYSTEM WEST VIRGINIA FOOD & FARM COALITION - 3820 MACCORKLE AVENUE SE - CHARLESTON, WV 25304 46-2706460 501(C)(3) 7,500. 0. N/A N/A SYSTEM WESTERN COLORADO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 81502 84-0837218 501(C)(3) 9,000. 0. N/A N/A SYSTEM WISCONSIN FARMERS UNION FOUNDATION 117 W SFRING STREET CHIPPEWA FALLS, WI 54729 39-1854577 501(C)(3) 9,000. 0. N/A N/A SYSTEM WORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 59101 45-0356819 501(C)(3) 19,500. 0. N/A N/A N/A SYSTEM	169 HOLLAND STREET							SUSTAINABLE FARMING
TAKOMA PARK, MD 20913-107545-4381850501(C)(3)9,000.0. N/AN/ASYSTEMWEST VIRGINIA FOOD & FARM COALITION - 3820 MACCORLE AVENUE SE - CHARLESTON, WV 2530446-2706460501(C)(3)7,500.0. N/AN/ATAKING ACTION TO CH SYSTEMWESTERN COLORADO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 8150284-0837218501(C)(3)9,000.0. N/AN/ASYSTEMWISCONSIN FARMERS UNION FOUNDATION 117 W SPRING STREET CHIPPEWA FALLS, WI 5472939-1854577501(C)(3)9,000.0. N/AN/ASYSTEMWORC EDUCATION PROJECT 220 S 27TH STREET39-1854577501(C)(3)9,000.0. N/AN/ASYSTEM	SOMERVILLE, MA 02144	04-2103634	501(C)(3)	9,000.	0.	N/A	N/A	PROJECT
COALITION - 3820 MACCORKLE AVENUE SE - CHARLESTON, WV 2530446-2706460501(C)(3)7,500.0. N/AN/ATAKING ACTION TO CL SYSTEMWESTERN COLORADO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 8150284-0837218501(C)(3)9,000.0. N/AN/ASYSTEMWISCONSIN FARMERS UNION FOUNDATION 117 W SPRING STREET CHIPPEWA FALLS, WI 5472939-1854577501(C)(3)9,000.0. N/AN/ASYSTEMWORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 5910145-0356819501(C)(3)19,500.0. N/AN/ASYSTEM	FARMS CAMPAIGN) - PO BOX 11075 -	45-4381850	501(C)(3)	9,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE
COALITION - 3820 MACCORKLE AVENUE SE - CHARLESTON, WV 2530446-2706460501(C)(3)7,500.0. N/AN/ATAKING ACTION TO CL SYSTEMWESTERN COLORADO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 8150284-0837218501(C)(3)9,000.0. N/AN/ASYSTEMWISCONSIN FARMERS UNION FOUNDATION 117 W SPRING STREET CHIPPEWA FALLS, WI 5472939-1854577501(C)(3)9,000.0. N/AN/ASYSTEMWORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 5910145-0356819501(C)(3)19,500.0. N/AN/ASYSTEM								
SE - CHARLESTON, WV 25304 46-2706460 501(C)(3) 7,500. 0. N/A N/A SYSTEM WESTERN COLORADO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 81502 84-0837218 501(C)(3) 9,000. 0. N/A N/A N/A SYSTEM WISCONSIN FARMERS UNION FOUNDATION 117 W SPRING STREET CHIPPEWA FALLS, WI 54729 39-1854577 501(C)(3) 9,000. 0. N/A N/A N/A SYSTEM WORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 59101 45-0356819 501(C)(3) 19,500. 0. N/A N/A N/A SYSTEM								
WESTERN COLORADO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 81502 84-0837218 501(C)(3) 9,000. 0. N/A N/A SYSTEM WISCONSIN FARMERS UNION FOUNDATION 117 W SPRING STREET CHIPPEWA FALLS, WI 54729 39-1854577 501(C)(3) 9,000. 0. N/A N/A SYSTEM WORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 59101 45-0356819 501(C)(3) 19,500. 0. N/A N/A SYSTEM		46 2706460	F01 ( 0) ( 2 )	7 500			7.12	
COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 8150284-0837218501(C)(3)9,000.0. N/AN/ATAKING ACTION TO CH SYSTEMWISCONSIN FARMERS UNION FOUNDATION 117 W SPRING STREET CHIPPEWA FALLS, WI 5472939-1854577501(C)(3)9,000.0. N/AN/AYARAWORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 5910145-0356819501(C)(3)19,500.0. N/AN/AYARA	SE - CHARLESTON, WV 25304	46-2706460	501(C)(3)	7,500.	0.	N/A	N/A	SYSTEM
COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 8150284-0837218501(C)(3)9,000.0. N/AN/ATAKING ACTION TO CH SYSTEMWISCONSIN FARMERS UNION FOUNDATION 117 W SPRING STREET CHIPPEWA FALLS, WI 5472939-1854577501(C)(3)9,000.0. N/AN/AYACWORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 5910145-0356819501(C)(3)19,500.0. N/AN/AYAC	WESTERN COLORADO ALLIANCE FOR							
WISCONSIN FARMERS UNION FOUNDATION 117 W SPRING STREET CHIPPEWA FALLS, WI 54729 39-1854577 501(C)(3) 9,000. 0. N/A N/A SYSTEM WORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 59101 45-0356819 501(C)(3) 19,500. 0. N/A N/A SYSTEM								TAKING ACTION TO CHANGE
117 W SPRING STREET CHIPPEWA FALLS, WI 5472939-1854577501(C)(3)9,000.0. N/AN/ATAKING ACTION TO CH SYSTEMWORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 5910145-0356819501(C)(3)19,500.0. N/AN/AYAC	GRAND JUNCTION, CO 81502	84-0837218	501(C)(3)	9,000.	0.	N/A	N/A	SYSTEM
117 W SPRING STREET CHIPPEWA FALLS, WI 5472939-1854577501(C)(3)9,000.0.N/AN/ATAKING ACTION TO CH SYSTEMWORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 5910145-0356819501(C)(3)19,500.0.N/AN/ASYSTEM								
CHIPPEWA FALLS, WI 54729 39-1854577 501(C)(3) 9,000. 0. N/A N/A SYSTEM WORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 59101 45-0356819 501(C)(3) 19,500. 0. N/A N/A N/A SYSTEM	WISCONSIN FARMERS UNION FOUNDATION							
WORC EDUCATION PROJECT 220 S 27TH STREET BILLINGS, MT 59101 45-0356819 501(C)(3) 19,500. 0.N/A N/A SYSTEM	117 W SPRING STREET							TAKING ACTION TO CHANGE
220 S 27TH STREET       45-0356819       501(C)(3)       19,500.       0.N/A       N/A       SYSTEM	CHIPPEWA FALLS, WI 54729	39-1854577	501(C)(3)	9,000.	0.	N/A	N/A	SYSTEM
220 S 27TH STREET       45-0356819       501(C)(3)       19,500.       0.N/A       N/A       SYSTEM								
BILLINGS, MT 59101 45-0356819 501(C)(3) 19,500. 0.N/A N/A SYSTEM								
								TAKING ACTION TO CHANGE
GEORGIA ORGANICS INC	BILLINGS, MT 59101	45-0356819	501(C)(3)	19,500.	0.	N/A	N/A	SYSTEM
GEORGIA ORGANICS INC	CEODETA ODEANTES THE							
200 OTTLEY DRIVE, STE A ATLANTA, GA 30324 58-2345310 501(C)(3) 7,500. 0.N/A N/A HELPING FARMERS TH	•	58-2345310	501(C)(3)	7 500		N / A	NT / A	HELPING FARMERS THRIVE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
IOWA STATE UNIVERSITY FOUNDATION							
PO BOX 4550							
IOWA CITY, IA 52244	42-1143702	501(C)(3)	12,159.	0	N/A	N/A	SCHOLARSHIPS
				<b>·</b> •			
NORTHEAST ORGANIC FARMING							
ASSOCIATION/MASS CHAPTER INC - PO							TAKING ACTION TO CHANGE
BOX 60043 - FLORENCE, MA 01062	22-2987723	501(C)(3)	10,000.	0.	N/A	N/A	SYSTEM
,			,				
OPERATION SPRING PLANT INC							
2615-B GELA ROAD							
OXFORD, NC 27565	58-2037106	501(C)(3)	9,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
TRANSPLANTING TRADITIONS COMMUNITY							
FARM INC - PO BOX 394 - CARRBORO,							
NC 27516	82-4415307	501(C)(3)	9,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
UNIVERSITY OF NEBRASKA							
3835 HOLDREDGE STREET							
LINCOLN, NE 68588	47-0049123	501(C)(3)	6,489.	0.	N/A	N/A	SCHOLARSHIPS
THE VETERAN'S FARM OF NORTH							
CAROLINA INC - 160 BROOKSTONE							
DRIVE - CAMERON, NC 28326	47-5296346	501(C)(3)	9,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
TETER RETREAT AND ORGANIC FARM							
10980 E 221ST STREET		F01 ( g) ( 2 )	0.000	0			
NOBLESVILLE, IN 46062	35-1058569	501(C)(3)	8,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
SOUL FOOD PROJECT INC							
4029 N TEMPLE AVE							GROWING THE GOOD FOOD
INDIANAPOLIS, IN 46205	84-2520204	501(C)(3)	10,000.	0	N/A	N/A	MOVEMENT
1121111AFOLIS, 11 40205	54 2520204	501(0/(5/	10,000.	0.	рі/ А		
BLOOMINGTON FOOD POLICY COUNCIL							
642 N MADISON							GROWING THE GOOD FOOD
BLOOMINGTON, IN 47404	86-2154469	501(C)(3)	10,000.		N/A	N/A	MOVEMENT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NWI FOOD COUNCIL							
2513 FOREST PARK DRIVE							GROWING THE GOOD FOOD
DYER, IN 46311	81-1584283	501(C)(3)	10,000.	0.	N/A	N/A	MOVEMENT
,							
MILLENIUM DEVELOPMENT SERVICES							
CORPORATION - 4963 W 100 N -							
PRINCETON, IN 47670	82-0979827	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
			, .				
HUMAN AGRICULTURAL CO-OPERATIVE							
3408 ALEXANDER STREET							
FORT WAYNE, IN 46806	86-1916240	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
NORTH CAROLINA ASSOCIATION OF			,				
BLACK LAWYERS LAND LOSS PREVENTION							
PROJECT - PO BOX 179 - DURHAM, NC							
27702	56-1348982	501(C)(3)	20,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
FLANNER HOUSE							
2424 DR MARTIN LUTHER KING JR STREE							GROWING THE GOOD FOOD
INDIANAPOLIS, IN 46208	35-0942628	501(C)(3)	10,000.	٥.	N/A	N/A	MOVEMENT
UNIVERSITY OF NORTH CAROLINA PRESS							
INC - 116 SOUTH BOUNDARY STREET -							TAKING ACTION TO CHANGE
CHAPEL HILL, NC 27514	56-6001394	501(C)(3)	5,500.	٥.	N/A	N/A	SYSTEM
FARMERS UNION FOUNDATION							
305 ROSELAND AVE E, STE 200							GROWING THE GOOD FOOD
ST PAUL, MN 55117	41-6041830	501(C)(3)	9,000.	0.	N/A	N/A	MOVEMENT
RESIST INC							
PO BOX 301240							
BOSTON, MA 02130	04-2433182	501(C)(3)	15,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
NORTHEAST ORGANIC FARMING							
ASSOCIATION OF VERMONT - PO BOX							
697 - RICHMOND, VT 05477	22-3260420	501(C)(3)	20,000.	0.	N/A	N/A	HELPING FARMERS THRIVE

#### Schedule I (Form 990) FARM AID, INC

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORTHEAST FARMING ASSOCIATION OF							
EW HAMPSHIRE - 84 SILK FARM ROAD							
CONCORD, NH 03301	02-0358727	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE

Schedule I (Form 990) 2023

FARM AID, INC

36-3383233 Page 2

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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MERGENCY AND FARM DISASTER GRANTS	84	42,100.	0.	N/A	N/A
EADERSIP GRANTS	11	3,415.	0.	N/A	N/A

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

PART I, LINE 2:

FARM AID REQUIRES A FINAL REPORT FROM GRANTEES TO SHARE KEY

ACCOMPLISHMENTS, CHALLENGES AND LEARNINGS, WHICH INFORMS FARM AID'S

MESSAGING, STORYTELLING AND UNDERSTANDING OF HOW ITS FUNDING CONTRIBUTES TO

POSITIVE CHANGE THROUGH GRANTMAKING.

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>7</b> 7	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	<b>Z</b> J	)
Dena	tment of the Treasury	Attach to Form 990.		Open to		
Interr	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organization		Employer id			mber
D		FARM AID, INC	36-3	38323	3	
Pa	rt I Question	s Regarding Compensation				<del></del>
	<b>.</b>		~~~		Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fees				
		spending account Personal services (such as maid, chauffeu	r, chet)			
L	If any of the bayes	an line to are checked, did the exception follow a written policy recording powerst ar				
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		16		
2		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization's				
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant X Compensation survey or study				
	·	ther organizations X Approval by the board or compensation c	ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	•	e payment or change of control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4.		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re					
а	The organization?			5a		X
	Any related organiz					X
	If "Yes" on line 5a c	r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n					
а	The organization?			<u>6a</u>		X
	Any related organiz	ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		ies 5 and 6? If "Yes," describe in Part III		7	Х	<u> </u>
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie			
				8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n <b>990</b> )	) 2023

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### 36-3383233

Page 2

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CAROLINE MCCORMICK	(i)	119,827.	2,500.	500.	3,813.	28,098.	154,738.	0.
OPERATIONS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### PART I, LINE 7:

FARM AID PROVIDED A YEAR END BONUS OF \$2,500 TO EACH COMPENSATED OFFICER

AND HIGHLY COMPENSATED EMPLOYEE LISTED ON PART VII, SECTION A, LINE 1A.

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

ſ

Employer identification number

36-3383233

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

ΖU **Open to Public** Inspection

Ν	lame	of	the	organ	ization
---	------	----	-----	-------	---------

### FARM AID, INC

Pa	t I Types of Property							
		<b>(a)</b> Check if	<b>(b)</b> Number of	(c) Noncash contribution	(d) Method of de	termini	ng	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	tion arr	nounts	;
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	1,015,066.	STOCK MARKE'	r qu	JOTA	<b>TI</b>
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation 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							
25	Other ( )							
26	Other ( )							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29				
							Yes	No
30a	During the year, did the organization receive by		• • • • •					
	must hold for at least 3 years from the date of t		ntribution, and whi	ch isn't required to be used	for			37
	exempt purposes for the entire holding period?					30a		<u> </u>
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31		х

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

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

Schedule M (Form 990) 2023

32a

LHA 332141 09-11-23 Х

#### Schedule M (Form 990) 2023 FARM AID, INC Part II Supplemental Information. Provide t

**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.

SCHEDULE M, PART I, COLUMN (B):

#### TWO DONORS DONATED NUMEROUS SHARES OF TWO DIFFERENT STOCKS TO THE

ORGANIZATION DURING 2023.

Schedule M (Form 990) 2023

<u>36-3383233</u>

Page 2

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332142 09-11-23

SCHEDULE O (Form 990)

Name of the organization

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



FARM AID, INC

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

FAMILY FARMERS AND TO INSPIRE PEOPLE TO CHOOSE FOOD FROM FAMILY FARMS.

SINCE 1985, FARM AID HAS RAISED MORE THAN \$78 MILLION TO SUPPORT

PROGRAMS THAT HELP FARMERS THRIVE, EXPAND THE REACH OF THE GOOD FOOD

MOVEMENT, TAKE ACTION TO CHANGE THE DOMINANT SYSTEM OF INDUSTRIAL

AGRICULTURE AND PROMOTE FOOD FROM FAMILY FARMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MAKE A LIVING.

THROUGH THE 1-800-FARM-AID HOTLINE AND ONLINE REQUEST FOR ASSISTANCE, FARM AID'S HOTLINE OPERATORS LISTEN TO FARMERS AND REFER THEM TO AN EXTENSIVE NETWORK OF 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 TO PEOPLE INTERESTED IN ESTABLISHING FARM BUSINESSES. IN 2023, FARM AID RECEIVED 744 CONTACTS TO THE HOTLINE AND ONLINE REQUEST FOR ASSISTANCE FORM, 26 OF WHICH WERE SPANISH LANGUAGE REQUESTS. FARM AID RECEIVED THE HIGHEST NUMBER OF FARMER INQUIRIES FROM CALIFORNIA (44), NORTH CAROLINA (19) AND INDIANA (19).

IN PARTNERSHIP WITH THE MIGRANT CLINICIANS NETWORK, FARM AID ASSISTED
SPANISH-SPEAKING HOTLINE CALLERS VIA SPANISH-LANGUAGE ASSISTANCE ON OUR
HOTLINE. FARM AID REMAINS ENGAGED IN SEVERAL MARKETING AND OUTREACH
STRATEGIES TO INCREASE KNOWLEDGE AND CREATE PARTNERSHIPS WITH SPANISH
AND FARMWORKER ORGANIZATIONS. TO MARK MENTAL HEALTH AWARENESS MONTH IN
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
CHA 332211 11-14-23

61 2023.05000 FARM AID, INC

lame of the organization FARM AID, INC	Employer identification numbe 36-3383233
MAY, FARM AID ENGAGED IN A PODCAST TOUR, COMPLETING 17 INT	TERVIEWS ON
PODCASTS WITH AUDIENCES OF FARMERS AND FARMWORKERS. THE IN	NTERVIEWS WERE
INTENDED TO SPREAD THE WORD ABOUT THE STRESSORS THAT FARM	ERS AND

HIGHLIGHT THE SPANISH-LANGUAGE CAPACITY OF THE HOTLINE.

IN 2023, EMERGENCY GRANTS TOTALING MORE THAN \$41,500 WERE MADE TO FARM FAMILIES TO COVER ESSENTIAL HOUSEHOLD EXPENSES. THESE \$500 GRANTS ARE RECOMMENDED ON A CASE-BY-CASE BASIS BY HOTLINE OPERATORS WHO ALSO CONNECT FARMERS WITH HELPFUL SERVICES, RESOURCES AND OPPORTUNITIES SPECIFIC TO THEIR INDIVIDUAL NEEDS.

FARM AID'S FARMER RESOURCE NETWORK (FRN) OFFERS AN INTERACTIVE WEBSITE AND DATABASE OF MORE THAN 730 RESOURCES THAT PROVIDE GUIDANCE FOR NEW FARMERS, DIRECT ASSISTANCE TO FARMERS IN CRISIS, AND SUPPORT FOR FARMERS WHO WISH TO TRANSITION TO MORE SUSTAINABLE PRODUCTION METHODS AND MARKETS. THROUGH THE FRN, 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 2023, THE ENTIRE FARMER RESOURCE NETWORK WAS TRANSLATED TO SPANISH, TO MAKE IT ACCESSIBLE TO SPANISH-SPEAKING FARMERS AND FARMWORKERS.

FARM AID CONTINUES TO BE PART OF THE FARM AND RANCH STRESS ASSISTANCE

NETWORK (FRSAN) VIA OUR DEEP WORK WITH THE NORTHEAST AND WESTERN

REGIONS OF THAT FEDERALLY FUNDED PROGRAM; ADDITIONALLY, FARM AID BECAME

A SUB-AWARDEE OF THE SOUTHERN REGION OF FRSAN.

IN MAY, FARM AID PRESENTED AT THE USDA'S MENTAL HEALTH AWARENESS EVENT TITLED FARM STRESS AND SUICIDE PREVENTION: DATA, CHALLENGES, AND OPPORTUNITIES, WHICH WAS CO-HOSTED BY THE AMERICAN FARM BUREAU FEDERATION. FARM AID STAFF PRESENTED AND REPRESENTED AT MANY OTHER CONFERENCES AND GATHERINGS INCLUDING FAITHLANDS CONFERENCE, NATIONAL AGRIBILITY CONFERENCE, MARBLESEED, NATIONAL AG EXTENSION AGENTS CONFERENCE, FOOD FORUM, ECOFARM, RURAL COALITION, PASA, INDIANA SMALL FARM CONFERENCE, THE BLACK LOAN CONFERENCE, THE LATINO FARMERS CONFERENCE AND THE WORLD FARMERS MARKET COALITION MEETING. THROUGHOUT THE YEAR, FARM AID OPERATORS AND FARMER SERVICES TEAM MEMBERS COMPLETED TRAININGS IN AGRICULTURAL TOPICS LIKE LAND TRUSTS AND AGRICULTURAL MEDIATION AND MENTAL HEALTH TOPICS LIKE AMBIGUOUS LOSS.

FARM AID AWARDED \$464,500 IN END OF YEAR 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 CRISIS AND STRESS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: IN MARCH, FARM AID CO-ORGANIZED A THREE-DAY "RALLY FOR RESILIENCE" WITH NATIONAL SUSTAINABLE AGRICULTURE COALITION (NSAC) IN WASHINGTON D.C., WITH OVER 400 FARMERS AND ADVOCATES RALLYING AND MARCHING FOR A CLIMATE RESILIENT FARM BILL. FARM AID BOARD MEMBER JOHN MELLENCAMP JOINED THE RALLY, PERFORMING AND SPEAKING OUT WITH FARMERS, AND WILLIE NELSON SHARED A RECORDED VIDEO MESSAGE OF SUPPORT. AS THE RALLY CONCLUDED, PARTICIPANTS TOOK TO THE STREETS, MARCHING FROM FREEDOM PLAZA TO CAPITOL HILL TO CALL ON MEMBERS OF CONGRESS TO ENSURE THAT FARMER-LED 332212 11-14-23 Schedule O (Form 990) 2023 63

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FARM BILL.

IN MAY, FARM AID HIRED A NEW POLICY AND ADVOCACY MANAGER, INCREASING FARN AID'S KNOWLEDGE, SKILLS AND CAPACITY TO DO POLICY WORK AND ENGAGE OUR AUDIENCE IN ADVOCACY.

IN SEPTEMBER, FARM AID HOSTED THE PEOPLE'S HEARING ON THE FARM BILL BEFORE THE ANNUAL FESTIVAL TO CALL FOR A FARM BILL THAT PRIORITIZES CLIMATE RESILIENCE, RACIAL EQUITY AND ACCESS TO HEALTHFUL FOOD AND CLEAR WATER, AIR AND SOIL. SPEAKERS AT THE EVENT INCLUDED FARMERS, ADVOCATES, AUTHORS AND ORGANIZERS HAILING FROM ALL OVER THE COUNTRY AND REPRESENTING LONGTIME ORGANIZATIONAL PARTNERS OF FARM AID AS WELL AS NEW PARTNERS FROM THE FESTIVAL REGION. IN NOVEMBER, SENATOR CORY BOOKER REACHED OUT TO ASK FARM AID TO PRODUCE A SIMILAR EVENT VIRTUALLY, WHICH HE HOSTED, TO BRIEF CONGRESSIONAL MEMBERS AND STAFFERS ON THE IMPORTANCE OF THE FARM BILL AND FARMERS' PRIORITIES FOR IT. BECAUSE CONGRESS FAILED TO PASS A NEW FARM BILL IN 2023, THESE EFFORTS WILL CONTINUE INTO 2024.

THROUGHOUT THE YEAR, FARM AID SIGNED ONTO LETTERS AND ENDORSED LEGISLATION THAT SUPPORTS FARM AID'S POLICY PRIORITIES IN THE NEXT FARM BILL. FARM AID LENT OUR VOICE AND OTHER SUPPORT TO EFFORTS TO CHANGE OUR FARM AND FOOD SYSTEM, INCLUDING:

STRENGTHENING THE PACKERS AND STOCKYARDS ACT, TO INCREASE TRANSPARENCY

AND FAIRNESS IN CONTRACTS WITH LIVESTOCK FARMERS AND POULTRY GROWERS; 332212 11-14-23 Schedule O (Form 990) 2023 64

Name of the organization FARM AID, INC	Employer identification nur 36-3383233
INCREASING AGRICULTURAL COMPETITION AND ENFORCEMENT OF AN	TITRUST LAWS;
SUPPORTING BEGINNING AND SOCIALLY DISADVANTAGED FARMER AN	D RANCHER
PROGRAMS AND ENDORSING STUDENT LOAN FORGIVENESS FOR YOUNG	FARMERS;
PROTECTING CLIMATE FUNDING IN THE INFLATION REDUCTION ACT	OF 2022;
EXPANDING SMALL-FARM ACCESS TO CONSERVATION PROGRAMS AND	INCREASING
FUNDING FOR ORGANIC RESEARCH;	
ENDING DISCRIMINATION WITHIN USDA, PROTECTING REMAINING B	LACK FARMERS
FROM LOSING THEIR LAND, AND PROVIDING LAND GRANTS TO ENCOU	RAGE A NEW
GENERATION OF BLACK FARMERS AND RESTORE THE LAND BASE THAT	HAS BEEN
LOST;	
STANDING WITH FARMWORKERS AND FOOD CHAIN WORKERS TO INCRE.	ASE WORKPLACE
SAFETY AND HEALTH PROTECTIONS;	
REFORMING FARM CREDIT TO IMPROVE ACCESS AND ACCOUNTABILIT	Y, AND
IMPROVING CROP INSURANCE PROGRAMS;	
SUPPORTING CRITICAL INVESTMENTS IN RURAL ECONOMIES ACROSS	THE COUNTRY
BY SUPPORTING SMALL FARMERS AND RANCHERS DIRECTLY;	
SPEAKING OUT AGAINST FEDERAL FUNDING FOR CONFINED ANIMAL	
OPERATIONS (CAFOS) AND MANURE DIGESTERS THAT CREATE FACTOR	
AND ATTEMPT TO GREENWASH FACTORY FARMING;	
AND CALLING ON PRESIDENT BIDEN TO DEMAND A TRANSFORMATIVE	
THAT CENTERS RACIAL JUSTICE, ENDS HUGER AND INCREASING ACC	
HEALTHY FOOD, MEETS THE CLIMATE CRISIS HEAD ON AND ENSURES	
OF FOOD AND FARM WORKERS, FARMERS AND CONSUMERS, AND OUR E	NTIKE FOOD
SYSTEM.	

ENGAGE OUR ONLINE AUDIENCE THROUGH ADVOCACY ACTIONS AND BLOG POSTS.

THESE INCLUDED INITIATIVES AROUND THE PROTECTION OF CONSERVATION

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Name of the organization	Employer identification number
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FUNDING FOR FARMERS, FEDERAL FOOD PURCHASING STANDARDS, STRENGTHENING FEDERAL SUPPORT FOR YOUNG FARMERS AND SUPPORTING CLIMATE RESILIENT AGRICULTURE.

FINALLY, THROUGHOUT THE YEAR, FARM AID SUPPORTED THE CRITICAL WORK OF THE USDA EQUITY COMMISSION VIA THE PARTICIPATION OF FARM AID'S PROGRAM DIRECTOR SHORLETTE AMMONS. THE COMMITTEE WAS ESTABLISHED TO ADVISE THE SECRETARY OF AGRICULTURE AND PROVIDE USDA WITH AN ANALYSIS OF HOW ITS PROGRAMS, POLICIES, SYSTEMS, STRUCTURES AND PRACTICES CONTRIBUTE TO SYSTEMIC DISCRIMINATION AND LACK OF ACCESS AND INCLUSION, OR EXACERBATE OR PERPETUATE RACIAL, ECONOMIC, HEALTH AND SOCIAL DISPARITIES. THE COMMITTEE WILL PRESENT ITS RECOMMENDATIONS FOR ACTION IN EARLY 2024.

FARM AID'S CREDIT WORKING GROUP, MADE UP OF PEOPLE DIRECTLY SERVING FARMERS THROUGH ONE-ON-ONE ADVOCACY IN ADDITION TO EXPERTS IN FARM CREDIT AND AGRICULTURAL LAW, CONTINUED TO OFFER AND PRESS FOR REFORMS THAT CAN BE MADE ADMINISTRATIVELY AT USDA. THE WORKING GROUP MEETS WEEKLY AND MEETS REGULARLY WITH TOP USDA OFFICIALS TO PUSH FOR CHANGES THAT MAKE USDA PROGRAMS AND CREDIT MORE ACCESSIBLE TO FARMERS, ESPECIALLY UNDERSERVED FARMERS, WITH BETTER OUTCOMES FOR FAMILY FARMERS.

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 INCLUDE EFFORTS TO ADDRESS ECONOMIC AND SOCIAL INJUSTICES ACROSS ANIMAL AGRICULTURE; TO ELEVATE ON-THE-GROUND SOLUTIONS TO CLIMATE CHANGE; TO BUILD THE SUPPLY OF NON-GMO FOOD INGREDIENTS AND ANIMAL FEED IN THE 332212 11-14-23 66 Name of the organization

FARM AID, INC

U.S.; AND TO PROMOTE REGENERATIVE AGRICULTURE.

FARM AID ALSO CONTINUES ITS LEADERSHIP IN THE PHILANTHROPIC COMMUNITY

TO BRING FUNDERS' ATTENTION TO THE VARIED CHALLENGES FACED BY FAMILY

FARMERS AND TO ENCOURAGE COLLABORATION AND COLLECTIVE PROBLEM SOLVING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: HEARTBREAKERS, AS WELL AS STURGILL SIMPSON, WHO JOINED MARGO PRICE'S SET. ALL OF THE ARTISTS GENEROUSLY DONATED THEIR TIME AND TRAVEL EXPENSES.

ON SEPTEMBER 23 AT FARM AID 2023:

35 FARM AND FOOD ORGANIZATIONS ENGAGED FESTIVALGOERS IN HANDS-ON,

INTERACTIVE ACTIVITIES ABOUT FAMILY FARMERS, SOIL, WATER AND FOOD

PRODUCTION IN FARM AID'S HOMEGROWN VILLAGE. AT THE MINI FARM,

FESTIVALGOERS ENJOYED A ROTATIONAL GRAZING DEMONSTRATION BY LOCAL

SHEEP. IN THE HOMEGROWN SKILLS TENT, FESTIVALGOERS TOOK PART IN

WORKSHOPS ABOUT DISTILLING ESSENTIAL OILS, GROWING COVER CROPS,

REGIONAL GRAIN PRODUCTION, TOOLMAKING, WOOL PROCESSING AND SPINNING,

MAKING NATURAL DYES, SEED SAVING AND MORE. ON THE FARMYARD STAGE,

FARMERS, ACTIVISTS AND ARTISTS CAME TOGETHER IN CONVERSATION ABOUT THE

BENEFITS OF CROP DIVERSITY, AGRICULTURE'S PROMISE AS A REMEDY FOR

CLIMATE CHANGE, THE FARM BILL, AND THE NEXT GENERATION OF FARMERS.

ENGAGING PEOPLE IN A HANDS-ON WAY IN THE HOMEGROWN VILLAGE AND ON THE

FARMYARD STAGE FOSTERS DEEP AWARENESS OF KEY FOOD AND FARM ISSUES.

FARM AID PARTNERED WITH LEGENDS HOSPITALITY TO SERVE HOMEGROWN

CONCESSIONS: FAMILY FARM-SOURCED FOOD GROWN AND RAISED WITH ECOLOGICAL

STANDARDS AND A FAIR PRICE PAID TO FARMERS. HOMEGROWN CONCESSIONS
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BUILDS A STRONG RELATIONSHIP WITH FARMERS, FOOD COMPANIES,	ETHNICALLY
DIVERSE FOOD VENDORS AND SPONSORS. MORE THAN FIFTY MENU IT	EMS FEATURED
FAMILY FARM FOOD, INCLUDING MANY VEGETABLE, FRUIT, DAIRY A	ND MEAT
INGREDIENTS FROM INDIANA.	
MANY FOOD COMPANIES AND SPONSORS DONATED FOOD FOR HOMEGRO	WN CATERING
BACKSTAGE AND IN VIP AREAS. CHEFS VOLUNTEERED TO SERVE THE	IR
SPECIALTIES FOR GUESTS.	
THE HOMEGROWN YOUTHMARKET, A FARM FRESH STAND OPERATED BY	LOCAL YOUNG
PEOPLE FROM LOCAL CHAPTERS OF THE GRANGE AND FFA, AS WELL	AS THE HUMAN
AGRICULTURE COOPERATIVE, SOLD LOCAL APPLES, PEARS, GRAPES,	PAW PAWS AND
PECANS TO FESTIVALGOERS.	
60 CUBIC YARDS OF FOOD AND SERVICEWARE WASTE WAS COLLECTE	D TO MAKE
COMPOST AND BUILD SOIL FOR FUTURE CROPS. FARM AID HAD A TO	TAL OF 454
VOLUNTEERS, MANY OF WHOM HELPED FESTIVALGOERS DIFFERENTIAT	E BETWEEN
LANDFILL-BOUND TRASH, RECYCLABLES AND COMPOSTABLES.	
FARM AID SOLD REUSABLE WATER BOTTLES TO REDUCE WASTE, AND	ALUMINUM
WATER BOTTLES WERE SOLD AT CONCESSIONS STANDS WITH FREE WA	TER REFILLS.
FARM AID'S FESTIVAL T-SHIRTS WERE MADE WITH CERTIFIED ORGA	NIC COTTON.
FARM AID PARTNERED WITH SECOND HELPINGS FOR THE DONATION	OF NEARLY
15,000 POUNDS OF GROCERY ITEMS AND USEABLE FOOD REMAINING	AFTER THE
EVENT, WHICH WAS USED TO PREPARE NUTRITIOUS MEALS FOR HUNG	RY CHILDREN
AND ADULTS IN GREATER INDIANAPOLIS.	
PHOTOS OF INDIANA FARMERS AND FARMS SERVED AS THE BACKDRO	P FOR THE
MUSIC ON STAGE ALL DAY. PHOTOGRAPHER SCOTT STREBLE, WHO VO	LUNTEERS FOR
FARM AID EACH YEAR, TRAVELED ACROSS THE STATE OVER THE SUM	MER TO
DOCUMENT THE FARMERS ON THEIR FARMS. IN ADDITION TO ADDING	TO THE
MESSAGING OF THE FARM AID FESTIVAL AND LITERALLY PUTTING F	ARMERS
CENTER-STAGE, THE PROCESS OF DOCUMENTING FARMERS DEMONSTRA	TES TO THEM

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HOW MUCH THEIR WORK IS APPRECIATED AND VALUED.	

AT INDIANAPOLIS INTERNATIONAL AIRPORT, A FARM AID EXHIBIT AND LIVE MUSIC FROM THE BLACK OPRY GREETED VISITORS FLYING IN FOR FARM AID 2023. CORPORATE SPONSORS INCLUDED HARD TRUTH DISTILLING COMPANY, PATAGONIA WORKWEAR, SPINDRIFT, FRONTIER CO-OP AND PETE AND GERRY'S ORGANIC EGGS. FARM AID 2023 GENERATED SEVERAL MAJOR DONATIONS AS WELL AS INDIVIDUAL GIFTS, INCLUDING A \$1 MILLION DONATION MADE ON STAGE BY INDIANA'S JIM IRSAY.

FARM AID 2023 SHINED A SPOTLIGHT ON THE ESSENTIAL ROLE OF FARMERS TO HELP SOLVE OUR CLIMATE CRISIS THROUGH INNOVATIVE METHODS THAT SEQUESTER CARBON AND BUILD SOIL HEALTH. ADDITIONALLY, FARM AID 2023 EMPHASIZED THE DIVERSITY OF FARMERS AND RANCHERS IN INDIANA AND ACROSS THE NATION. OVER THE SUMMER, FARM AID STAFF VISITED FARMS ACROSS THE STATE TO FILM VIDEOS THAT BRING FARMER VOICES TO THE FARM AID STAGE, TV AND WEB BROADCASTS, AND OUR WEBSITE AND SOCIAL MEDIA. FEATURED FARMERS JOINED FARM AID BOARD ARTISTS ON STAGE FOR THE ANNUAL PRESS EVENT THAT KICKS OFF EACH FESTIVAL, SHARING THEIR STORIES AND THE WAYS IN WHICH THEY ACT AS CLIMATE STEWARDS ON THEIR FARMS AND CONTRIBUTE TO THE DIVERSITY OF AGRICULTURE THAT MAKES IT STRONG.

FARM AID 2023 RECEIVED SIGNIFICANT LOCAL AND REGIONAL MEDIA COVERAGE, AS WELL AS NATIONAL ATTENTION, INCLUDING FROM ASSOCIATED PRESS, USA TODAY, THE INDIANAPOLIS STAR, INDIANAPOLIS BUSINESS JOURNAL, PEOPLE, MSN ENTERTAINMENT, FORBES, NEW YORK POST, ROLLING STONE AND BILLBOARD. COVERAGE RESULTED IN 748 PRINT, ONLINE AND BROADCAST MEDIA HITS AND 364 BROADCAST HITS, RESULTING IN 2.4 MILLION MEDIA IMPRESSIONS FROM ANNOUNCEMENT DAY THROUGH FESTIVAL-WEEK. FEATURE STORIES PROMOTED THE 332212 11-14-23 Schedule O (Form 990) 2023

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FARM AID, INC	36-3383233
ENTERTAINMENT VALUE OF THE FESTIVAL, AS WELL AS THE IMPAC	OF FARMERS
FOR CLIMATE CHANGE MITIGATION, AND THE IMPORTANCE OF FAMIL	Y FARM
AGRICULTURE FOR ALL OF US. LOCAL TV CREWS CAME OUT TO THE	PRE-EVENTS
THAT WERE HELD BEFORE THE FESTIVAL, INCLUDING FARM TOURS A	AND AN ALL-DAY

FARM AID 2023 WAS BROADCAST LIVE ON CIRCLE TV, A MUSIC-CENTRIC NETWORK, FOR THE THIRD TIME, WITH FARM AID'S FARMER STORIES AND A CALL-TO-ACTION FOR DONATIONS AND MERCHANDISE SALES. SIRIUSXM 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 143,000 VIEWS AND A TOTAL WATCH TIME OF 87,000 HOURS WITH MORE THAN 4,500 CHAT MESSAGES SHARED DURING THE WEBCAST.

THE FARM AID 2023 APP FOR IPHONE AND ANDROID PROVIDED FESTIVAL DETAILS INCLUDING THE MUSIC LINEUP, STORIES ABOUT FEATURED FARMERS, INFORMATION ABOUT EXHIBITS IN THE HOMEGROWN VILLAGE AND THE ORGANIZATIONS PRESENTING THEM, AND THE MENU FOR HOMEGROWN CONCESSIONS. THE FARM AID 2023 APP WAS USED BY 10,156 PEOPLE WHO LOGGED 78,619 SESSIONS WITH AN AVERAGE SESSION TIME OF JUST UNDER 6 MINUTES.

FARM AID'S SOCIAL MEDIA PRESENCE ALLOWED PEOPLE TO SHARE HOW THEY SUPPORT FAMILY FARMERS AND FARM AID, REACHING 3.9 MILLION USERS ON X (FORMERLY KNOWNS AS TWITTER), RESULTING IN 6.7 MILLION IMPRESSIONS, AND REACHING 4.5 MILLION MORE PEOPLE ON FACEBOOK AND INSTAGRAM, DURING THE PERIOD BETWEEN ANNOUNCEMENT AND FESTIVAL DAY.

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
GROWING THE GOOD FOOD MOVEMENT (GGFM)- IN 2023, FARM AID A	ND OUR
PARTNERS CONTINUED TO IMPLEMENT STRATEGIES THAT BOLSTER THE	IE GOOD FOOD
MOVEMENTTHE GROWING NUMBER OF EATERS DEMANDING FAMILY FARM	1-IDENTIFIED,
LOCAL, ORGANIC OR HUMANELY RAISED FOOD. FARM AID AWARDED G	GRANTS IN THE
AMOUNT OF \$135,000 TO ORGANIZATIONS THAT STRENGTHEN INFRAS	TRUCTURE FOR
LOCAL AND REGIONAL FOOD SYSTEMS AND RAISE AWARENESS OF THE	IR VALUE.
THESE GRANTS SUPPORT WORK TO CREATE NEW MARKETS FOR FARMER	S AND ENHANCE
ACCESS TO GOOD FOOD FOR EVERYONE, REGARDLESS OF RACE, COLO	DR, NATIONAL
ORIGIN OR ZIP CODE.	
EXPENSES \$ 404,778. INCLUDING GRANTS OF \$ 150,140. REVE	ENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2:	
WILLIE NELSON AND LANA NELSON - FAMILY RELATIONSHIP.	
WILLIE NELSON AND MARK ROTHBAUM - BUSINESS RELATIONSHIP.	
WILLIE NELSON AND ANNIE NELSON - FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THERE WERE NO COMMITTEE MEETINGS HELD IN 2023.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THIS FORM 990 IS REVIEWED BY THE ORGANIZATION'S	ASSISTANT
TREASURER, OPERATIONS DIRECTOR AND OUTSOURCED CONTROLLER A	AND ANY QUESTIONS
ARE DISCUSSED WITH THE TAX PREPARER BEFORE FILING. THE BOAF	RD RECEIVES THE
990 PRIOR TO FILING.	

FORM 990, PART VI, SECTION B, LINE 12C:

FARM AID'S CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS AND
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Name of the organization FARM AID, INC	Employer identification number 36-3383233
OFFICERS. IT IS MONITORED BY THE ORGANIZATION'S OPERATIONS	DIRECTOR.

FORM 990, PART VI, SECTION B, 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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: 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,WI

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

FARM AID DISCLOSES KEY FINANCIAL AND GOVERNANCE DOCUMENTS ON ITS WEBSITE FOR PUBLIC ACCESS AT HTTPS://WWW.FARMAID.ORG/ABOUT-US/ANNUAL-REPORT/. DOCUMENTS THAT ARE POSTED FOR PUBLIC REVIEW INCLUDE THE ANNUAL ACTIVITIES REPORT, IRS FORM 990 AND AUDITED FINANCIAL STATEMENTS FOR THE MOST RECENTLY AUDITED FISCAL YEAR, THE ORGANIZATION'S IRS LETTER OF DETERMINATION, AND ITS FORM 1023, WHICH INCLUDES ITS GOVERNING DOCUMENTS. THESE DOCUMENTS ARE ALSO MADE AVAILABLE UPON REQUEST.

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Schedule O (Form 990) 2023 Name of the organization FARM AID, INC	Employer identification number 36-3383233
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	186,718.
MANAGEMENT AND GENERAL EXPENSES	156,479.
FUNDRAISING EXPENSES	7,277.
TOTAL EXPENSES	350,474.
MARKETING, PUBLIC RELATIONS & MEDIA:	
PROGRAM SERVICE EXPENSES	218,511.
MANAGEMENT AND GENERAL EXPENSES	12.
FUNDRAISING EXPENSES	6,622.
TOTAL EXPENSES	225,145.
CATERING:	
PROGRAM SERVICE EXPENSES	26,798.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,798.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
FORM 990, PART VIII, LINE 1F	
THIS AMOUNT ALSO INCLUDES \$145,000 OF SPONSORSHIP INCOME	RECEIVED FOR

THE CONCERT AND BENEFIT EVENTS IN 2023.

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