Form	990	

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

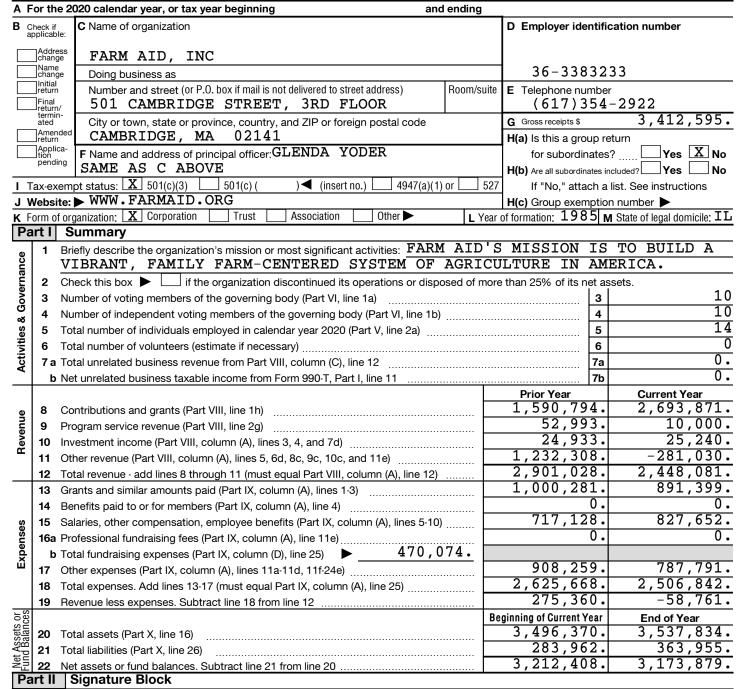
OMB No. 1545-0047

Open to Public

Inspection

• Do not enter social security numbers on this form as it may be made public.

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



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.

o :	Signature of officer		I	ite
Sign Here	GLENDA YODER, ASSOC. I	DIRECTOR & ASSIST.		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	EUGENE BORGONZI		11/15/2	
Preparer	Firm's name 🕒 EDELSTEIN AND CO	OMPANY LLP	Fir	m's EIN 04-2442519
Use Only	Firm's address 160 FEDERAL STRE	EET, 9TH FLOOR		
	BOSTON, MA 02110)	PI	none no.617-227-6161
May the I	RS discuss this return with the preparer shown ab	oove? See instructions		X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.		Form 990 (2020)

		383233	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission:		
	FARM AID'S MISSION IS TO BUILD A VIBRANT, FAMILY FARM-CENTER		
	OF AGRICULTURE IN AMERICA. FARM AID ARTISTS AND BOARD MEMBER		
	NELSON, JOHN MELLENCAMP, NEIL YOUNG AND DAVE MATTHEWS HOST A FESTIVAL TO SUPPORT FARM AID'S WORK WITH FAMILY FARMERS AND		
		IO INSP	IKE
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ? 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	XNo
3	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 measure	d by expense	e
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to		
	revenue, if any, for each program service reported.	nui experiece,	
4a	(Code:) (Expenses \$ 1,333,329. including grants of \$ 802,399.) (Revenue \$	5,	000.
	HELPING FARMERS THRIVE - THROUGH ITS TOLL-FREE NUMBER, 1-800		
	AND ONLINE FARMER RESOURCE NETWORK DIRECTORY, FARM AID REFER		
	CONNECTS FARMERS TO AN EXTENSIVE NETWORK OF ORGANIZATIONS AC		E
	COUNTRY THAT HELP FARMERS FIND THE RESOURCES THEY NEED TO AC	CESS NE	W
	MARKETS, TRANSITION TO MORE SUSTAINABLE AND PROFITABLE FARMI	NG	
	PRACTICES, AND RECEIVE IMMEDIATE SUPPORT SERVICES IN TIMES C	F CRISI	s.
	THE ORGANIZATION MAKES GRANTS TO FARM AND RURAL SERVICE ORGA	NIZATIO	NS
	AND COLLABORATES WITH SERVICE PARTNERS TO HELP BUILD THEIR C	APACITY	FOR
	ADDRESSING FARMER CHALLENGES AND NEEDS. FARM AID GRANTS ALSO) SUPPOR	T
	THE FARM ADVOCATE LINK, A NATIONAL NETWORK OF FARM ADVOCATES	WHO	
	PROVIDE ONE-ON-ONE SERVICES TO FAMILY FARMERS. THE FARM ADVO	CATE LI	NK'S
	MISSION IS TO TRAIN, SUPPORT AND RECRUIT A NEW GENERATION OF	' FARM	
b	(Code:) (Expenses \$ 308,531. including grants of \$ 81,500.) (Revenue \$	5,	000.
	TAKING ACTION TO CHANGE THE SYSTEM (TACS) - FARM AID SEEKS TO) ADVANC	E
	THE POWER AND PARTICIPATION OF FARMERS TO CHANGE THE AMERICA		
	FOOD SYSTEM. FARM AID PROVIDES GRANTS TO LOCAL, REGIONAL AND		
	ORGANIZATIONS TO PROMOTE FAIR FARM POLICIES AND GRASSROOTS C		NG
	CAMPAIGNS DESIGNED TO DEFEND AND BOLSTER FAMILY FARM-CENTERE		
	AGRICULTURE. FARM AID'S ACTION CENTER ENGAGES PEOPLE TO BECC		
	ADVOCATES FOR CHANGE. THE ORGANIZATION HAS WORKED SIDE-BY-SI		
	FARMERS TO PROTEST FACTORY FARMS AND INFORM FARMERS AND EATE		T
	ISSUES LIKE GENETICALLY MODIFIED FOOD, GLOBAL TRADE AND INDU		
	LIVESTOCK PRODUCTION. FARM AID SERVES AS A LEADER AND CONTRI		
	MEMBER OF COLLABORATIVE EFFORTS TO BRING ATTENTION TO THE VA		NTD
	CHALLENGES FACED BY FAMILY FARMERS AND TO ENCOURAGE COLLABOR	ATTON A	
С	(Code:) (Expenses \$ 158,773. including grants of \$ 0.) (Revenue \$ PROMOTING FOOD FROM FAMILY FARMS - FARM AID STAGES AMERICA'S		0.)
	RUNNING ANNUAL MUSIC EVENT WITH A MISSION, WHICH UNITES FARM		· 1
	ARTISTS, MUSIC LOVERS AND EATERS TO CELEBRATE FAMILY FARMERS		
	MOBILIZES PEOPLE TO BUILD A POWERFUL MOVEMENT FOR GOOD FOOD		MTT.V
	FARMS. THE ORGANIZATION'S ANNUAL FESTIVAL FEATURES FAMILY FA		
	THROUGHOUT THE VENUE WITH FARM AID'S HOMEGROWN CONCESSIONS,		
	STRONG RELATIONSHIPS AMONG FARMERS, FOOD COMPANIES, CONCESSI		
	FESTIVALGOERS. THE HOMEGROWN YOUTHMARKET SELLS LOCAL PRODUCE		11110
	FAMILY FARMERS AND IS STAFFED BY LOCAL YOUTH ENGAGED IN AGRI		. IN
	THE HOMEGROWN VILLAGE, DOZENS OF FARM AND FOOD GROUPS ENGAGE		
	FESTIVALGOERS IN HANDS-ON EXPERIENCES ABOUT FARMING, FOOD, S		TER.
	AND RENEWABLE ENERGY. IN ADDITION TO ITS ANNUAL FESTIVAL, FA		
ld	Other program services (Describe on Schedule O.)		
ru	(Expenses \$ 151,490 • including grants of \$ 7,500 •) (Revenue \$	0.)	
e	Total program service expenses $1,952,123.$,	
<u> </u>		Form 0	90 (2020
200	SEE SCHEDULE O FOR CONTINUATION(S)		
	2		
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Form	990	(2020)

FARM AID, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	E		x
e	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 23
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
00-	complete Schedule G, Part III	19		A X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b	ļ	<u> </u>
		200		
21	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</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
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Form 990 (2	2020)	FARM	AID,	INC
Part IV	Checklist	of Required	Schedu	lles (continued)

FARM AID, INC

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			v
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	20		x
22	Schedule N, Part II	32		- 23
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
54		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authoi	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-				v
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization denomination of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplan			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			•		
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?			9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:			an		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	100				
a	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					

Form **990** (2020)

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Yes No

020) FARM AID, INC Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2020)

Part V

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FARM AID, INC

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

X

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

4.	Fisher the sumbar of ratios means an of the server instance to the and of the territory		10	Ye	s No
	Enter the number of voting members of the governing body at the end of the tax year	1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
	Enter the number of voting members included on line 1a, above, who are independent	16	10		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				
				2 X	
	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th				
	of officers, directors, trustees, or key employees to a management company or other person?			3	X
	Did the organization make any significant changes to its governing documents since the prior Form				x
	Did the organization make any signmean changes to its governing documents since the prior romanization. Did the organization become aware during the year of a significant diversion of the organization's as				X
	Did the organization have members or stockholders?				X
	Did the organization have members, stockholders, or other persons who had the power to elect or a		····· ⊢`	·	
	more members of the governing body?		7	a	X
	Are any governance decisions of the organization reserved to (or subject to approval by) members,		····· -	-	
	persons other than the governing body?		7	ь	X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ve		······ -	-	
	The governing body?	, ,	8	a X	
	Each committee with authority to act on behalf of the governing body?				X
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		F	-	
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			,	X
	ion B. Policies (This Section B requests information about policies not required by the Internal F				
		,		Ye	s N
10a	Did the organization have local chapters, branches, or affiliates?		10		Z
	If "Yes," did the organization have written policies and procedures governing the activities of such o				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	b	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			37	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	a X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				_
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this was done		1:	2c X	
	Did the organization have a written whistleblower policy?			3 X	
	Did the organization have a written document retention and destruction policy?			4 X	
	Did the process for determining compensation of the following persons include a review and approv			-	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official			ia	X
	Other officers or key employees of the organization				X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	••••••			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16	ba 🛛	X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16	ib l	
	ion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a		01(c)(3)s (nlv) av	ailabl
	for public inspection. Indicate how you made these available. Check all that apply.		01(0)(0)3 0	(iny) av	anabr
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	,	licy and f	nancial	
	statements available to the public during the tax year.	onnior or interest pt	noy, and n	anoidi	
	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records	•		
	GLENDA YODER - (617)354-2922				
	501 CAMBRIDGE STREET 3RD FLOOR, CAMBRIDGE, MA 021	41			
				~~	∧ · ∧ - ·
	12-23-20 6		F	orm 99	0 (202

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

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

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

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

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more erson	1 than is bot pr/trus	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GLENDA YODER	35.00	4						00.045	0	10 500
ASSISTANT TREASURER				X				99,345.	0.	10,589.
(2) CAROLYN MUGAR	20.00	4		37				E0 400		0
EXE. DIRECTOR & VICE PRESI	1 0 0			X				59,499.	0.	0.
(3) WILLIE NELSON	1.00			v				0	0	0
CHAIRMAN/DIRECTOR	1 00	X		X				0.	0.	0.
(4) PAUL ENGLISH	1.00	x						0.	0.	0.
DIRECTOR (UNTIL 2/2020)	1.00							0.	0.	0.
(5) LANA NELSON SECRETARY/DIRECTOR	1.00	x		x				0.	0.	0.
(6) DAVID ANDERSON	1.00	^		^				0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(7) RICHARD FIELDS	1.00							0.	•	0.
DIRECTOR	1.00	x						0.	0.	0.
(8) JOEL KATZ	1.00								Ŭ.	
DIRECTOR	1000	x						0.	0.	0.
(9) DAVID MATTHEWS	1.00							•••		
DIRECTOR		x						0.	0.	0.
(10) JOHN MELLENCAMP	1.00							•		
DIRECTOR		x						0.	0.	0.
(11) MARK ROTHBAUM	1.00									
DIRECTOR		x						0.	0.	0.
(12) EVELYN SHRIVER	1.00									
TREASURER/DIRECTOR		X		X				0.	0.	0.
(13) NEIL YOUNG	1.00									
DIRECTOR		X						0.	0.	0.
				-						
032007 12-23-20	1	I						1		Form 990 (2020)

	990 (2020) FARM AID	-								36-3	383	233	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than o is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	on d	an	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MK		fr org and	pensa om the anizati d relate anizatio	e ion ed
									150.044					
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							158,844. 0. 158,844.		0. 0. 0.		0,5	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wh	no r	eceived more than \$100	,000 of reportab	le			0
	· · · ·												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>			•					gnest compensated emp	•		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150			-					-	the organization		4		x
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv		;			x
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Schedui	eJT	or si	ucn	pers	son .					5		л
1	Complete this table for your five highest contract the organization. Report compensation for the organization for the organization of the organiza										npensa	ation f	rom	
WT	(A) Name and business	address							(B) Description of s		С	(C omper		n
FLO	ROR IMAGE, INC., 290 H OOR, PAWTUCKET, RI 0286 LUCK BANQUET LLC		<u> </u>	5 T. ,	, 4	2101	J		MERCH AND FULFILLMENT	/ STORAG		19	6,4	41.
11(0 BEE CREEK RD, SPICEW	100D, T2	ζ 7	786	569	9			PRODUCTION S	ERVICES		12	0,0	44.
2	Total number of independent contractors (i	•	ot lii	mite	d to		se lis 2	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz						-					Form	990 (;	2020)

032008 12-23-20

							e in this Part VIII (A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue		Revenue exclude from tax under sections 512 - 5
	1 a	Federated campaigns		1	а	105,077.				
3	b	Membership dues		1	b					
	с	Fundraising events		1	с	1,238,500.				
8	d	d Related organizations		1	d					
	е	e Government grants (cor	ntribut	ions) 1	е					
5	f	All other contributions, gift	s, gran	ts, and						
Į		similar amounts not includ	ed abo	ve 1	f	1,350,294.				
	g	Noncash contributions included	d in lines	1a-1f 1	g \$	61,670.				
0	h	n Total. Add lines 1a-1f				►	2,693,871.			
						Business Code				
	2 a	ADVISORY WORK FOR	USDA	CFAP		110000	10,000.	10,000.		
<u>p</u>	b	D								
	С	÷								
	d	t								
	е	e				ļ ļ				
	f	All other program servic								
_	g	Total. Add lines 2a-2f					10,000.			
	3	Investment income (incl	-							
		other similar amounts)					18,628.			18,6
	4	Income from investmen		•		· · · ·				
	5	Royalties					34.			
				(i) F	Real	(ii) Personal				
	6 a	a Gross rents	. 6a							
	b	Less: rental expenses	. 6b							
	С	Rental income or (loss)	6c							
	d	ι,								
	7 a	Gross amount from sales of	of		urities	(ii) Other				
		assets other than inventory	/ 7a	1	7,285	·				
	b	• Less: cost or other basis								
		and sales expenses			0,673					
		Gain or (loss)			6,612	-				
		Net gain or (loss)				🕨	6,612.			6,63
	8 a	a Gross income from fundra								
		including \$1								
		contributions reported of								
		Part IV, line 18								
		Less: direct expenses				950,135.				
		Net income or (loss) from				🕨	-403,461.			-403,40
	9 a	Gross income from gam								
		Part IV, line 19								
		Less: direct expenses								
		Net income or (loss) from			rities	▶				
	iu a	a Gross sales of inventory				16 047				
		and allowances								
		Less: cost of goods sol				3 ,706.	12 1/1			13 1
+	С	Net income or (loss) from	m sale	es of inve	ntory		13,141.			13,14
		I TOPNOTNO PPPO				Business Code	100.050	100.050		
		LICENSING FEES				110000	109,256.	109,256.		
Devella	b									
	c					├ ──── ├				
		All other revenue				L	100 051			
		Total. Add lines 11a-11				····· •	109,256.		-	
	12	Total revenue. See instruc	tions			🕨	2,448,081.	119,256.	0.	-365,04

12041115 700333 23425

Form 990 (2020) FARM AI Part VIII Statement of Revenue FARM AID, INC FARM AID, INC

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	(1) ((=)	(C)	<u>X</u>
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations nd domestic governments. See Part IV, line 21	851,399.	851,399.		
	Grants and other assistance to domestic ndividuals. See Part IV, line 22	40,000.	40,000.		
o	Grants and other assistance to foreign rganizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16				
4 B	Benefits paid to or for members				
	Compensation of current officers, directors, rustees, and key employees	123,518.	87,674.	6,415.	29,429.
6 C p	ompensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)				
7 C	Other salaries and wages	546,598.	387,978.	28,387.	130,233.
	ension plan accruals and contributions (include				_
S	ection 401(k) and 403(b) employer contributions)	16,969.	12,045.	881.	<u>4</u> ,043. 20,894.
9 C	Other employee benefits	87,693.	62,245.	4,554.	20,894
10 P	Payroll taxes	52,874.	37,530.	2,746.	12,598.
11 F	ees for services (nonemployees):				
a N	lanagement				
bL	egal	252.		252.	
сA	ccounting	91,326.	50,250.	22,427.	18,649
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees	5,550.		5,550.	
-	Other. (If line 11g amount exceeds 10% of line 25, olumn (A) amount, list line 11g expenses on Sch 0.)	285,871.	236,294.	1,077.	48,500
	dvertising and promotion				•
	Office expenses	24,555.	209.	9.	24,337
	nformation technology	45,050.	19,810.	1,342.	23,898
	Royalties	-	-		
	Decupancy	142,366.	101,070.	8,243.	33,053.
	ravel	8,382.	6,203.	845.	1,334.
18 P	Payments of travel or entertainment expenses or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	12,866.	1,900.	139.	10,827.
	nsurance	21,640.	10,146.	381.	11,113.
a li a	ther expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)		5 405		
_	SUPPLIES & EQUIPMENT	70,010.	5,496.	352.	64,162.
	OTHER BUSINESS EXPENSES	31,333.	27,846.	570.	2,917.
-	PRINTING AND REPRODUCTI	23,350.	918.	463.	21,969
	SUBSCRIPTIONS & DUES	15,411.	13,110.	12.	2,289.
	Il other expenses	9,829.	1 050 100		9,829
	otal functional expenses. Add lines 1 through 24e	2,506,842.	1,952,123.	84,645.	470,074
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined ducational campaign and fundraising solicitation.				
	heck here inf following SOP 98-2 (ASC 958-720)				
022010 1	12-23-20		1		Form 990 (2020

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Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Assets 7 16,333. 16,012. 8 8 Inventories for sale or use 60,283. 66,627. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 63,867. basis. Complete Part VI of Schedule D _____ 10a 11,827. 52,040. 5,323. b Less: accumulated depreciation 10b 10c 432,142. 450,879. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 34,959. 50,367. 14 14 Intangible assets 7,500. Other assets. See Part IV, line 11 7,500. 15 15 3,496,370. 3,537,834. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 259,070. <u>159,085</u>. 17 Accounts payable and accrued expenses 17 20,724. 22,503. 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 175,450. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 4,168. 6,917. 25 of Schedule D 283,962. 363,955. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,468,471. 2,552,321. Net assets without donor restrictions 27 27 743,937. 621,558. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 3,212,408. 3,173,879. Total net assets or fund balances 32 32 3,496,370. 3,537,834. 33 33 Total liabilities and net assets/fund balances Form **990** (2020)

FARM AID, INC

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Form 990 (2020)

1

2

3

4

Part X Balance Sheet

(B)

End of year

2,184,206.

664,595.

59,750.

32,415.

(A)

Beginning of year

1,487,923.

663,867.

742,843.

38,853.

1

2

3

4

-	990 (2020) FARM AID, INC	36-33	383233	Pa	ge 12		
Par	t 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	2,448				
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5	20),2	32.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	3,173	3,8	79.		
Par	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L		

Form **990** (2020)

032012 12-23-20

SCHEDULE A	
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ)
(· • · · · ·		•••		/

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	2020
	Open to Public Inspection
r	identification number

OMB No. 1545-0047

Nam	ame of the organization Employer identification number								
			AID, INC						6-3383233
Pa	τI	Reason for Public (Charity Status.	All organizations must c	omplete ti	nis part.) S	ee instructior	าร.	
The c	organ	ization is not a private found		•	•				
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							
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 gov		nental unit described in	section 17	70(b)(1)(A)	(v)		
	Х	An organization that norma						he general	nublic described in
•		section 170(b)(1)(A)(vi). (C			ionia gov	ommonitai		ano gonora	
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	inction with a	land-grant	college
		or university or a non-land-g							
		university:		. , ,					
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen							
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusion	ively to test for public sa	afety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusion	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that				-		-	
а		Type I. A supporting orga			•				
		the supported organization			a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
-		organization(s). You mus			in connoc	tion with	and functions	lly intograt	ad with
С		J Type III functionally inte its supported organization						iny integration	ea with,
d		Type III non-functionally		· ·			-	rtod organi	(zation(c)
u	L	that is not functionally int	• •					•	
		requirement (see instruct			-		-	u an attent	Weness
е		Check this box if the orga						II Type III	
		functionally integrated, or					, po ., . , po	, i, i j po iii	
f	Ente	er the number of supported of		, , ,	0 0				
g		vide the following informatior							- I
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 FARM AID, INC

36-3383233 Page 2

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not	f) Total ,618,717.
membership fees received. (Do not include any "unusual grants.")1,369,354.1,327,995.1,636,703.1,590,794.2,693,871.82Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf11 <td></td>	
include any "unusual grants.") 1,369,354. 1,327,995. 1,636,703. 1,590,794. 2,693,871. 8 2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities	
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	
ization's benefit and either paid to or expended on its behalf	,618,717.
or expended on its behalf	,618,717.
3 The value of services or facilities	,618,717.
	,618,717.
furnished by a governmental unit to	,618,717.
	,618,717.
the organization without charge	,618,717.
4 Total. Add lines 1 through 3 1,369,354. 1,327,995. 1,636,703. 1,590,794. 2,693,871. 8	
5 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) 14	5,446.
6 Public support. Subtract line 5 from line 4. 8	,473,271.
Section B. Total Support	
Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f	f) Total
7 Amounts from line 4 1,369,354. 1,327,995. 1,636,703. 1,590,794. 2,693,871. 8	,618,717.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 21,450. 16,526. 16,414. 12,856. 18,662. 8	5,908.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10 8	,704,625.
12 Gross receipts from related activities, etc. (see instructions) 12 12,45	4,447.
13 First 5 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	
	.34 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 15 94	.99 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	> X
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this bo>	
and stop here. The organization qualifies as a publicly supported organization	►
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or mo	re,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% of	or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶Ц
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 FARM AID, INC

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

36-3383233 Page 3

(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support					-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third	, fourth, or fifth tax	vear as a section	501(c)(3) orga	inization,
check this box and stop here	-			-		
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2020 (I	ine 8, column (f), c	divided by line 13	, column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	stment Incom	e Percentage	9			
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the						line 17 is not
more than 33 1/3%, check this box a						▶∟
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 1	9a, or 19b, check t			
032023 01-25-21			15	Sch	edule A (Fori	m 990 or 990-EZ) 2020

^{2020.05000} FARM AID, INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| 10b | Schedule A (Form 990 or 990-EZ) 2020 Part IV Supporting Organizations (continued)

2

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section	C. 1	ype	II Suppo	orting C	Organizat	lions

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

Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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17 2020.05000 FARM AID, INC Schedule A (Form 990 or 990-EZ) 2020

Yes No

2a

2b

За

3b

Schedule A (Form 990 c	or 990-EZ) 2020	FARM	AID,	INC
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 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.

Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting org	janization (s

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Par	t v Type III Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
7	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
8	and 4c. Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
•					

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

32028 01-25-21	20	Schedule A (Form 990 or 990-EZ)
41115 700333 23425	20 2020.05000 FARM AID, INC	23425_

SCHEDULE C P		Po	Political Campaign and Lobbying Activities				OMB No. 1545-0047
(Fo	rm 990 or 990-EZ)		anizations Exempt From Incom	-	-		2020
			if the organization is described				
	tment of the Treasury al Revenue Service		to www.irs.gov/Form990 for			390-LZ.	Open to Public Inspection
If the	e organization ans	wered "Yes," or	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, lir	ne 46 (Political Cam	paign A	ctivities), then
		•	plete Parts I-A and B. Do not co	•			
	.,		01(c)(3)) organizations: Complete	Parts I-A and C below.	. Do not complete Pa	art I-B.	
	Section 527 organiz	•	•				
	-		Form 990, Part IV, line 4, or Fo				
		-	have filed Form 5768 (election ur		-		
		-	have NOT filed Form 5768 (election				
	-		n Form 990, Part IV, line 5 (Prox	y Tax) (See separate i	instructions) or Fori	m 990-E	Z, Part V, line 35c (Proxy
	(See separate inst		tione: Complete Part III				
	e of organization	, or (0) organizat	tions: Complete Part III.			Employ	er identification number
•						36-3383233	
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organiz							
I U							
-	Provido a doscripti	on of the organiz	ation's direct and indirect politic	al campaign activities i	n Port IV		
			ures			▶\$	
			gn activities			··· * _	
U		political campai					
Pa	rt I-B Comple	ete if the org	anization is exempt und	er section 501(c)((3).		
1			incurred by the organization und			▶\$	
			incurred by organization manage				
			n 4955 tax, did it file Form 4720				Yes No
4a	Was a correction m	ade?		-			Yes No
b	If "Yes," describe in	n Part IV.					
Pa	rt I-C Comple	ete if the org	anization is exempt und	er section 501(c),	except section	501(c)	(3).
1	Enter the amount d	irectly expended	d by the filing organization for see	ction 527 exempt funct	tion activities	🏲 💲	
2	Enter the amount o	f the filing organ	ization's funds contributed to ot	ner organizations for se	ection 527		
						▶\$_	
	•	•	. Add lines 1 and 2. Enter here a				
						► \$ _	
			1120-POL for this year?				Yes No
			nployer identification number (Ell		-		
		-	tion listed, enter the amount paid omptly and directly delivered to a				
		•	additional space is needed, prov			separate	segregated fund of a
	•	. ,	. ,.		(d) Amount paid	from	(a) Amount of political
	(a) Name	;	(b) Address	(c) EIN	filing organizatio		(e) Amount of political contributions received and
					funds. If none, ent		promptly and directly
							delivered to a separate political organization.
							If none, enter -0
					1		

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

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (F	Form 990 or 990-EZ) 2020	FARM	AID,	INC
Dort II_A	Complete if the or	aonizot	ion is o	vomn

Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under			
expenses, and share of exce	gs to an affiliated group (and list in Part IV each affiliated ss lobbying expenditures).	group member's nam	e, address, EIN,			
B Check ▶ ☐ if the filing organization check	ked box A and "limited control" provisions apply.					
Limits on Lob (The term "expenditures" n	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to influence put	blic opinion (grassroots lobbying)	12,954.				
b Total lobbying expenditures to influence a le	gislative body (direct lobbying)	433.				
	d 1b)	13,387.				
d Other exempt purpose expenditures		2,487,905.				
	es 1c and 1d)	2,501,292. 275,065.				
	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.					
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.					
g Grassroots nontaxable amount (enter 25% of	of line 1f)	68,766.				
h Subtract line 1g from line 1a. If zero or less,	enter -0-	0.				
i Subtract line 1f from line 1c. If zero or less, e	enter -0-	0.				
j If there is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form 4720	_				
reporting section 4911 tax for this year?	reporting section 4911 tax for this year?					
	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.						
	e the separate instructions for lines 2a through 2f.)					
Lob	bying Expenditures During 4-Year Averaging Period					

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a Lobbying nontaxable amount	263,476.	256,624.	281,014.	275,065.	1,076,179.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,614,269.		
c Total lobbying expenditures	5,100.	8,250.	6,582.	13,387.	33,319.		
d Grassroots nontaxable amount	65,869.	64,156.	70,254.	68,766.	269,045.		
e Grassroots ceiling amount (150% of line 2d, column (e))					403,568.		
f Grassroots lobbying expenditures	5,100.	7,898.	6,071.	12,954.	32,023.		

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

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

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ie 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)	<u></u>	5		
	t IV Supplemental Information				
Prov	de 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 a	and 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

032043 12-02-20

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 99	0)
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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 for instructions and the latest information.



Nam	of the organization FARM AID, INC			r identification number 36-3383233
Pa		ed Funds or Other Similar Fund		
Fa			S OF ACCOUNTS	Complete if the
	organization answered "Yes" on Form 990, Part IV,	(a) Donor advised funds	(b) Funds ar	nd other accounts
4	Total number at and of year			
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		and funda	
5	Did the organization inform all donors and donor advisors i	-		Yes No
6	are the organization's property, subject to the organization			
0	Did the organization inform all grantees, donors, and donor for charitable purposes and not for the benefit of the dono			
			0	Yes No
Pa		prognization answered "Yes" on Form 990		
1	Purpose(s) of conservation easements held by the organiz	•		
•	Preservation of land for public use (for example, recr		a historically impo	ortant land area
	Protection of natural habitat		a certified historic	
	Preservation of open space		a certified historie	Sildolare
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form	of a conservation	easement on the last
-	day of the tax year.			at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic s			
d	Number of conservation easements included in (c) acquire			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred,		e organization duri	ng the tax
	year ►		0	0
4	Number of states where property subject to conservation	easement is located		
5	Does the organization have a written policy regarding the p			
	violations, and enforcement of the conservation easement	s it holds?		🖸 Yes 👘 No
6	Staff and volunteer hours devoted to monitoring, inspectin	g, handling of violations, and enforcing co	servation easemer	nts during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conserv	ation easements du	uring the year
	\$			
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 17	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Ves No
9	In Part XIII, describe how the organization reports conservation	ation easements in its revenue and expens	e statement and	
	balance sheet, and include, if applicable, the text of the for	otnote to the organization's financial state	ents that describe	es the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections		other Similar A	ISSETS.
	Complete if the organization answered "Yes" on Fo			
1a	If the organization elected, as permitted under FASB ASC			
	of art, historical treasures, or other similar assets held for p		•	IC
	service, provide in Part XIII the text of the footnote to its fir			
d	If the organization elected, as permitted under FASB ASC			
	art, historical treasures, or other similar assets held for pub	nic exhibition, education, or research in ful	nerance of public s	service,
	provide the following amounts relating to these items:		► ¢	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
0		reasures or other similar aports for finance		
2	If the organization received or held works of art, historical t		a gam, provide	
-	the following amounts required to be reported under FASE	-	•	
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction			edule D (Form 990) 2020
	12-01-20		Sche	.aaie D (i°0i iii 330) 2020

12041115 700333 23425

28 2020.05000 FARM AID, INC

Sche	dule D (Form 990) 2020 FARM AI	D, INC				36-33	8323	3 Ра	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Otl	ner Simil	ar Asse	ts(contii	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	e significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	how they further t	he organization's e>	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	sures, or other simi	lar assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?		L	Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatic	n answered "Yes" o	on Form 990	0, Part IV,	line 9, oi	r	
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributior	ns or other assets n	ot included				
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
			-				Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has been	provided on Part X					
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	orm 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	/ears back	(e) Four	r years	back
1a	Beginning of year balance	400,590.	367,530.	445,641	. 4	135,714.		436,	144.
	Contributions								
	Net investment earnings, gains, and losses	44,230.	60,046.	-8,123		36,706.		26,	564.
	Grants or scholarships	22,503.	21,607.	20,789		21,439.		20,	694.
е	Other expenditures for facilities								
	and programs			43,821					
f	Administrative expenses	5,550.	5,379.	5,378		5,340.		6,	300.
	End of year balance	416,767.	400,590.	367,530	. 4	45,641.		435,	714.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:	-				
а	Board designated or quasi-endowment	.0000	%	,,					
	Permanent endowment .0000	%	_						
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	•	tion that are held a	nd administered for	r the organi	zation			
	by:	Ŭ			U			Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the						·		
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot	1	1	Accumulate	ed	(d) Boo	k value	e
		basis (investm		.,	epreciation		(,		
1a	Land		· ·						
	Buildings								
	Leasehold improvements								
	Equipment		6	3,867.	52,0	40.	1	1,8	27.
	Other			,	,•			, ,	
	Add lines 1a through 1e. (Column (d) must e		X. column (R) line 1	(0c.)			1	1,8	27.
		,	,(<u>_</u>),	,		Schedule		-	
								1	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, 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-c	of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	an Farm 000 Dart IV/ line	11d Cas Faura 000 David V line 15	
Complete if the organization answered "Yes"	Description	- 11d. See Form 990, Part X, line 15.	(b) Book value
			(b) Book value
<u>(1)</u>			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT LIABILITY			6,917.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		6,917.
	,		•

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

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020

032053 12-01-20

Sch	edule D (Form 990) 2020 FARM AID, INC				3383233 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per R	eturr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,468,863.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	20,232.		
b	Donated services and use of facilities	2b	6,100.		
С					
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	26,332.
3	Subtract line 2e from line 1			3	2,442,531.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	5,550.		
с	Add lines 4a and 4b			4c	5,550.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,448,081.
_				-	
Ра	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Retu	
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With	Expenses per	Retu	rn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State	ments With 2a.	Expenses per	Retu	
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With 2a.	i Expenses per		rn.
1	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With	Expenses per		rn.
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ments With 2a. 2a	i Expenses per		rn.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a 2b	i Expenses per		rn.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b 2c	i Expenses per		rn. 2,507,392.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	Expenses per		rn. 2,507,392. 6,100.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2b 2c 2d	Expenses per	1	rn. 2,507,392.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	Expenses per	1 2e	rn. 2,507,392. 6,100.
1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d	6,100.	1 2e	rn. 2,507,392. 6,100.
1 2 b c d 3 4	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d 2d	Expenses per	1 2e	rn. 2,507,392. 6,100. 2,501,292.
1 2 b c d 3 4	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2d 2d	5,550.	1 2e	rn. 2,507,392. 6,100. 2,501,292. 5,550.
1 2 d 6 3 4 b 5	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2b 2c 2d 2d 2d 4a 4b	6,100. 5,550.	1 2e 3	rn. 2,507,392. 6,100. 2,501,292.

FARM AID, INC

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 \$416,767 IS RESTRICTED TO THE YOUNKERS-FARM AID

SCHOLARSHIP PROGRAM.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES

032054 12-01-20

12041115 700333 23425

Schedule D (Form 990) 2020

36-3383233 Page 4

5,550.

5,550.

Supplemental information (continued)		
		Schedule D (Form 990) 2020
032055 12-01-20	32	

SCHEDULE G	Suppleme	ntal Information	Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Z) 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.							or if the	2020
Department of the Treasury	Attach to Form 990 or Form 990-EZ.								Open to Public
Internal Revenue Service		to www.irs.gov/For	m990 for instru	uction	s and	the latest informat	ion.		Inspection
Name of the organizatio	n FARM AI	D, INC						Employer ide 36-3383	ntification number 233
	sing Activities complete this par	Complete if the orga	nization answe	red "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
 Indicate whether th a Mail solicita b Internet and c Phone solic d In-person so 2 a Did the organization key employees list 	ne organization rais tions I email solicitations itations Dicitations on have a written o ted in Form 990, P D highest paid indiv	sed funds through any s or oral agreement with art VII) or entity in cor viduals or entities (fun	e Solicitat f Solicitat g Special any individual nection with p	ion of ion of fundra (incluo rofess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activi	ty	(iii) fundr have ci or con contribi	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
3 List all states in wh		on is registered or lice			b utions	s or has been notified	d it is	exempt from re	egistration
or licensing.									
LHA For Paperwork R	eduction Act Not	ice, see the Instructi	ons for Form §	990 or	990-	EZ. 5	Sche	dule G (Form 9	90 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 FARM AID, INC

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

			(a) Event #1 VIRTUAL EVENT 9.26	(b) Event #2 VIRTUAL EVENT 4.11	(c) Other events NONE	(d) Total events (add col. (a) through
p			(event type)	(event type)	(total number)	- col. (c))
	1	Gross receipts	1,276,774.	508,400.		1,785,174
	2	Less: Contributions	736,768.	501,732.		1,238,500
	3	Gross income (line 1 minus line 2)	540,006.	6,668.		546,674
	4	Cash prizes				
,	5	Noncash prizes	60,853.			60,853
חוובתו דאהבווזבז	6	Rent/facility costs				
	7	Food and beverages				
د	8	Entertainment		C2 025		000 000
	9	Other direct expenses		63,025.		889,282
- I	10	Direct expense summary. Add lines 4 through			►	950,135
_	11 rt I	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization		000 D I N/ F 40		-403,461
		\$15,000 on Form 990-EZ, line 6a.	(a) Diago	(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
-	1	Gross revenue				
3	2	Cash prizes				
	2 3	Cash prizes				
הייייי באריוספי		Noncash prizes				
	3 4	Noncash prizes	└── Yes% └── No	└── Yes % └── No	└── Yes % └── No	
	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	No No		No	
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	<u> </u>	No ►	
	3 4 5 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	h 5 in column (d)	<u> </u>	No ►	
	3 4 5 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No No from line 1, column (d)	No	No ►	
	3 4 5 6 7 8 Ent	Noncash prizes	No h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No	No ►	
	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No	No ►	
	3 4 5 6 7 8 Ent	Noncash prizes	No h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No	No ►	
	3 4 5 6 7 8 Ent Is t If "	Noncash prizes	No h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these evoked, suspended, or t	erminated during the tax	No	Yes No
ab	3 4 5 6 7 8 Ent Is t If "	Noncash prizes	No h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these evoked, suspended, or t	erminated during the tax	No	

<u>Sc</u> h	edule G (Form 990 or 990-EZ) 2020 FARM AID, INC	36-3	383233	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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	
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
			13b	<u>%</u>
	An outside facility		130	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	as:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ves	L No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	ount		
	of gaming revenue retained by the third party ► \$			
c	If "Yes," enter name and address of the third party:			
Ŭ				
	Namo			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
47				
	Mandatory distributions:			
а	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 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Par	t III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
03204	33 11-25-20 Schedule	G (Form	990 or 990)-EZ) 2020
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			Schedule G (Form 990 or 990-EZ)
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service										
Name of the organization										
FARM AID, INC 36-3383233										
Part I General Information on Grants and Assistance										
 Does the organization maintain records a criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?									
Part II Grants and Other Assistance to		¥¥¥			anization answered "	(es" on Form 990 Par	t IV line 21 for any			
recipient that received more than s	. –									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
ARKANSAS LAND AND FARM DEVELOPMENT CORPORATION - P.O. BOX 743 - BRINKLEY, AR 72021	71-0542195	501(C)(3)	9,350.	0.	N/A	N/A	HELPING FARMERS THRIVE			
CALIFORNIA CERTIFIED ORGANIC FARMERS – 2155 DELAWARE AVE., SUITE 150 – SANTA CRUZ, CA 95060	77-0070930	501(C)(3)	13,750.	0.	N/A	N/A	HELPING FARMERS THRIVE			
COMMUNITY ALLIANCE WITH FAMILY FARMERS - 7275 BROWNS VALLEY ROAD - VACAVILLE, CA 95688	94-2914745	501(C)(3)	32,500.	0.	N/A	N/A	HELPING FARMERS THRIVE; TAKING ACTION TO CHANGE SYSTEMS			
COMMUNITY FARM ALLIANCE P.O. BOX 130 BEREA, KY 40403	61-1092056	501(C)(3)	29,700.	0.	N/A	N/A	HELPING FARMERS THRIVE			
DAKOTA RURAL ACTION P.O. BOX 549 BROOKINGS, SD 57006	46-0398656	501(C)(3)	18,700.	0.	N/A	N/A	HELPING FARMERS THRIVE			
FARMERS VETERAN COALITION P.O. BOX 660675 DALLAS, TX 75266	46-2362098		7,500.	0.	N/A	N/A	TAKING ACTION TO CHANGE SYSTEMS			
2 Enter total number of section 501(c)(3) a	•	•	e line 1 table				37.			
3 Enter total number of other organization				<u></u>			0.			
LHA For Paperwork Reduction Act Notice	, see the instruc	tions for Form 990.					Schedule I (Form 990) 2020			

FARM AID, INC

Schedule I (Form 990) FARM AID,							6-3383233 Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	is and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.) T	
(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
FARMERS LEGAL ACTION GROUP							
6 WEST 5TH STREET, SUITE 650							
ST. PAUL, MN 55102	36-3431212	501(C)(3)	20,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
FEDERATION OF SOUTHERN							
COOPERATIVES - 2769 CHURCH STREET							
- EAST POINT, GA 30344	58-1026695	501(C)(3)	59,250.	0.	N/A	N/A	HELPING FARMERS THRIVE
EDIENDO OF FAMILY FARMEDO							
FRIENDS OF FAMILY FARMERS							
249 LIBERTY STREET NE, SUITE 212 SALEM, OR 97301	30-0390131	501(C)(3)	30,800.	0	N/A	N/A	HELPING FARMERS THRIVE
SALEM, OR 97301	30-0390131	501(C)(3)	30,800.	0.	,n/A	N/A	HELPING FARMERS INKIVE
HAWAII FARMERS UNION FOUNDATION							
P.O. BOX 1532							
KAPAA, HI 96746	47-5653259	501(C)(3)	9,350.	0.	N/A	N/A	HELPING FARMERS THRIVE
ILLINOIS STEWARDSHIP ALLIANCE							
230 S. BROADWAY ST, SUITE 200							
SPRINGFIELD, IL 62701	37-6160476	501(C)(3)	44,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
INTERTRIBAL AGRICULTURE COUNCIL							
INC 100 27TH STREET N.M SUITE							
500 - BILLINGS, MT 59101	36-3886772	501(C)(3)	85,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
TOWN GENERALIZE DOD GONDAINTEN							
IOWA CITIZENS FOR COMMUNITY							TAKING AGETON DO GUANGE
IMPROVEMENT - 2001 FOREST AVENUE -	40 1110701	F01(G)(2)	7 500				TAKING ACTION TO CHANGE
DES MOINES, IA 50311	42-1110721	501(C)(3)	7,500.	0.	N/A	N/A	SYSTEMS
IOWA FARMERS UNION EDUCATION							
FOUNDATION - P.O. BOX 1883 - AMES,							
IA 50010	42-1475262	501(C)(3)	38,350.	0.	N/A	N/A	HELPING FARMERS THRIVE
KANSAS FARMERS UNION FOUNDATION							
115 E MARLIN, SUITE 108, BOX 1064							
MCPHERSON, KS 67460	48-1183833	501(C)(3)	18,700.	0.	N/A	N/A	HELPING FARMERS THRIVE

Schedule I (Form 990)

Schedule I (Form 990) FARM AID, INC

36-3383233 Page 1

Part II Continuation of Grants and Other		mestic Organization	s and Domostic C	overnmente (Sah	edule I (Form 000) Dr		00-5505255 Page
(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
LAND LOSS PREVENTION PROJECT P.O. BOX 179 DURHAM, NC 27702	56-1348982	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
LAND STEWARDSHIP PROJECT 821 EAST 35TH STREET, SUITE 200 MINNEAPOLIS, MN 55407	41-1466054	501(C)(3)	16,850.	0.	N/A	N/A	HELPING FARMERS THRIVE; TAKING ACTION TO CHANGE SYSTEMS
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 SYSTEMS
NATIONAL FAMILY FARM COALITION 222 MAIN STREET GLOUCESTER, MA 01930	38-2652620	501(C)(3)	10,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE SYSTEMS
NATIONAL YOUNG FARMERS COALITION P.O. BOX 1074 HUDSON, NY 12534	47-2072946	501(C)(3)	7,500.	0.	N/A	N/A	TAKING ACTION TO CHANGE SYSTEMS
NEBRASKA FARMERS UNION 1305 PLUM STREET LINCOLN, NE 68502	47-0711632	501(C)(3)	9,350.	0.	N/A	N/A	HELPING FARMERS THRIVE
TIDES CENTER P.O. BOX 399385 SAN FRANCISCO, CA 94139	94-3213100	501(C)(3)	7,500.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT (NORTHEAST SUSTAINABLE AGRICULTURE WORKING GROUP (NESAWG))
OKLAHOMA FARMERS UNION FOUNDATION P.O. BOX 24000 OKLAHOMA CITY, OK 73124	73-1393355	501(C)(3)	9,900.	0.	N/A	N/A	HELPING FARMERS THRIVE
PASA P.O. BOX 11805 HARRISBURG, PA 17108	25-1685497	501(C)(3)	122,500.	0.	N/A	N/A	HELPING FARMERS THRIVE

Schedule I (Form 990)

Schedule I (Form 990) FARM AID, INC

36-3383233 Page 1

Schedule I (Form 990) FARM ALD,							00-3303233 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	urt 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
ROCKY MOUNTAIN FARMERS UNION FOUNDATION - 7900 E. UNION AVENUE, SUITE 200 - DENVER, CO 80237	74-2636848	501(C)(3)	69,300.	0	N/A	N/A	HELPING FARMERS THRIVE
, RURAL ADVANCEMENT FOUNDATION P.O. BOX 640 PITTSBORO, NC 27312		501(C)(3)	35,000.		N/A	N/A	HELPING FARMERS THRIVE
, RURAL COALITION 1029 VERMONT AVENUE NW, SUITE 601 WASHINGTON, DC 20005	52-1203899	501(C)(3)	10,000.		N/A	N/A	HELPING FARMERS THRIVE
SOUTHWEST GEORGIA PROJECT 1216 DAWSON ROAD, SUITE 108 ALBANY, GA 31707	58-1172475	501(C)(3)	7,500.	0.	N/A	N/A	HELPING FARMERS THRIVE
FOUNDATION FOR PUERTO RICO P.O. BOX 364029 SAN JUAN, PUERTO RICO 00936	66-0776227	501(C)(3)	11,500.	0.	N/A	N/A	HELPING FARMERS THRIVE (VISIT RICO)
WISCONSIN FARMERS UNION FOUNDATION 117 W. SPRING STREET CHIPPEWA FALLS, WI 54729	39-1854577	501(C)(3)	7,500.	0.	N/A	N/A	TAKING ACTION TO CHANGE SYSTEMS
WORC EDUCATION PROJECT 220 S. 27TH STREET BILLINGS, MT 59101	84-1123481	501(C)(3)	10,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE SYSTEMS
DREAMING OUT LOUD 80 M STREET SE WASHINGTON, DC 20003	26-1286043	501(C)(3)	6,500.	0.	N/A	N/A	HELPING FARMERS THRIVE
JUST FOOD 100 CROSBY STREET, SUITE 303 NEW YORK, NY 10012	06-1555759	501(C)(3)	6,500.	0.	N/A	N/A	HELPING FARMERS THRIVE

Schedule I (Form 990)

Schedule I (Form 990) FARM AID, INC Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

36-3383233 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLEIADES NETWORK, INC.							
L97 COUNTY ROUTE 10							
GERMANTOWN, NY 12534	26-4586944	501(C)(3)	6,500.	0.	N/A	N/A	HELPING FARMERS THRIVE
SOUL FIRE FARM INSTITUTE, NC.							
L972 HY HIGHWAY 2							
PETERSBURG, NY 12138	47-2549969	501(C)(3)	6,500.	0.	N/A	N/A	HELPING FARMERS THRIVE
•			,				
THE BLACK URBAN GARDENERS AND							
FARMERS OF PITTSBURGH - 1922 FIFTH							
AVENUE – PITTSBORGH, PA 15219	81-3027113	501(C)(3)	6,500.	0.	N/A	N/A	HELPING FARMERS THRIVE
JRBAN TREE CONNECTION							
1445 N. 52ND STREET							
PHILADELPHIA, PA 19131	23-2889697	501(C)(3)	6,500.	0.	N/A	N/A	HELPING FARMERS THRIVE
FIDES CENTER							
P.O. BOX 399385							
SAN FRANCISCO, CA 94139	94-3213100	501(C)(3)	5,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
					1	1	

Schedule I (Form 990)

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
MERGENCY AND FARM DISASTER GRANTS	80	40,000.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	l le 2; Part III, column	(b); and any other a	dditional information.	

FARM AID'S USUAL PRACTICE IS TO REQUIRE TWO REPORTS. IN 2020, FARM AID

SUSPENDED THAT REQUIREMENT IN RECOGNITION OF HARDSHIPS EXPERIENCED BY OUR

GRANTEES DUE TO THE COVID-19 PANDEMIC. A FINAL REPORT FOR 2020 GRANTS WAS

REQUIRED BY END OF Q2 IN 2021. FINAL REPORTING REQUIREMENTS WERE ALSO

SIMPLIFIED TO REDUCE THE BURDEN ON GRANTEES. GRANTEES WERE REQUIRED TO

SHARE KEY ACCOMPLISHMENTS, CHALLENGES AND LEARNING BASED ON THEIR WORK IN

SUPPORT OF COVID-19 DISASTER RESPONSE AND RESILIENCE EFFORTS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public

. Inspection

Employer identification number

Name of the	organization
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	FARM AID, IN	С				36-338	3233	
Pa								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1	(d) Wethod of determ cash contribution	0	s
1	Art - Works of art			-				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	817.	STOCK	MARKET (QUOT.	ATI
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 ► (DONATED AUCTI)	Х	58	60,853.	ESTIM	ATED FAI	r va	LUE
26	Other ► ()							
27	Other 🕨 (
28	Other ► ()							
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	jement				
							Yes	No
20-		والمراجعة والمراجع		a autoral in Daut I. Jiman di thuruu				

	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for		<u> </u>		v
	exempt purposes for the entire holding period?		30a		
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash				
	contributions?		32a	Х	
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.				
ΙΗΔ	For Paperwork Beduction Act Notice see the Instructions for Form 990	Schedule M	(Forn	n 990)	2020

duction Act Notice, see the Instructions for Form 990.

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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 M (Form 990) 2020

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SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



FARM AID, INC

Employer identification number 36-3383233

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PEOPLE TO CHOOSE FOOD FROM FAMILY FARMS. SINCE 1985, FARM AID HAS RAISED MORE THAN \$60 MILLION TO SUPPORT PROGRAMS THAT HELP FARMERS THRIVE, EXPAND THE REACH OF THE GOOD FOOD MOVEMENT, TAKE ACTION TO CHANGE THE DOMINANT SYSTEM OF INDUSTRIAL AGRICULTURE AND PROMOTE FOOD

FROM FAMILY FARMS.

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

ADVOCATES. WHEN NATURAL DISASTERS STRIKE AND AFFECT FARMERS, FARM AID'S FAMILY FARM DISASTER FUND RAISES FUNDS TO HELP FARMERS IN THE IMMEDIATE AFTERMATH AND PROVIDE TRAININGS TO FARMERS FOR ACCESSING DISASTER AID AND FOR BUILDING ON-FARM RESILIENCE TO PREPARE FOR FUTURE DISASTERS.

WITH THE ONSET OF THE COVID-19 PANDEMIC IN MARCH, 2020 BECAME A YEAR LIKE NO OTHER. ALREADY ENDANGERED BY FIVE YEARS OF LOW PRICES, TRADE DISRUPTIONS, FREQUENT NATURAL DISASTERS AND CLIMATE CHANGE, FARMERS FACED MYRIAD IMPACTS FROM THE COVID-19 PANDEMIC. THESE INCLUDE LOSS OF DIRECT MARKETS FROM THE CLOSURE OF RESTAURANTS, SCHOOLS AND OTHER INSTITUTIONS; INCREASED INFRASTRUCTURE AND LABOR COSTS ASSOCIATED WITH ADAPTING TO CREATE NEW MARKETS; SUPPLY CHAIN AND LABOR DISRUPTIONS; AND EVEN GREATER DECLINES IN PRICES FOR THEIR PRODUCTS.

 QUICKLY SEEING AND UNDERSTANDING THE IMPACT OF COVID-19 AND ITS RELATED

 SHUTDOWNS OF MARKETS THAT FAMILY FARMERS DEPEND ON, FARM AID LEAPT INTO

 ACTION. ON APRIL 11, AT HOME WITH FARM AID RAISED MORE THAN \$500,000 IN

 FUNDS THAT WERE QUICKLY DISTRIBUTED TO FARMERS IMPACTED BY COVID-19.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 2020.05000 FARM AID, INC
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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization FARM AID, INC	Employer identification number 36-3383233
THE ONE-HOUR LIVE-STREAMED ONLINE CONCERT FEATURED FARM A	ID BOARD
ARTISTS NEIL YOUNG, JOHN MELLENCAMP, DAVE MATTHEWS AND WI	LLIE NELSON
WITH HIS SONS LUKAS AND MICAH NELSON.	

AS A RESULT OF AT HOME WITH FARM AID, FARM AID LAUNCHED THE NATIONAL COVID-19 FARMER RESILIENCE INITIATIVE, WORKING WITH MORE THAN 130 LOCAL, STATE AND REGIONAL ORGANIZATIONS IN ALL 50 STATES AND THE US VIRGIN ISLANDS TO DELIVER IMMEDIATE FARMER RELIEF EFFORTS AND LONGER-TERM RESILIENCE STRATEGIES. GRANTS, DISTRIBUTED IN \$500 INCREMENTS, HELPED NEARLY 1,000 FARMERS MEET HOUSEHOLD EXPENSES AND WERE PAIRED WITH RESOURCES PUBLISHED IN MULTIPLE LANGUAGES AND DEVELOPED BY FARM AID'S NATIONAL PARTNERS, INCLUDING FARMERS' LEGAL ACTION GROUP (FLAG), RURAL ADVANCEMENT FOUNDATION INTERNATIONAL-USA (RAFI-USA), INDIGENOUS FOOD AND AGRICULTURE INITIATIVE, INTERTRIBAL AGRICULTURE COUNCIL, AND THE NATIONAL SUSTAINABLE AGRICULTURE COALITION.

ONLINE, FARM AID SHOWCASED THE STORIES OF FAMILY FARMERS AND RANCHERS ADAPTING TO THE CIRCUMSTANCES OF COVID TO KEEP FEEDING THEIR COMMUNITIES. WE SHINED A SPOTLIGHT ON FARMERS CREATING ONLINE MARKETPLACES THAT AGGREGATED AND MARKETED PRODUCTS FROM MANY FARMS WITH CONTACT-LESS HOME DELIVERY, INCLUDING ENSURING THAT THOSE FAMILIES UTILIZING FEDERAL NUTRITION PROGRAMS COULD ACCESS AND AFFORD QUALITY LOCAL FOOD. WE HIGHLIGHTED FARM ORGANIZATIONS THAT ORGANIZED FEEDING PROGRAMS THAT ENSURED FARMERS HAD MARKETS FOR THEIR PRODUCTS WHEN THE SUPPLY CHAIN COLLAPSED AND THAT LOCAL FAMILIES COULD ACCESS HEALTHY FOOD; AND ORGANIZATIONS THAT CREATED VIRTUAL TRAINING PROGRAMS TO ENSURE FARMERS AND FARMWORKERS COULD SAFELY WORK DURING COVID, AS WELL 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 46 12041115 700333 23425 2020.05000 FARM AID, INC 23425_{1}

Name of the organization FARM AID, INC	Employer identification number 36-3383233
AS ONE-ON-ONE BUSINESS CONSULTING. TO SUPPORT EATERS LOOP	KING TO SUPPORT
LOCAL FARMS, FARM AID CREATED AN ONLINE RESOURCE TO FIND	FAMILY FARM

THROUGHOUT 2020, FARM AID WORKED TO ENSURE EQUITABLE PANDEMIC RELIEF FOR THE PEOPLE WHO GROW OUR FOOD AND THE WORKERS WHO BRING IT TO OUR TABLES. THROUGH PUBLIC CALLS TO ACTION, MEETINGS WITH MEMBERS OF CONGRESS, AND OUR WORK IN BROAD COALITIONS, WE PRESSURED CONGRESS TO INCLUDE POLICIES IN FEDERAL RELIEF PACKAGES THAT SUPPORT FARMERS IN FINANCIAL CRISIS, INVEST IN LOCAL AND REGIONAL FOOD SYSTEMS THAT GALVANIZED TO FEED COMMUNITIES IN THE WAKE OF MASSIVE FOOD SUPPLY DISRUPTIONS, PROTECT WORKERS AT THE FRONTLINES OF THE PANDEMIC, AND ENSURE FOOD SECURITY FOR MILLIONS OF LOW-INCOME AMERICANS. FARM AID WORKED WITH SENATOR KIRSTEN GILLIBRAND IN DRAFTING THE RELIEF FOR AMERICA'S SMALL FARMERS ACT, WHICH PROVIDES DEBT RELIEF FOR THE SMALL FARMERS AND RANCHERS WHO CONTINUE TO FEED US, STEWARD OUR LAND, AND BOLSTER OUR LOCAL ECONOMIES. THESE ARE THE VERY FARMERS WHO ARE WORKING HARD AND COMING UP WITH CREATIVE SOLUTIONS TO BRING FRESH, HEALTHY FOOD TO COMMUNITIES IN NEED DURING THE PANDEMIC. IN EACH CONSECUTIVE COVID RELIEF PACKAGE, FARM AID'S VOICE WAS LOUD AND CLEAR, CALLING FOR EQUITABLE SUPPORT OF FARMERS AND RANCHERS.

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

COLLECTIVE PROBLEM SOLVING.

FARM AID'S FARMER LEADERSHIP FUND DEFRAYS EXPENSES FOR FARMER

LEADERSHIP TRAININGS, STRATEGY MEETINGS AND OTHER OPPORTUNITIES TO

ELEVATE THE VOICES OF FAMILY FARMERS.

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Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

FARM AID, INC

IN MAY, WHEN GEORGE FLOYD WAS MURDERED AND A NATIONAL MOVEMENT FOR RACIAL JUSTICE WAS GALVANIZED, FARM AID AFFIRMED OUR SOLIDARITY WITH BLACK COMMUNITIES WORKING FOR JUSTICE IN THE FACE OF SYSTEMIC RACISM AND VIOLENCE, AND OUR OPPOSITION TO ALL RACIST ACTS OF VIOLENCE, AND THE INSTITUTIONS THAT PERPETUATE WHITE SUPREMACY. IN A STATEMENT ISSUED ON JUNE 4TH, FARM AID COMMITTED TO LISTENING, LEARNING AND DEEPENING WORK TO ADVANCE RACIAL EQUITY AND JUSTICE.

IN THE FALL, FARM AID ENGAGED WITH SENATOR CORY BOOKER'S OFFICE TO HELP SHAPE THE JUSTICE FOR BLACK FARMERS ACT, A LANDMARK BILL CO-SPONSORED BY SENATORS BOOKER, WARREN AND GILLIBRAND, AIMED AT ADDRESSING HISTORIC DISCRIMINATION IN USDA PROGRAMS THAT CAUSED BLACK FARMERS TO LOSE MILLIONS OF ACRES OF FARMLAND AND ROBBED THEM AND THEIR FAMILIES OF HUNDREDS OF BILLIONS OF DOLLARS OF INTER-GENERATIONAL WEALTH. THROUGHOUT 2020, FARM AID CONTINUED WORK TO TAKE INITIATIVE AND EDUCATE OURSELVES IN PROMOTING RACIAL JUSTICE AND INCLUSIVITY. WE CONTINUED OUR WORK TO AMPLIFY THE VOICES OF BIPOC FARMERS IN OUR COMMUNICATIONS, FORM DEEPER COLLABORATIONS AND NETWORKS WITH ORGANIZATIONS WORKING TO PROMOTE A DIVERSE AND EQUITABLE FOOD SYSTEM, ENGAGE IN A BROAD RANGE OF POLICY PROMOTION AND ADVOCACY, PRIORITIZE GRANTMAKING TO IMPACT INDIGENOUS AND BLACK FARMERS, AND FEATURE BLACK, INDIGENOUS AND PEOPLE OF COLOR (BIPOC) ARTISTS AND FARMERS AS PART OF FARM AID 2020.

INTERNALLY, FARM AID MADE A RENEWED COMMITMENT TO UNDERSTANDING MORE
ABOUT DISCRIMINATION AND RACISM, LISTENING TO AND TAKING CUES FROM
BIPOC THOUGHT LEADERS, AND MAKING SPACE TO PROCESS RELEVANT CURRENT
EVENTS IN REAL TIME. WE ENGAGED AN OUTSIDE CONSULTANT FOR AN ALL-STAFF
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Name of the organization FARM AID, INC	Employer identification number 36-3383233		
WORKSHOP FOCUSED ON RACE AND WHITE PRIVILEGE, ESTABLISHED	AN INTERNAL		
RACIAL JUSTICE COMMUNICATION PLATFORM FOR SHARING MEDIA P	OSTS AND STAFF		
THOUGHTS ON A DAY-TO-DAY BASIS, AND PARTICIPATED IN THE 2	1-DAY RACIAL		
EQUITY HABIT BUILDING CHALLENGE. FARM AID MAINTAINS A WEE	KLY DISCUSSION		
GROUP TO CONTINUE FOCUSED EXPLORATION AND LEARNING, AS WE	LL AS TO		
EXAMINE ORGANIZATIONAL PRACTICES THROUGH A DIVERSITY, EQU	ITY, AND		
INCLUSION (DEI) LENS. OUR 2020 LEARNINGS LED TO UPDATING OUR EMPLOYEE			
HANDBOOK WITH AN EXPANDED EQUAL EMPLOYEE OPPORTUNITY STAT	EMENT AND THE		
ADDITION OF GUIDELINES AROUND THE USE OF PERSONAL PRONOUN	S, BROADENING		
RECRUITMENT EFFORTS TO ATTRACT A LARGER NUMBER OF DIVERSE	CANDIDATES		
FOR OPEN POSITIONS, AND BEGINNING TO ARTICULATE FRAMEWORKS FOR			
DECISION-MAKING AROUND OUR BUSINESS VENDORS AND HOW TO CR	EATE INCREASED		
OPPORTUNITIES FOR PROMOTING AND SUPPORTING MINORITY- AND WOMEN-OWNED			
BUSINESSES.			

IN ADDITION TO ENGAGING WITH NATIVE-LED ORGANIZATIONS IN THE COVID-19 FARMER RESILIENCE INITIATIVE, FARM AID UNDERSTOOD THE NEED FOR A MORE FOCUSED RESPONSE DEDICATED TO NATIVE FARMERS, WHICH LED TO THE FOOD 4 FAMILIES INITIATIVE, LED BY INTERTRIBAL AGRICULTURE COUNCIL, WITH PARTNERSHIP FROM FARM AID, INDIAN LAND TENURE FOUNDATION AND FIRST NATIONS DEVELOPMENT INSTITUTE.

THE FOOD 4 FAMILIES INITIATIVE IS DEDICATED TO 4-H, FFA GROUPS AND INDEPENDENT YOUTH ACROSS INDIAN COUNTRY WHO SHOW LIVESTOCK BY PARTICIPATING IN ANNUAL MARKET ANIMAL AUCTION SALES. THE REALITIES OF THE COVID-19 PANDEMIC AND THE MEASURES NEEDED TO PROTECT TRIBAL COMMUNITIES MADE LIVE ANIMAL AUCTION SALES IMPOSSIBLE IN 2020. THE FOOD 4 FAMILIES INITIATIVE PROVIDES COUPONS THAT COVER THE PROCESSING FEES 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 49

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Name of the organization FARM AID, INC	Employer identification number 36-3383233
FOR ANIMALS RAISED FOR LIVESTOCK SHOW AND MARKET SALE BY	TRIBAL YOUTH
IN ORDER TO HELP YOUTH MARKET THEIR ANIMALS ONLINE OR BY	OTHERWISE
SUPPORTING THEIR LOCAL FOOD ECONOMIES, WHERE MEAT SHORTAG	ES WERE AN
IMMEDIATE CONSEQUENCE OF THE PANDEMIC. FARM AID COMMITTED	\$75,000 то
THIS INITIATIVE FROM FUNDS RECEIVED FROM THE NATIVE AMERI	CAN
AGRICULTURE FUND THROUGH THE SETTLEMENT OF KEEPSEAGLE V.	VILSACK (A
CIVIL RIGHTS LAWSUIT AGAINST THE USDA WHICH FOUND THAT IT	
SYSTEMATICALLY DISCRIMINATED AGAINST NATIVE AMERICAN FARM	ERS AND
RANCHERS.)	

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ENGAGES PEOPLE IN THE CULTURE OF AGRICULTURE THROUGH SMALLER REGIONAL EVENTS AND WITH ITS INSPIRING AND INFORMATIVE SOCIAL AND MEDIA CAMPAIGNS THAT CONNECT EATERS AND FARMERS THROUGH COOKING, EATING, AND GROWING.

SINCE 2013, AMERICA'S FARMERS AND RANCHERS HAVE WEATHERED A 50 PERCENT DROP IN NET FARM INCOME. THE STRAIN IN TODAY'S FARM ECONOMY IS NO ACCIDENT; IT'S THE RESULT OF POLICIES DESIGNED TO ENRICH CORPORATIONS AT THE EXPENSE OF FARMERS AND RANCHERS. IN 2020, COVID-19 SPARKED FURTHER LOSSES AND CHALLENGES FOR FARMERS. IN RESPONSE, FARM AID CONTINUED TO EXPAND OUR DIRECT FARMER RESPONSE AND INCREASED OUR ADVOCACY OF SOLUTIONS TO FARM POLICY THAT NEEDS A MASSIVE SHIFT IN DIRECTION - ONE THAT DELIVERS FAIR PRICES TO FARMERS THAT ALLOW THEM TO MAKE A LIVING.

THROUGH THE 1-800-FARM-AID HOTLINE AND FARMHELP@FARMAID.ORG EMAIL

 SERVICE, FARM AID'S HOTLINE MANAGER AND OUR TEAM OF HOTLINE OPERATORS

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 Schedule O (Form 990 or 990-EZ) 2020

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Name of the organization FARM AID, INC	Employer identification number 36-3383233
REFER FARMERS TO AN EXTENSIVE NETWORK OF FAMILY FARM AND	RURAL SUPPORT
ORGANIZATIONS ACROSS THE COUNTRY. REFERRALS PROVIDE IMMED	IATE SUPPORT
TO FARM FAMILIES IN CRISIS AND FARMERS SEEKING TO TRANSIT	ION TO MORE
SUSTAINABLE FARMING PRACTICES, AS WELL AS TO PROSPECTIVE	AND BEGINNING
FARMERS. MORE THAN 900 CONTACTS WERE MADE TO THE 1-800-FA	RM-AID HOTLINE
AND FARMHELP@FARMAID.ORG EMAIL SERVICE IN 2020, REPRESENT	ING A 20%
INCREASE OVER 2019. FARM AID ISSUED 70 EMERGENCY GRANTS T	O FARM
FAMILIES IN CRISIS, TOTALING \$40,500, A 15% INCREASE OVER	2019.
RECOGNIZING THE INCREASING NEED FOR A TEAM APPROACH TO TH	E HOTLINE,
FARM AID HIRED TWO PART-TIME HOTLINE OPERATORS AT THE END	OF 2020 AND
PLANS TO FURTHER INCREASE HOTLINE STAFFING IN 2021.	

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 (FRN), FARM AID MAKES CONNECTIONS BETWEEN INDIVIDUALS, FARM SERVICE ORGANIZATIONS, AND BUSINESSES TO ADDRESS CHALLENGES AND CREATE OPPORTUNITIES FOR FARMERS. FARM AID POINTS FARMERS AND ADVOCATES TO OUR MOST TRUSTED RESOURCES, NEW OFFERINGS AND TIMELY OPPORTUNITIES VIA OUR CURATED RESOURCE GUIDES. IN 2020, FARM AID WORKED TO REVAMP THE FRN TO BETTER SERVE THE NEEDS OF FARMERS AND RANCHERS ACROSS THE UNITED STATES.

 SINCE 2017, FARM AID HAS HELPED BRING AWARENESS AND ACTION TO THE ISSUE

 OF FARMER MENTAL HEALTH VIA ADVOCACY ON THE FARM AND RANCH STRESS

 ASSISTANCE NETWORK (FRSAN), WHICH WAS AUTHORIZED IN THE 2018 FARM BILL.

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Name of the organization FARM AID, INC	Employer identification number 36-3383233
THE BILL CALLS FOR \$10 MILLION IN ANNUAL FEDERAL FUNDING	TO SUPPORT
ORGANIZATIONS PROVIDING MENTAL HEALTH RESOURCES TO FARMER	S AND
AGRICULTURAL WORKERS. IN 2020, FARM AID CONTINUED OUR WOR	K AS PART OF A
COALITION OF ORGANIZATIONS THAT WON A FRSAN GRANT TO BUIL	D A FARMER
SUPPORT NETWORK IN THE NORTHEAST. "BUILDING AN INCLUSIVE	AND
COMPREHENSIVE NETWORK FOR FARM AND RANCH STRESS ASSISTANC	E IN THE
NORTHEAST" CONVENES A NETWORK OF FARMER SERVICE PROVIDERS	TO BUILD
CONNECTIONS AND COLLABORATION. IN 2020, THE NORTHEAST REG	ION GROUP
PREMIERED AN UPDATED FARMER RESOURCE CLEARINGHOUSE, HOSTE	D ON FARM
AID'S WEBSITE, HELD THREE NETWORK-WIDE MEETINGS, AND HOST	ED MULTIPLE
TRAININGS FOR THE NETWORK.	

IN MARCH, FARM AID ENGAGED WITH USA TODAY FOR AN IN-DEPTH INVESTIGATION ON RISING SUICIDE RATES IN FARM COUNTRY AND THE UNDERLYING STRESSORS OF FARM DEBT, TRADE WARS AND THE CLIMATE CRISIS. THE FRONTPAGE STORY UNLOCKED ADDITIONAL COVERAGE OF THE ISSUE, INCLUDING IN THE AMERICAN INDEPENDENT, WHICH NOTED THE RESOURCES FARM AID PROVIDES FOR FARMERS IN STRESS. FARM AID ALSO SPOKE TO THESE ISSUES ON NPR'S NATIONALLY SYNDICATED SCIENCE FRIDAY.

FARM AID WORKED WITH SENATOR TESTER (D-MT) ON A BILL TO ADDRESS STRESS, DEPRESSION AND SUICIDE IN FARM COUNTRY. IN OCTOBER, FARM AID ENDORSED THE SEEDING RURAL RESILIENCE ACT, WHICH WOULD IMPLEMENT A STRESS MANAGEMENT TRAINING PROGRAM AT USDA; PROVIDE USDA AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES WITH \$3 MILLION FOR A FARMER STRESS PSA CAMPAIGN; AND DIRECT THE SECRETARY OF AGRICULTURE TO DETERMINE BEST PRACTICES FOR FARM STRESS RESPONSE.

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Name of the organization FARM AID, INC	Employer identification number 36-3383233
IN RESPONSE TO NATURAL DISASTERS IN PUERTO RICO (EARTHQUA	KE), IOWA (A
DERECHO) AND IN CALIFORNIA (WILDFIRES), FARM AID MADE GRA	NTS TO FARM
ORGANIZATIONS SUPPORTING ON-THE-GROUND RELIEF EFFORTS IN	THE AMOUNT OF
\$61,500.	

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: GROWING THE GOOD FOOD MOVEMENT (GGFM)- FARM AID AND ITS PARTNERS SUPPORT AND IMPLEMENT STRATEGIES THAT BOLSTER THE GOOD FOOD MOVEMENT -THE GROWING NUMBER OF PEOPLE SEEKING FAMILY FARM-IDENTIFIED, LOCAL, ORGANIC OR HUMANELY-RAISED FOOD WITH ECONOMIC JUSTICE FOR FARMERS. FARM AID PROVIDES GRANTS TO GRASSROOTS ORGANIZATIONS THAT FOSTER CONNECTIONS BETWEEN FARMERS AND EATERS BY GROWING AND STRENGTHENING LOCAL AND REGIONAL MARKETS AND EXPANDING THE REACH OF FAMILY FARM FOOD INTO URBAN NEIGHBORHOODS, GROCERY STORES, RESTAURANTS, SCHOOLS AND OTHER PUBLIC INSTITUTIONS.

FARM AID JOINED IOWA FARMERS UNION IN AN AMICUS BRIEF TO SUPPORT A CASE BROUGHT BY IOWA CITIZENS FOR COMMUNITY IMPROVEMENT BEFORE THE IOWA SUPREME COURT TO REQUIRE THAT THE STATE OF IOWA PROTECT IOWA'S WATERWAYS FROM FACTORY FARM POLLUTION. IN DECEMBER, FARM AID CO-AUTHORED AN OP-ED, FAMILY FARMERS DEPEND ON CLEAN WATER, WITH THE IOWA FARMERS UNION, WHICH WAS PUBLISHED IN THE GAZETTE (CEDAR FALLS, IA).

IN DECEMBER, FARM AID JOINED A BROAD COALITION OF FARMERS, FOOD CHAIN
WORKERS, FRONTLINE AND RURAL COMMUNITIES, AS WELL AS 72 ENVIRONMENTAL,
ANIMAL WELFARE, AND PUBLIC HEALTH ORGANIZATIONS IN WRITING ANIMAL
AGRICULTURE REFORM POLICY RECOMMENDATIONS FOR THE BIDEN-HARRIS
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Name of the organization FARM AID, INC	Employer identification number 36-3383233
ADMINISTRATION. THIS COMPREHENSIVE DOCUMENT INCLUDES RECO	MMENDATIONS
THAT CUT ACROSS MULTIPLE AGENCIES, EXECUTIVE ACTIONS AND	LAWS TO REFORM
OUR HIGHLY INDUSTRIALIZED AND CORPORATE-CONTROLLED ANIMAL	FOOD SYSTEM.
THE RECOMMENDATIONS URGE STRONGER REGULATION OF FACTORY F	ARMS AND SWIFT
ACTION TO BUILD A JUST, REGENERATIVE, REGIONAL, HIGH-WELF	ARE ANIMAL
AGRICULTURE SYSTEM.	

THROUGHOUT 2020, FARM AID WAS A MEMBER OF THE CAMPAIGN TO REFORM CONTRACT AGRICULTURE (CCAR), AND WAS PART OF DEVELOPING CCAR'S POLICY RECOMMENDATIONS FOR THE BIDEN-HARRIS ADMINISTRATION. FARM AID ALSO COLLABORATED WITH 16 FOOD, FARM AND RURAL ORGANIZATIONS ON FAMILY FARM ACTION'S BUILD BACK BETTER, A COMPREHENSIVE PLAN THAT DETAILS RECOMMENDATIONS FOR THE ADMINISTRATION TO SUCCESSFULLY REVITALIZE RURAL COMMUNITIES.

IN DECEMBER, FARM AID BOARD ARTISTS STATED FARM AID'S VISION FOR FIXING THE FARM AND FOOD SYSTEM, BY PLACING INDEPENDENT FARMERS AND RURAL AMERICANS AT THE USDA; PUTTING OUR FARM AND FOOD SYSTEM BACK IN THE HANDS OF THE PEOPLE; ENDING SYSTEMIC RACISM IN AGRICULTURE AND CREATING OPPORTUNITY FOR ALL; COMBATING CLIMATE CHANGE; REVITALIZING INFRASTRUCTURE AND STRENGTHENING RURAL COMMUNITIES; AND CREATING ACCESSIBLE AND AFFORDABLE HEALTH CARE.

IN DECEMBER, FARM AID MADE STRATEGIC GRANTS TO LONG-TERM PARTNERS IN THE AMOUNT OF \$155,000. FARM AID'S AGRICULTURAL SCHOLARSHIP FUND GRANTED \$20,770.54 TO AGRICULTURAL STUDENTS AT THREE UNIVERSITIES IN 2020. EXPENSES \$ 151,490. INCLUDING GRANTS OF \$ 7,500. REVENUE \$ 0. 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 54 Name of the organization FARM AID, INC

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 2020.

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

A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW,

AND PRIOR TO THE ITS FILING WITH 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
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
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FORM 990	, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AZ , CA , CT	, FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OK, OR,	PA
RI,SC,UT	,WI	
FORM 990	, PART VI, SECTION C, LINE 19:	
FARM AID	DISCLOSES KEY FINANCIAL AND GOVERNANCE DOCUMENTS ON ITS WEBSITE	
FOR PUBL	IC ACCESS AT HTTPS://WWW.FARMAID.ORG/ABOUT-US/ANNUAL-REPORT/.	
DOCUMENT	S THAT ARE POSTED FOR PUBLIC REVIEW INCLUDE THE ANNUAL ACTIVITIE	S
REPORT,	IRS FORM 990 AND AUDITED FINANCIAL STATEMENTS FOR THE MOST RECEN	TL
AUDITED	FISCAL YEAR, THE ORGANIZATION'S IRS LETTER OF DETERMINATION, AND	
ITS FORM	1023, WHICH INCLUDES ITS GOVERNING DOCUMENTS. THESE DOCUMENTS A	RE
ALSO MAD	E AVAILABLE UPON REQUEST.	
FORM 990	, PART IX, LINE 11G, OTHER FEES:	
	NTRACTED SERVICES:	

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Employer identification number 36-3383233

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FARM AID, INC

Name of the organization

PROGRAM SERVICE EXPENSES	122,810.
MANAGEMENT AND GENERAL EXPENSES	1,024.
FUNDRAISING EXPENSES	18,478.
TOTAL EXPENSES	142,312.

MARKETING, PUBLIC RELATIONS & MEDIA:	
PROGRAM SERVICE EXPENSES	113,484.
MANAGEMENT AND GENERAL EXPENSES	53.
FUNDRAISING EXPENSES	30,022.
TOTAL EXPENSES	143,559.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	285,871.
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FARE ALD,	INC					55255
FORM 990, PART VIII, LI	NE 1F					
THIS AMOUNT ALSO INCLUD	ES \$341,000) OF	SPONSORSHIP	INCOME	RECEIVED	FOR
THE CONCERT AND BENEFIT	EVENTS IN	2020	0.			
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