

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FARM AID, INC</b>		<b>D</b> Employer identification number <b>36-3383233</b>
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <b>(617) 354-2922</b>
	<b>501 CAMBRIDGE STREET, 3RD FLOOR</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>CAMBRIDGE, MA 02141</b>		<b>G</b> Gross receipts \$ <b>4,761,434.</b>
<b>F</b> Name and address of principal officer: <b>GLEND A YODER</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

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

**J** Website: ▶ **WWW.FARMAID.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1985** **M** State of legal domicile: **IL**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FARM AID'S MISSION IS TO BUILD A VIBRANT, FAMILY FARM-CENTERED SYSTEM OF AGRICULTURE IN AMERICA.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> <b>14</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>387</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> <b>13,640.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>1,327,995.</b> <b>1,636,703.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>133,258.</b> <b>37,749.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>20,395.</b> <b>23,388.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>850,297.</b> <b>1,081,073.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>2,331,945.</b> <b>2,778,913.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>780,890.</b> <b>730,419.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>759,379.</b> <b>705,292.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>139,670.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>729,244.</b> <b>696,765.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>2,269,513.</b> <b>2,132,476.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>62,432.</b> <b>646,437.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>2,428,873.</b> <b>3,038,855.</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>204,218.</b> <b>137,964.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>2,224,655.</b> <b>2,900,891.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>Glenda Yoder</i>	Date <b>5/19/2019</b>
	Type or print name and title <b>GLEND A YODER, ASSOC. DIRECTOR &amp; ASSIST. TREASURER</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SCOTT KAPLOWITCH</b>	Preparer's signature	Date <b>05/14/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00002440</b>
	Firm's name ▶ <b>EDELSTEIN AND COMPANY, LLP</b>	Firm's EIN ▶ <b>04-2442519</b>		Firm's address ▶ <b>160 FEDERAL STREET, 9TH FLOOR BOSTON, MA 02110</b>	
					Phone no. <b>617-227-6161</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FARM AID'S MISSION IS TO BUILD A VIBRANT, FAMILY FARM-CENTERED SYSTEM OF AGRICULTURE IN AMERICA. SINCE 1985, IT HAS HOSTED AN ANNUAL CONCERT TO SUPPORT FARM AID'S WORK WITH FAMILY FARMERS AND TO INSPIRE PEOPLE TO CHOOSE FOOD FROM FAMILY FARMS. FARM AID HELPS FARMERS THRIVE,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 865,648. including grants of \$ 382,249. ) (Revenue \$ 7,685. ) HELPING FARMERS THRIVE (HFT)- THROUGH THE 1-800-FARM-AID HOTLINE AND FARMHELP@FARMAID.ORG EMAIL SERVICE, FARM AID'S IN-HOUSE FARM ADVOCATE REFERS FARMERS TO AN EXTENSIVE NETWORK OF FAMILY FARM AND RURAL SUPPORT ORGANIZATIONS ACROSS THE COUNTRY. REFERRALS PROVIDE IMMEDIATE SUPPORT TO FARM FAMILIES IN CRISIS AND FARMERS SEEKING TO TRANSITION TO MORE SUSTAINABLE FARMING PRACTICES, AS WELL AS FOR INDIVIDUALS LOOKING TO BECOME FARMERS. GIVEN THE STRAIN IN TODAY'S FARM ECONOMY, FARM AID EXPANDED ITS RESPONSE IN 2018. WE RECEIVED A RECORD NUMBER OF CONTACTS TO THE FARM AID HOTLINE IN 2018. THERE WERE 1,034 FARMER CONTACTS VIA THE FARM AID HOTLINE, A 109% INCREASE FROM 2017, AND SURPASSING ANY OTHER YEAR WE HAVE ON RECORD. IN RESPONSE, FARM AID DOUBLED ITS ANNUAL EMERGENCY GRANT BUDGET, INCREASED ITS ADVOCACY FOR FARM POLICY THAT

4b (Code: ) (Expenses \$ 458,562. including grants of \$ 247,769. ) (Revenue \$ 887. ) TAKING ACTION TO CHANGE THE SYSTEM (TACS)- FARM AID WORKS WITH LOCAL, REGIONAL AND NATIONAL ORGANIZATIONS TO PROMOTE FAIR FARM POLICIES AND GRASSROOTS ORGANIZING EFFORTS. FARM AID GRANTED \$230,000 TO FAMILY FARM ORGANIZATIONS WORKING TO ENSURE COMPETITIVE MARKETS FOR FAMILY FARMERS, ADDRESS ANTITRUST AND CONTRACT VIOLATIONS, FIGHT FACTORY FARMS, STRENGTHEN THE GRASSROOTS AROUND A UNIFIED VISION FOR OUR FARM AND FOOD SYSTEM, AND AMPLIFY AN EFFECTIVE FARMER VOICE TO REFORM THE FOOD SYSTEM.

FARM AID'S FARMER LEADERSHIP FUND GRANTED \$17,769 TO DEFRAY EXPENSES FOR FARMER LEADERSHIP TRAINING PROGRAMS, STRATEGY MEETINGS AND OTHER OPPORTUNITIES TO ELEVATE THE VOICE OF FAMILY FARMERS.

4c (Code: ) (Expenses \$ 238,884. including grants of \$ 100,400. ) (Revenue \$ 0. ) GROWING THE GOOD FOOD MOVEMENT (GGFM)- IN 2018, FARM AID AND ITS PARTNERS CONTINUED TO IMPLEMENT STRATEGIES THAT BOLSTER THE GOOD FOOD MOVEMENT-THE GROWING NUMBER OF AMERICANS DEMANDING FAMILY FARM-IDENTIFIED, LOCAL, ORGANIC OR HUMANELY RAISED FOOD. FARM AID AWARDED GRANTS IN THE AMOUNT OF \$98,000 TO ORGANIZATIONS THAT STRENGTHEN INFRASTRUCTURE FOR LOCAL AND REGIONAL FOOD SYSTEMS AND RAISE AWARENESS OF THEIR VALUE. THESE GRANTS SUPPORT WORK TO CREATE NEW MARKETS FOR FARMERS AND ENHANCE ACCESS TO GOOD FOOD FOR EVERYONE, REGARDLESS OF INCOME OR RACE.

4d Other program services (Describe in Schedule O.) (Expenses \$ 225,632. including grants of \$ 0. ) (Revenue \$ 29,177. )

4e Total program service expenses 1,788,726.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIE NELSON PRESIDENT/DIRECTOR	1.00	X		X				0.	0.	0.
(2) PAUL ENGLISH DIRECTOR	1.00	X						0.	0.	0.
(3) LANA NELSON SECRETARY/DIRECTOR	1.00	X		X				0.	0.	0.
(4) DAVID ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(5) RICHARD FIELDS DIRECTOR	1.00	X						0.	0.	0.
(6) JOEL KATZ DIRECTOR	1.00	X						0.	0.	0.
(7) DAVID MATTHEWS DIRECTOR	1.00	X						0.	0.	0.
(8) JOHN MELLENCAMP DIRECTOR	1.00	X						0.	0.	0.
(9) MARK ROTHBAUM DIRECTOR	1.00	X						0.	0.	0.
(10) EVELYN SHRIVER TREASURER/DIRECTOR	1.00	X		X				0.	0.	0.
(11) NEIL YOUNG DIRECTOR	1.00	X						0.	0.	0.
(12) CAROLYN MUGAR EXE. DIRECTOR & VICE PRESI	20.00			X				46,916.	0.	0.
(13) GLENDA YODER ASSOC. DIRECTOR & ASSIST. TREASURER	42.00			X				84,834.	0.	9,123.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							131,750.	0.	9,123.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							131,750.	0.	9,123.	

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
VANGUARD COMMUNICATIONS, 2121 K STREET NW, SUITE 650, WASHINGTON, DC 20037	COMMUNICATIONS, PUBLIC RELATION AND	163,301.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 11,288.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 443,321.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 1,182,094.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	58,082.					
	<b>h Total.</b> Add lines 1a-1f .....		1,636,703.				
	<b>Program Service Revenue</b>	<b>2 a</b> <b>HOMEGROWN CONCESSIONS LICENSE FEE</b> .....	<b>Business Code</b> 110000	24,492.	24,492.		
<b>b</b> <b>SERVICE CONTRACT</b> .....		110000	6,797.	6,797.			
<b>c</b> <b>HOMEGROWN YOUTHMARKET SALES</b> .....		110000	4,685.	4,685.			
<b>d</b> <b>FARM TOURS</b> .....		110000	1,775.	1,775.			
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			37,749.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		16,214.			16,214.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		200.			200.	
	<b>6 a</b> Gross rents .....	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	26,798.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	19,624.				
		<b>c</b> Gain or (loss) .....	7,174.				
	<b>d</b> Net gain or (loss) .....		7,174.			7,174.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 443,321. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 2,885,127.					
		<b>b</b> Less: direct expenses .....	1,919,570.				
<b>c</b> Net income or (loss) from fundraising events .....			965,557.			965,557.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b> 95,855.						
	<b>b</b> Less: cost of goods sold .....	43,327.					
	<b>c</b> Net income or (loss) from sales of inventory .....		52,528.			52,528.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> LICENSING FEES .....	110000	62,788.	62,788.				
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		62,788.				
<b>12 Total revenue.</b> See instructions .....		2,778,913.	100,537.	0.	1,041,673.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	676,175.	676,175.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	54,244.	54,244.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	104,466.	82,985.	12,776.	8,705.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	468,986.	373,268.	56,795.	38,923.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,571.	9,192.	1,418.	961.
9 Other employee benefits	73,276.	57,777.	9,304.	6,195.
10 Payroll taxes	46,993.	37,299.	5,785.	3,909.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	84,419.		77,418.	7,001.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,378.		5,378.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	188,603.	177,209.	1,405.	9,989.
12 Advertising and promotion	575.	195.	7.	373.
13 Office expenses	31,283.	23,142.	1,014.	7,127.
14 Information technology	42,045.	26,114.	3,233.	12,698.
15 Royalties				
16 Occupancy	131,743.	100,440.	20,795.	10,508.
17 Travel	20,372.	20,116.	186.	70.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	56,505.	56,160.	238.	107.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,418.	10,691.	1,614.	1,113.
23 Insurance	5,611.	4,378.	732.	501.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>OTHER BUSINESS EXPENSES</b>	36,731.	34,666.	1,124.	941.
b <b>PRINTING AND REPRODUCTI</b>	25,619.	9,275.	116.	16,228.
c <b>VIDEO PRODUCTION AND RE</b>	25,243.	24,943.	266.	34.
d <b>BANK AND OTHER FEES</b>	20,962.	4,600.	4,458.	11,904.
e All other expenses	8,258.	5,857.	18.	2,383.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2,132,476.	1,788,726.	204,080.	139,670.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,137,425.	<b>1</b>	1,797,297.
	<b>2</b> Savings and temporary cash investments .....	593,055.	<b>2</b>	663,083.
	<b>3</b> Pledges and grants receivable, net .....	82,719.	<b>3</b>	65,333.
	<b>4</b> Accounts receivable, net .....	84,830.	<b>4</b>	6,109.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	20,098.	<b>8</b>	19,583.
	<b>9</b> Prepaid expenses and deferred charges .....	49,217.	<b>9</b>	64,951.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 48,984.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 48,224.		
	<b>11</b> Investments - publicly traded securities .....	433,193.	<b>11</b>	398,272.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	17,929.	<b>14</b>	15,967.
	<b>15</b> Other assets. See Part IV, line 11 .....	7,500.	<b>15</b>	7,500.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,428,873.	<b>16</b>	3,038,855.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	139,194.	<b>17</b>	107,222.
	<b>18</b> Grants payable .....	50,024.	<b>18</b>	30,742.
	<b>19</b> Deferred revenue .....	15,000.	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	204,218.	<b>26</b>	137,964.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,636,257.	<b>27</b>	2,178,069.
	<b>28</b> Temporarily restricted net assets .....	588,398.	<b>28</b>	722,822.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	2,224,655.	<b>33</b>	2,900,891.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,428,873.	<b>34</b>	3,038,855.	

**Part 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	2,778,913.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,132,476.
3	Revenue less expenses. Subtract line 2 from line 1	3	646,437.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,224,655.
5	Net unrealized gains (losses) on investments	5	-31,201.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	61,000.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,900,891.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization <b>FARM AID, INC</b>	Employer identification number <b>36-3383233</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,787,621.	1,296,648.	1,369,354.	1,327,995.	1,636,703.	7,418,321.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1,787,621.	1,296,648.	1,369,354.	1,327,995.	1,636,703.	7,418,321.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						479,791.
<b>6 Public support.</b> Subtract line 5 from line 4.						6,938,530.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	1,787,621.	1,296,648.	1,369,354.	1,327,995.	1,636,703.	7,418,321.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	22,028.	16,995.	21,450.	16,526.	16,414.	93,413.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						7,511,734.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	12,486,499.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	92.37 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	89.03 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in 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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**Part VI**

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

Multiple horizontal lines for supplemental information.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>FARM AID, INC</b>	Employer identification number <b>36-3383233</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	7,898.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	352.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	8,250.													
<b>d</b>	Other exempt purpose expenditures .....	2,124,226.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	2,132,476.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	256,624.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	64,156.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total	
<b>2a</b>	Lobbying nontaxable amount	262,401.	251,524.	263,476.	256,624.	1,034,025.
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))					1,551,038.
<b>c</b>	Total lobbying expenditures	7,375.	5,666.	5,100.	8,250.	26,391.
<b>d</b>	Grassroots nontaxable amount	65,600.	62,881.	65,869.	64,156.	258,506.
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))					387,759.
<b>f</b>	Grassroots lobbying expenditures	5,916.	4,966.	5,100.	7,898.	23,880.

**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)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **FARM AID, INC** Employer identification number **36-3383233**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

Yes  No

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

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

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

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2018



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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	445,641.	435,714.	436,144.	457,892.	462,971.
b Contributions					
c Net investment earnings, gains, and losses	-8,123.	36,706.	26,564.	6,746.	24,069.
d Grants or scholarships	20,789.	21,439.	20,694.	22,965.	23,066.
e Other expenditures for facilities and programs	43,821.				
f Administrative expenses	5,378.	5,340.	6,300.	5,529.	6,082.
g End of year balance	367,530.	445,641.	435,714.	436,144.	457,892.

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  100.00 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		48,984.	48,224.	760.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				760.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	2,742,334.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-31,201.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	83,411.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-83,411.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		-31,201.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	2,773,535.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	5,378.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		5,378.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	2,778,913.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	2,127,098.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	83,411.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-83,411.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	2,127,098.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	5,378.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		5,378.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	2,132,476.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CONTRIBUTED SERVICES THAT ARE DIRECT EXPENSES TO SPECIAL EVENTS -83,411.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

CONTRIBUTED SERVICES THAT ARE DIRECT EXPENSES TO SPECIAL EVENTS -83,411.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **FARM AID, INC** Employer identification number **36-3383233**

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	TICKET SALES	N/A	0.
<b>3 a</b> Subtotal .....	0	0			0.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			0.

**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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ▶ \_\_\_\_\_

**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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2018



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

FORM 990, SCHEDULE F, LINE 3

THE ORGANIZATION SOLD PREMIUM TICKETS FOR THE ANNUAL FESTIVAL FOR A TOTAL OF \$49,000, \$35,500 OF WHICH IS IN EXCESS OF THE FAIR MARKET VALUE OF THE EXCHANGE AND THUS A CONTRIBUTION. THIS FOREIGN INDIVIDUAL WAS REPORTED ON SCHEDULE B. THE ORGANIZATION DID NOT EXPEND ANY MONEY IN THIS REGION IN ORDER TO OBTAIN THESE FUNDS.

SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization  
FARM AID, INC

Employer identification number  
36-3383233

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a  Mail solicitations

e  Solicitation of non-government grants

b  Internet and email solicitations

f  Solicitation of government grants

c  Phone solicitations

g  Special fundraising events

d  In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FESTIVAL (event type)	LUCK REUNION (event type)	NONE (total number)	
Revenue	1	Gross receipts	3,175,650.	152,798.	3,328,448.
	2	Less: Contributions	326,494.	116,827.	443,321.
	3	Gross income (line 1 minus line 2)	2,849,156.	35,971.	2,885,127.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes		4,867.	4,867.
	6	Rent/facility costs	463,514.	34,467.	497,981.
	7	Food and beverages	63,234.	11,020.	74,254.
	8	Entertainment			
	9	Other direct expenses	1,304,730.	37,738.	1,342,468.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			1,919,570.
11	Net income summary. Subtract line 10 from line 3, column (d)			965,557.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility		<b>13a</b>	%
b An outside facility		<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **FARM AID, INC** Employer identification number **36-3383233**

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CITY SEED, INC. 817 GRANT AVE, NO. 101 NEW HAVEN, CT 06511	83-0397621	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
FARMERS' LEGAL ACTION GROUP 6 WEST FIFTH ST, SUITE 650 ST. PAUL, MN 55102	36-3431212	501(C)(3)	50,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
NATIONAL FAMILY FARM COALITION 110 MARYLAND AVE, SE, SUITE 307 WASHINGTON, DC 20002	38-2652620	501(C)(3)	31,250.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM; HELPING FARMERS THRIVE
RURAL ADVANCEMENT FOUNDATION INTERNATIONAL - PO BOX 640 - PITTSBORO, NC 27312	56-1704863	501(C)(3)	45,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
LAND LOSS PREVENTION PROJECT PO BOX 179 DURHAM, NC 27702	56-1348982	501(C)(3)	17,500.	0.	N/A	N/A	HELPING FARMERS THRIVE
COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE - 1 SUGARLOAF STREET - SOUTH DEERFIELD, MA 01373	04-3416862	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **79.**

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

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

Schedule I (Form 990) (2018)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT FARMLAND TRUST 77 BUCKINGHAM STREET HARTFORD, CT 06106	32-0007171	501(C)(3)	5,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
FARM FRESH RHODE ISLAND 1005 MAIN ST UNIT 8130 PAWTUCKET, RI 02860	20-4625643	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
FEDERATION OF SOUTHERN COOPERATIVES - 2769 CHURCH STREET - EAST POINT, GA 30344	58-1026695	501(C)(3)	37,500.	0.	N/A	N/A	HELPING FARMERS THRIVE; TAKING ACTION FOR CHANGE
FARMWORK ASSOC. OF FLORIDA 1264 APOPKA BLVD APOPKA, FL 32703	59-2683978	501(C)(3)	6,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
GROW PITTSBURGH 6587 HAMILTON AVENUE PITTSBURGH, PA 15206	43-2112710	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
GREEN VILLAGE INITIATIVE 325 LAFAYETTE ST, UNIT 9101 BRIDGEPORT, CT 06604	27-1439954	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
DREAMING OUT LOUD 80 M STREET, SE, WE WORK WASHINGTON, DC 20003	26-1286043	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT - 2001 FOREST AVENUE - DES MOINES, IA 50311	42-1110721	501(C)(3)	7,500.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
HARTFORD FOOD SYSTEMS 190 WETHERSFIELD AVE HARTFORD, CT 06114	06-0199180	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO ECOLOGICAL FOOD & FARM ASSOCIATION - 41 CROSWELL ROAD - COLUMBIA, OH 43214	34-1638273	501(C)(3)	6,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE AGRICULTURE - PO BOX 419 - MILLHEIM, PA 16854	25-1685497	501(C)(3)	7,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
SOUTHWEST GEORGIA PROJECT FOR COMMUNITY EDUCATION, INC. - 1216 DAWSON ROAD, SUITE 108 - ALBANY, GA 31707	58-1172475	501(C)(3)	8,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
WEST VIRGINIA FOOD & FARM COALITION - 3820 MACCORKLE AVE SE - CHARLESTON, WV 25304	46-2706460	501(C)(3)	6,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
WESTERN ORGANIZATION OF RESOURCE COUNCILS - 220 SOUTH 27TH STREET, SUITE B - BILLINGS, MT 59101	84-1123481	501(C)(3)	10,500.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
APPALACHIAN SUSTAINABLE DEVELOPMENT - PO BOX 791 - ABINGDON, VA 24212	31-1445533	501(C)(3)	7,500.	0.	N/A	N/A	HELPING FARMERS THRIVE
DAKOTA RESOURCE COUNCIL 1200 MISSOURI AVENUE, SUITE 201 BISMARCK, ND 58504	45-0363903	501(C)(3)	7,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
KNOX HARTFORD 75 LAUREL STREET HARTFORD, CT 06106	06-0985421	501(C)(3)	5,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
MISSOURI RURAL CRISIS CENTER 1108 RANGELINE STREET COLUMBIA, MO 65201	43-1432033	501(C)(3)	7,500.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RODALE INSTITUTE 611 SIEGFRIEDALE KUTZTOWN, PA 19530	23-7206884	501(C)(3)	6,500.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM - ORGANIC FARMERS ASSOCIATION
APPALACHIAN CENTER FOR ECONOMIC NETWORKS - 94 COLUMBUS ROAD - ATHENS, OH 45701	31-1129632	501(C)(3)	6,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
DAKOTA RURAL ACTION PO BOX 549 BROOKINGS, SD 57006	46-0398656	501(C)(3)	8,504.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
INTERCHURCH MINISTRIES OF NEBRASKA 2012 SOUTH 13TH STREET LINCOLN, NE 68502	47-0379495	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
NATIONAL SUSTAINABLE AGRICULTURE COALITION - 110 MARYLAND AVE, NE, STE. 209 - WASHINGTON, DC 20002	47-0553823	501(C)(3)	15,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
OPERATION SPRING PLANT PO BOX 1759 OXFORD, NC 27565	58-2037106	501(C)(3)	6,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
NORTHEAST ORGANIC FARMING ASSOCIATION - 411 SHELDON ROAD - BARRE, MA 01005	22-2574183	501(C)(3)	14,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
NOURISH BRIDGEPORT, INC. PO BOX 1859 BRIDGEPORT, CT 06601	27-4186000	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT-BRIDGEPORT FARMERS MARKET COLLABORATIVE
RED TOMATO, INC. 76 EVERETT SKINNER ROAD PLAINVILLE, MA 02762	04-3375151	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGRICULTURE AND LAND-BASED TRAINING ASSOCIATION - PO BOX 6264 - SALINAS, CA 93912	77-0566055	501(C)(3)	6,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
ALABAMA SUSTAINABLE AGRICULTURE NETWORK - PO BOX 2533 - BIRMINGHAM, AL 35202	56-2461946	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
SOUTHEAST MA AGRICULTURAL PARTNERSHIP - PO BOX 80625 - SOUTH DARMOUTH, MA 02536	20-1625240	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
THE LIVESTOCK INST. OF SOUTHERN NEW ENGLAND - 298 STATE ROAD - WESTPORT, MA 02790	46-5691864	501(C)(3)	5,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
TRUST FOR CONSERVATION INNOVATION 405 14TH STREET, SUITE 164 OAKLAND, CA 94612	91-2166435	501(C)(3)	5,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM - ANIMAL AGRICULTURE REFORM COLLABORATIVE
OCCIDENTAL ARTS & ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	7,500.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM - CALIFORNIA CLIMATE AND AGRICULTURE NETWORK
CALIFORNIA FARMLINK 335 SPRECKELS DRIVE, SUITE F APTOS, CA 95003	94-3332630	501(C)(3)	5,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
WESTERN CO ALLIANCE FOR COMMUNITY ACTION - PO BOX 1931 - GRAND JUNCTION, CO 81502	84-0837218	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
COMMUNITY ALLIANCE WITH FAMILY FARMERS - PO BOX 363 - DAVIS, CA 95617	94-2914745	501(C)(3)	6,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FARM ALLIANCE PO BOX 130 BEREA, KY 40403	61-1092056	501(C)(3)	6,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
WISCONSIN FARMERS UNION FOUNDATION 117 W SPRING STREET CHIPPEWA FALLS, WI 54729	39-1854577	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
CULTIVATE KANSAS CITY 4223 GIBBS ROAD KANSAS CITY, KS 66106	20-2365320	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
FOOD WORKS PO BOX 3855 CARBONDALE, IL 62902	26-3662215	501(C)(3)	5,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
FAMILY FARM DEFENDERS PO BOX 1772 MADISON, WI 53701	39-1814573	501(C)(3)	6,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
COUNCIL FOR HEALTHY FOOD SYSTEMS PO BOX 809 CAMERON, TX 76520	45-1420591	501(C)(3)	6,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM - FARM AND RANCH FREEDOM ALLIANCE
FRIENDS OF FAMILY FARMERS 249 LIBERTY STREET NE, SUITE 212 SALEM, OR 97301	30-0390131	501(C)(3)	5,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
GROWNYC 100 GOLD STREET, SUITE 3300 NEW YORK, NY 10038	13-2765465	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
TSNE MISSION WORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	5,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM - REAL FOOD CHALLENGE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TSNE MISSION WORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	5,000.	0.	N/A	N/A	HELPING FARMERS THRIVE - THE CARROT PROJECT
TSNE MISSION WORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	6,000.	0.	N/A	N/A	HELPING FARMERS THRIVE - NEW ENTRY SUSTAINABLE FARMING PROJECT
HOLISTIC MANAGEMENT INTERNATIONAL 5941 JEFFERSON STREET, SUITE B ALBUQUERQUE, NM 87109	85-0324203	501(C)(3)	6,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
TIDES CENTER 405 14TH STREET, SUITE 164 OAKLAND, CA 94612	94-3213100	501(C)(3)	6,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT - NORTHEAST SUSTAINABLE AG WORKING GROUP
THE LAND CONNECTION 206 N RANDOLPH STREET, SUITE 400 CHAMPAIGN, IL 61820	37-1413944	501(C)(3)	5,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
THE FOOD GROUP 8501 54TH AVE N NEW HOPE, MN 55428	41-1246504	501(C)(3)	6,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
SUSTAINABLE FOOD CENTER 2921 E 17TH STREET, BUILDING C AUSTIN, TX 78702	74-2441468	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
SOUTHERN SUSTAINABLE AGRICULTURE WORKING GROUP - PO BOX 1552 - FAYETTEVILLE, AR 72702	71-0844535	501(C)(3)	5,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
IDAHO ORGANIZATION OF RESOURCE COUNCILS - 910 W MAIN STREET, #244 - BOISE, ID 83702	46-5310102	501(C)(3)	7,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS STEWARDSHIP ALLIANCE 230 BROADWAY STREET, SUITE 200 SPRINGFIELD, IL 62701	37-6160476	501(C)(3)	6,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
INSTITUTE FOR AGRICULTURE & TRADE POLICY - 2105 FIRST AVENUE S - MINNEAPOLIS, MN 55404	36-3501938	501(C)(3)	7,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
RURAL VERMONT 46 EAST STATE STREET MONTPELIER, VT 05602	22-3045871	501(C)(3)	5,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
KANSAS FARMERS UNION FOUNDATION 115 E MARLIN, SUITE 108, BOX 1064 MCPHERSON, KS 67460	48-1183833	501(C)(3)	7,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
LAND FOR GOOD 39 CENTRAL SQUARE, SUITE 306 KEENE, NH 03431	02-0530711	501(C)(3)	5,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
LAND STEWARDSHIP PROJECT 821 EAST 35TH STREET MINNEAPOLIS, MN 55407	41-1466054	501(C)(3)	7,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
LOCAL FOOD HUB PO BOX 4647 CHARLOTTESVILLE, VA 22905	26-4137130	501(C)(3)	5,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
ORGANIZATION FOR COMPETITIVE MARKETS - PO BOX 6486 - LINCOLN, NE 68506	91-1904212	501(C)(3)	5,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
MAINE ORGANIC FARMERS AND GARDENERS ASSOCIATION - PO BOX 170 - UNITY, ME 04988	01-6048322	501(C)(3)	5,000.	0.	N/A	N/A	HELPING FARMERS THRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROGUE FARM CORPS PO BOX 533 ASHLAND, OR 97520	03-0529330	501(C)(3)	5,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
MIDWEST ORGANIC & SUSTAINABLE EDUCATION SERVICE - PO BOX 339 - SPRING VALLEY, WI 54767	39-1824623	501(C)(3)	6,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
QUIVIRA COALITION 1413 SECOND STREET, SUITE 1 SANTA FE, NM 87505	31-1551770	501(C)(3)	6,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
NATIONAL YOUNG FARMERS COALITION PO BOX 1074 HUDSON, NY 12534	47-2072946	501(C)(3)	6,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
NORTHERN PLAINS RESOURCE COUNCIL 220 S 27TH STREET, SUITE A BILLINGS, MT 59101	81-0367205	501(C)(3)	7,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
PRACTICAL FARMERS OF IOWA 1615 GOLDEN ASPEN DRIVE, SUITE 101 AMES, IA 50010	42-1255174	501(C)(3)	6,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
OREGON RURAL ACTION PO BOX 1231 LA GRANDE, OR 97850	03-0383463	501(C)(3)	5,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM
POWDER RIVER BASIN RESOURCE COUNCIL - 934 NORTH MAIN STREET - SHERIDAN, WY 82801	74-2183158	501(C)(3)	5,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
ORGANIC FARMING RESEARCH FOUNDATION - PO BOX 440 - SANTA CRUZ, CA 95060	77-0252545	501(C)(3)	5,000.	0.	N/A	N/A	HELPING FARMERS THRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORGANIC SEED ALLIANCE PO BOX 772 PORT TOWNSEND, WA 98368	51-0175667	501(C)(3)	5,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE THE SYSTEM

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY AND FARM DISASTER GRANTS	109	54,244.	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 TWO REPORTS PER GRANT CYCLE.

1. THE FIRST REPORT, DUE ON JULY 15 OF THE GRANT YEAR, SHOULD PROVIDE A NARRATIVE AND FINANCIAL INFORMATION ON HOW THE GRANTEE HAS USED THEIR GRANT AWARD IN THE FIRST SIX MONTHS OF THE GRANT YEAR. IF THE GRANT FUNDS HAVE BEEN FULLY EXPENDED AT THIS TIME, THIS REPORT MAY BE CONSIDERED THE FINAL REPORT, BUT MUST BE IDENTIFIED AS SUCH IN THE COVER LETTER.



**Part IV** Supplemental Information

2. THE SECOND REPORT, DUE ON FEBRUARY 1 OF THE FOLLOWING YEAR, SHOULD UPDATE THE SAME INFORMATION THROUGH THE END OF THE GRANT YEAR AND PROVIDE QUALITATIVE AND QUANTITATIVE DATA ON ACTIVITIES AND FARMERS REACHED THROUGH MEMBERSHIP, OUTREACH AND HOTLINE SERVICES.

3. ADDITIONAL REQUESTS FOR SUPPORT WILL NOT BE CONSIDERED UNTIL ANY AND ALL OUTSTANDING GRANT REPORTS ARE RECEIVED AND APPROVED BY FARM AID.

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

Name of the organization **FARM AID, INC** Employer identification number **36-3383233**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 .....	X	1	24,408.	MARKET QUOTATIONS
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 ▶ ( <u>FOOD AND BEVE</u> ) .....	X	18	28,807.	FAIR MARKET VALUE
26	Other ▶ ( <u>DONATED AUCTI</u> ) .....	X	8	4,867.	ESTIMATED FAIR VALUE
27	Other ▶ ( _____ ) .....				
28	Other ▶ ( _____ ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in 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, LINE 32B:

THE ORGANIZATION WORKS WITH A THIRD PARTY THAT USES AN ONLINE AUCTION PLATFORM TO SELL A CURATED LIST OF AUCTION ITEMS. AUCTION ITEMS INCLUDE MEMORABILIA FROM THE BOARD MEMBERS AND ARTISTS THAT PERFORM AT THE ANNUAL FESTIVAL AS WELL AS TICKETS TO THE FESTIVAL AND OTHER EXPERIENCES. THE PROCEEDS FROM THE SALE OF THE AUCTION ITEMS BENEFIT THE ORGANIZATION.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

FARM AID, INC

Employer identification number

36-3383233

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

EXPANDS THE REACH OF THE GOOD FOOD MOVEMENT, TAKES ACTION TO CHANGE THE  
DOMINANT SYSTEM OF INDUSTRIAL AGRICULTURE, AND PROMOTES FOOD FROM  
FAMILY FARMS.

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

DELIVERS FAIR PRICES TO FARMERS ALLOWING THEM TO MAKE A LIVING, AND  
RECONVENED THE FARM ADVOCATE LINK NETWORK VIA REGULAR CALLS TO  
STRATEGIZE WITH OUR RESOURCE PARTNERS ABOUT HOW TO STRENGTHEN THE  
NETWORK IN TIMES OF CRISIS. FARM AID ALSO CONDUCTED A SURVEY OF FARM  
SERVICE PROVIDERS ACROSS THE COUNTRY TO HELP INFORM FARM AID'S  
UNDERSTANDING OF WHAT FARMERS ARE EXPERIENCING ACROSS THE U.S. AND THE  
CAPACITY OF SERVICE PROVIDERS TO KEEP PACE WITH THE NEED.

FARM AID'S RESOURCE NETWORK (FARMAID.ORG/IDEAS) OFFERS AN INTERACTIVE  
WEBSITE AND DATABASE OF MORE THAN 700 ORGANIZATIONS THAT PROVIDE  
GUIDANCE FOR NEW FARMERS, DIRECT ASSISTANCE TO FARMERS IN CRISIS, AND  
SUPPORT FOR FARMERS LOOKING TO TRANSITION TO MORE SUSTAINABLE  
PRODUCTION METHODS AND MARKETS. THROUGH THE FARMER RESOURCE NETWORK,  
FARM AID MAKES CONNECTIONS BETWEEN INDIVIDUALS, FARM SERVICE  
ORGANIZATIONS, AND BUSINESSES TO ADDRESS CHALLENGES AND CREATE  
OPPORTUNITIES FOR FARMERS. FARM AID POINTS FARMERS AND ADVOCATES TO OUR  
MOST TRUSTED RESOURCES, NEW OFFERINGS AND TIMELY OPPORTUNITIES VIA OUR  
CURATED RESOURCE GUIDES AND THE RESOURCE SPOTLIGHT BLOG.

IN 2018, FARM AID BECAME RECOGNIZED AS AN EXPERT ON THE ISSUES OF

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

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

832211 10-10-18

Name of the organization FARM AID, INC	Employer identification number 36-3383233
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FARMER STRESS AND MENTAL HEALTH, WITH MANY INTERVIEWS INCLUDING ON BROADCAST NEWS. FARM AID WAS ALSO PART OF A COALITION OF FARM ORGANIZATIONS THAT HELPED BRING AWARENESS AND ACTION TO THE ISSUE OF FARMER MENTAL HEALTH VIA ADVOCACY ON THE FARM AND RANCH STRESS ASSISTANCE NETWORK, WHICH WAS INCLUDED IN THE 2018 FARM BILL THAT PASSED CONGRESS IN THE SECOND WEEK OF DECEMBER AND CALLED FOR \$10 MILLION IN FUNDING TO SUPPORT ORGANIZATIONS PROVIDING MENTAL HEALTH RESOURCES TO FARMERS AND THOSE WORKING IN AGRICULTURE.

FARM AID WAS HONORED TO CONTINUE TO LEND ITS EXPERIENCE, EXPERTISE AND A GREAT DEAL OF DONATED STAFF TIME, TO PLAY A ROLE IN THE DISBURSEMENT OF FUNDS FROM THE HISTORIC CLASS ACTION SUIT, IN RE BLACK FARMERS DISCRIMINATION LITIGATION, A SUIT BROUGHT BY BLACK FARMERS AGAINST THE U.S. DEPARTMENT OF AGRICULTURE FOR DECADES OF DISCRIMINATION IN FARM LENDING. CLASS COUNSEL FROM THIS CASE ENGAGED FARM AID AS A TECHNICAL ADVISOR. FARM AID PROVIDED ADMINISTRATIVE SUPPORT TO LEAD CLASS COUNSEL AND THE ORGANIZING GROUP OF AFRICAN AMERICAN FARM LEADERS IN PLANNING AND IMPLEMENTING A BLACK FARMERS MEETING IN MARCH IN ATLANTA, GEORGIA. THE PURPOSE OF THAT MEETING WAS FOR LEADERS AND FARMERS IN THE AFRICAN-AMERICAN FARMING COMMUNITY TO COALESCE AND DEVELOP THEIR VISION FOR A THRIVING FUTURE OF AFRICAN AMERICAN FARMING, WHICH WILL INFORM THE DECISION MAKING FOR DISBURSEMENT OF THE REMAINING CY PRES FUNDS. AN OUTCOME OF THIS MEETING WAS THE SELF-FORMATION OF A BLACK FARMER LEADERSHIP COUNCIL THAT WILL PROVIDE LEADERSHIP AND INPUT FOR LEAD CLASS COUNSEL'S RECOMMENDATIONS TO THE COURT FOR THE SECOND PHASE OF CY PRES FUNDS.

FARM AID AWARDED \$228,000 IN GRANTS TO ORGANIZATIONS THAT HELP FARMERS

Name of the organization FARM AID, INC	Employer identification number 36-3383233
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SECURE THE RESOURCES THEY NEED TO BEGIN FARMING, ACCESS NEW MARKETS, GROW SUSTAINABLY, AND BUILD RESILIENCE IN THE FACE OF FINANCIAL AND NATURAL DISASTERS. FARM AID MADE GRANTS IN THE AMOUNT OF \$40,500 TO ASSIST FARM FAMILIES AFFECTED BY HURRICANE FLORENCE IN THE CAROLINAS. AN ADDITIONAL \$49,000 WAS GRANTED TO SUPPORT FARMERS AFFECTED BY EMERGENCIES AND ECONOMIC DISASTERS ACROSS THE COUNTRY, INCLUDING LOW DAIRY AND CROP PRICES.

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

IN MARCH, FARM AID AUTHORED AN OP-ED PUBLISHED IN THE HILL ON GLOBAL TRADE AND THE NEED FOR SUPPLY MANAGEMENT IN THE DAIRY INDUSTRY TO PREVENT OVERSUPPLY OF MILK, WHICH LEADS TO THE CURRENT ABYSMAL PRICES THAT DAIRY FARMERS ARE RECEIVING. FARM AID INFORMED THE PUBLIC ABOUT THE REASONS, AND POSSIBLE SOLUTIONS, FOR THE DAIRY CRISIS VIA A FACT SHEET AND INTERVIEWS IN THE MEDIA.

IN 2018, FARM AID CREATED THE FARM BILL HUB TO HELP THE FARM AID AUDIENCE NAVIGATE IMPORTANT LEGISLATION FOR FARMERS, RURAL RESIDENTS AND ALL OF US WHO EAT. FARM AID ALSO JOINED A COALITION EFFORT TO URGE STATE ATTORNEY GENERAL OFFICES TO JOIN AN ACTIVE DEPARTMENT OF JUSTICE INVESTIGATION OF THE BAYER-MONSANTO MERGER AND PUBLICIZE THEIR INVOLVEMENT. FARM AID JOINED A COALITION OF FARM GROUPS IN FIELDING A POLL OF NEARLY 1,000 FARMERS ACROSS AMERICA TO EXAMINE THEIR VIEWS OF THE PENDING MERGER THAT INDICATED THAT FARMERS OVERWHELMINGLY OPPOSED IT. NONETHELESS, IT WAS APPROVED BY THE DOJ.

FARM AID CONTINUES TO SERVE AS A LEADER AND CONTRIBUTING MEMBER OF VARIOUS COLLABORATIVE EFFORTS TO CHANGE OUR FARM AND FOOD SYSTEM AND

Name of the organization FARM AID, INC	Employer identification number 36-3383233
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ADVANCE THE POWER AND PARTICIPATION OF FARMERS IN THESE EFFORTS. THESE HAVE INCLUDED EFFORTS TO ADDRESS ECONOMIC AND SOCIAL INJUSTICES ACROSS ANIMAL AGRICULTURE, EFFORTS TO ELEVATE ON-THE-GROUND SOLUTIONS TO CLIMATE CHANGE, AND EFFORTS TO BUILD THE SUPPLY OF NON-GMO FOOD INGREDIENTS AND ANIMAL FEED IN THE U.S.

FARM AID ALSO CONTINUES ITS LEADERSHIP IN THE PHILANTHROPIC COMMUNITY TO BRING ATTENTION TO THE VARIED CHALLENGES FACED BY FAMILY FARMERS AND TO ENCOURAGE COLLABORATION AND COLLECTIVE PROBLEM SOLVING. FARM AID DEVELOPED AND FACILITATED WORKSHOPS ON THE CHALLENGES OF HELPING FARMERS RESPOND TO NATURAL DISASTERS AND THE VALUE OF INDIVIDUAL FARM ADVOCACY AT THE SUSTAINABLE AGRICULTURE AND FOOD SYSTEMS FUNDERS FORUM. BOTH WORKSHOPS HAVE LED TO ONGOING DIALOGUE IN THE FUNDING COMMUNITY ABOUT HOW TO BETTER SUPPORT THIS CRITICAL WORK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
 PROMOTING FOOD FROM FAMILY FARMS - THE HEART OF FARM AID'S WORK TO PROMOTE FOOD FROM FAMILY FARMS IS OUR ANNUAL FARM AID FESTIVAL. FARM AID 2018 WAS HELD AT XFINITY THEATRE IN HARTFORD, CONNECTICUT, ON SEPTEMBER 22. A CROWD OF 23,000 ENJOYED PERFORMANCES BY FARM AID BOARD MEMBERS WILLIE NELSON, NEIL YOUNG, JOHN MELLENCAMP, AND DAVE MATTHEWS WITH TIM REYNOLDS. ADDITIONAL ARTISTS INCLUDED CHRIS STAPLETON, KACEY MUSGRAVES, STURGILL SIMPSON, NATHANIEL RATELIFF & THE NIGHT SWEATS, JAMEY JOHNSON, MARGO PRICE, LUKAS NELSON & PROMISE OF THE REAL, PARTICLE KID, IAN MELLENCAMP, AND THE WISDOM INDIAN DANCERS. ALL THE ARTISTS GENEROUSLY DONATED THEIR TIME AND TRAVEL EXPENSES.

ON SEPTEMBER 22 AT FARM AID 2018:

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FARM AID SERVED LOCAL, ORGANIC, NON-GMO FAMILY FARM FOOD THROUGHOUT THE VENUE WITH ITS HOMEGROWN CONCESSIONS: FAMILY FARM-SOURCED FOOD WITH AN ECOLOGICAL STANDARD AND A FAIR PRICE PAID TO FARMERS. HOMEGROWN CONCESSIONS BUILDS A STRONG RELATIONSHIP BETWEEN FARMERS, FOOD COMPANIES, VENUE CONCESSIONAIRES AND VENDORS. FOOD COMPANIES AND SPONSORS DONATED FAMILY FARM FOOD THAT MET THE SAME CRITERIA FOR HOMEGROWN CATERING BACKSTAGE AND IN VIP AREAS.

THE HOMEGROWN YOUTHMARKET SOLD LOCAL, FRESH FRUIT AND WAS STAFFED BY LOCAL YOUTH FROM NEW BRITAIN ROOTS, THE GRANGE, KNOX FARM, AND THE ELLIS CLARK REGIONAL AGRISCIENCE AND TECHNOLOGY PROGRAM AT NONNEWAUG HIGH SCHOOL.

IN FARM AID'S HOMEGROWN VILLAGE, 37 FARM AND FOOD GROUPS ENGAGED FESTIVALGOERS IN HANDS-ON INTERACTIVE ACTIVITIES ABOUT FAMILY FARMERS, SOIL, WATER AND FOOD PRODUCTION. IN THE HOMEGROWN SKILLS TENT, CONCERTGOERS TOOK PART IN WORKSHOPS LIKE BEEKEEPING, CHEESEMAKING, PLANT DYEING, HEMP PAPERMAKING AND SEED SAVING. ON THE FARMYARD STAGE, CHEF/FOUNDER OF WHOLESOME WAVE MICHEL NISCHAN AND HARTFORD FOOD SYSTEM'S FOUNDER MARTHA PAGE HOSTED CONVERSATIONS WITH FARMERS, ACTIVISTS AND ARTISTS THAT EXPLORED ISSUES LIKE FARMER MENTAL HEALTH AND COMMUNITY FOOD SYSTEMS IN-DEPTH. FESTIVALGOERS' PARTICIPATION IN HOMEGROWN EXHIBITS AND CONVERSATIONS DEMONSTRATE THAT ENGAGING PEOPLE IN A HANDS-ON WAY FOSTERS DEEP AWARENESS OF KEY FOOD AND FARM ISSUES. 2,500 POUNDS OF FOOD AND SERVICEWARE WASTE WAS COLLECTED AND SENT TO BLUE EARTH, A LOCAL COMPOST FACILITY, TO SUSTAIN FUTURE CROPS. A SIZEABLE VOLUNTEER EFFORT HELPED FESTIVALGOERS DIFFERENTIATE BETWEEN LANDFILL-BOUND TRASH, RECYCLABLES AND COMPOSTABLES. FARM AID SOLD REUSABLE WATER BOTTLES TO REDUCE PLASTIC USE. 7,500 FESTIVAL T-SHIRTS, MADE IN THE U.S. WITH CERTIFIED ORGANIC COTTON, WERE SOLD.



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FARM AID HOSTED SEVERAL PRE-CONCERT EVENTS AND ACTIVITIES IN HARTFORD TO BRING FARMERS, ADVOCATES AND ACTIVISTS TOGETHER, ENGAGE THE PUBLIC, AND INVITE THE MEDIA TO HIGHLIGHT ISSUES OF CONCERN TO FAMILY FARMERS AND EATERS.

BEFORE DOORS OPENED AT FARM AID 2018, FARM AID HELD A PRESS EVENT ATTENDED BY HUNDREDS OF MEMBERS OF THE MEDIA. THE EVENT FEATURED FARM AID'S BOARD ARTISTS, FARMERS, ADVOCATES, AND ACTIVISTS WORKING IN THE REGION. VIDEOS OF FEATURED FARMERS TOLD THE STORIES OF URBAN FARMERS REVITALIZING THEIR COMMUNITIES AND EMPOWERING YOUTH; NUTRITION INCENTIVE DOUBLING PROGRAMS THAT DOUBLE THE FOOD BENEFITS LOW-INCOME RESIDENTS CAN SPEND ON HEALTHY FOOD AT FARMERS MARKETS; ORCHARD AND PRODUCE GROWERS KEEPING GENERATIONAL FARMS ALIVE AND THRIVING; AND TWO DAIRY FARMING FAMILIES-ONE THAT IS DIVERSIFYING TO SURVIVE THE CURRENT DAIRY CRISIS AND ONE THAT HAS LEFT THE DAIRY BUSINESS.

FARM AID 2018 RECEIVED SIGNIFICANT LOCAL AND REGIONAL MEDIA COVERAGE, AS WELL AS NATIONAL ATTENTION, INCLUDING FROM THE HARTFORD COURANT, NEW HAVEN REGISTER, ASSOCIATED PRESS, NBC NIGHTLY NEWS, ABC NEWS NIGHTLINE, USA TODAY, RFD-TV, ROLLING STONE AND BILLBOARD MAGAZINE. STORIES RESULTED IN 1,718 PRINT, ONLINE AND BROADCAST MEDIA HITS. FEATURE STORIES PROMOTED THE ENTERTAINMENT VALUE OF THE FESTIVAL, AS WELL AS THE CURRENT FARM ECONOMY CRISIS THAT PUTS OUR FAMILY FARMERS AND OUR FOOD SYSTEM AT RISK.

FARM AID 2018 WAS BROADCAST LIVE ON AXS TV. SIRIUS XM SATELLITE RADIO BROADCAST THE ENTIRE CONCERT LIVE, WITH ARTISTS, FAMILY FARMERS AND

Name of the organization

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ADVOCATES INTERVIEWED BETWEEN MUSIC SETS. THE FESTIVAL WAS WEBCAST LIVE ON WWW.FARMAID.ORG AND FARM AID'S YOUTUBE CHANNEL, WITH A COMBINED TOTAL OF 111,539 VIEWS AND AN AVERAGE OF 29 MINUTES WATCH TIME.

THE FARM AID 2018 APP FOR IPHONE AND ANDROID PROVIDED DETAILS INCLUDING THE MUSIC LINEUP, STORIES ABOUT FEATURED FARMERS, INFORMATION ABOUT THE WORK OF THE ORGANIZATIONS TAKING PART IN THE HOMEGROWN VILLAGE, AND THE MENU FOR HOMEGROWN CONCESSIONS. THE FARM AID 2018 APP WAS DOWNLOADED BY 8,774 PEOPLE, WHO LOGGED 57,000 SESSIONS WITH AN AVERAGE SESSION TIME OF FIVE AND A HALF MINUTES.

FARM AID'S SOCIAL MEDIA CAMPAIGN ALLOWS PEOPLE TO SHARE HOW THEY SUPPORT FAMILY FARMERS. FARM AID'S SOCIAL MEDIA COMMUNICATIONS REACHED MORE THAN 22 MILLION PEOPLE DURING THE PERIOD BETWEEN ANNOUNCEMENT AND FESTIVAL DAY.

#### OUR ONLINE COMMUNITY

FARM AID'S WEBSITE INFORMS AND INSPIRES THE PUBLIC THROUGH STORYTELLING ABOUT AMERICA'S INNOVATIVE FAMILY FARMERS AND THE CHALLENGES THEY FACE. IN ADDITION, IT OFFERS RESOURCES DIRECTLY TO FARMERS AND SHOWS READERS HOW THEY CAN SUPPORT FAMILY FARMERS EVERY DAY IN THEIR OWN LIVES. FARMAID.ORG OFFERS TIMELY NEWS AND OPPORTUNITIES TO ENGAGE IN FOOD AND FARM ISSUES. IN 2018, THERE WERE MORE THAN 700,000 VISITS TO WWW.FARMAID.ORG BY MORE THAN 500,000 VISITORS.

FARM AID COMMUNICATED WITH ITS AUDIENCE OF MORE THAN 72,000 EMAIL SUBSCRIBERS AND REACHED MILLIONS OF PEOPLE ON FACEBOOK, TWITTER, INSTAGRAM AND YOUTUBE. THE NUMBER OF FOLLOWERS ON THESE NETWORKS GREW

Name of the organization

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BY THOUSANDS OF USERS (CURRENTLY 127,000 ON FACEBOOK, 33,500 ON TWITTER, 21,000 ON INSTAGRAM, AND 133,000 ON YOUTUBE). FARM AID'S YOUTUBE CHANNEL FEATURES MORE THAN 2,200 VIDEOS, WITH MORE THAN 151 MILLION LIFETIME VIEWS.

EXPENSES \$ 225,632. INCLUDING GRANTS OF \$ 0. REVENUE \$ 29,177.

FORM 990, PART VI, SECTION A, LINE 2:

WILLIE NELSON AND LANA NELSON - FAMILY RELATIONSHIP.

WILLIE NELSON AND MARK ROTHBAUM - BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE WERE NO COMMITTEE MEETINGS HELD IN 2018.

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

A DRAFT OF THE 2018 FORM 990 IS PROVIDED TO MANAGEMENT FOR REVIEW AND APPROVAL. A FINAL DRAFT IS SUBMITTED TO THE BOARD FOR REVIEW PRIOR TO SUBMISSION TO THE IRS.

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

FARM AID'S CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS AND OFFICERS. IT IS MONITORED BY THE ORGANIZATION'S OPERATIONS DIRECTOR.

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

Name of the organization FARM AID, INC	Employer identification number 36-3383233
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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, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:  
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE, AND ARE ALSO MADE AVAILABLE UPON REQUEST.

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

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>FARM AID, INC</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>501 CAMBRIDGE STREET, 3RD FLOOR</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>CAMBRIDGE, MA 02141</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>36-3383233</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)</p>
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**C** Book value of all assets at end of year **3,038,855.**

**F** Group exemption number (See instructions.) ▶ \_\_\_\_\_

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ \_\_\_\_\_ Describe the only (or first) unrelated trade or business here ▶ \_\_\_\_\_ . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **GLEND A YODER** Telephone number ▶ **(617) 354-2922**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>0.</b>	

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>0.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>0.</b>
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	<b>0.</b>

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56-58 regarding foreign accounts and tax-exempt interest.

Sign Here: Declaration of preparer, Signature of officer (Blenda Yoder), Date (5/14/2019), Title (ASSOC DIRECTOR & ASSISTANT TREASURER).

Paid Preparer Use Only: Print/Type preparer's name (SCOTT KAPLOWITZ), Preparer's signature, Date (05/14/19), Firm's name (EDELSTEIN AND COMPANY, LLP), Firm's EIN (04-2442519), Firm's address (160 FEDERAL STREET, 9TH FLOOR, BOSTON, MA 02110), Phone no. (617-227-6161).