| 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)

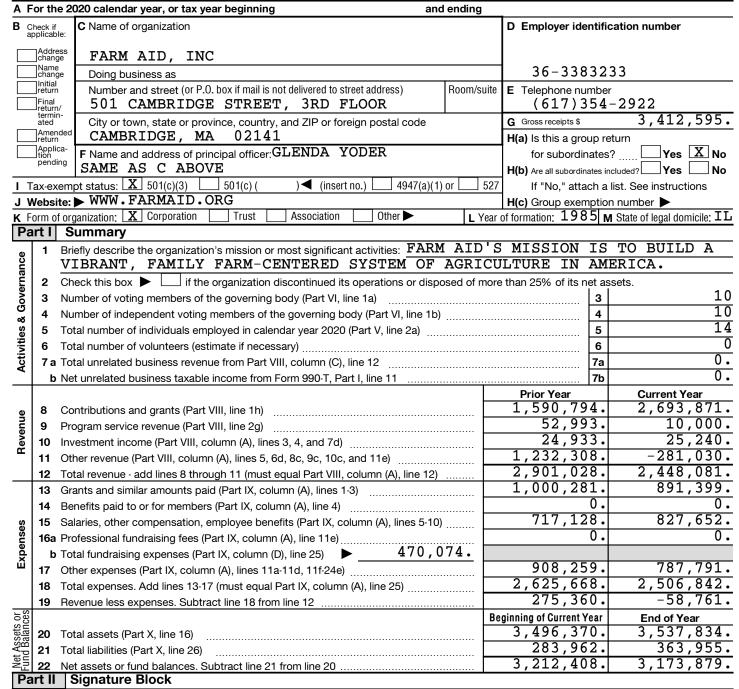
OMB No. 1545-0047

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 | | |
| 41 | 115 700333 23425 2020.05000 FARM AID, INC | 2342 | 25_1 |
| _ | | | |

| Form | 990 | (2020) |
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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 | |
| 033000 | | | | (2020) |
| 002000 | | 1 0000 | | (~U~U) |

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3 2020.05000 FARM AID, INC

| 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 | |
| 032004 | 12-23-20 | Form | 990 | (2020) |

4 12041115 700333 23425 2020.05000 FARM AID, INC

| 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)

032005 12-23-20

12041115 700333 23425

Yes No

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

Form 990 (2020)

Part V

| orm | 990 | (2020) |) |
|-----|-----|--------|---|
| | | | |

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 |

11

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 | |
|------------|--|
|------------|--|

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) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| 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 behalf1111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111111 <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.)

032024 01-25-21

| 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.*

032025 01-25-21

12041115 700333 23425

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 |
|------------------------|-----------------|------|------|-----|
|------------------------|-----------------|------|------|-----|

 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

032026 01-25-21

| 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) |
|----------|----|
|----------|----|

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 |

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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) | | |
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| | | 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 | | | | |
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| 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. | | | | | | | | | |
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| 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. | | | |
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| 03204 | 33 11-25-20 Schedule | G (Form | 990 or 990 |)-EZ) 2020 |
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| | | | Schedule G (Form 990 or 990-EZ) |
| 032084 04-01-20 | | 36 | |

| 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 |
| | | | | | | | |
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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 |
|-------------|--------------|
|-------------|--------------|

FARM ATD TNC

| | 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.

ule M (Form 990) 20

032141 11-23-20

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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
 23425 1

| 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.

032212 11-20-20

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
032212 11-20-20
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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 | | |
| 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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 2020.05000 FARM AID, INC
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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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 Schedule O (Form 990 or 990-EZ) 2020

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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 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
032212 11-20-20
Schedule O (Form 990 or 990-EZ) 2020

| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|-----------------------------------------------------------|-------------------------------------------|
| 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 |
| 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 55 |
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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: | |

Page 2

Employer identification number 36-3383233

Schedule O (Form 990 or 990-EZ) 2020

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. |
| 032212 11-20-20 Schedule O (Form 99 | 0 or 990-EZ) 2020 |
| 2041115 700333 23425 2020.05000 FARM AID, INC | 234251 |

| Schedule O (Form 990 or 990-EZ) 2020 Name of the organization FARM AID , | TNC | | | | Employer iden 36-33 | Paget Paget Paget Page Paget Paget Page |
|--------------------------------------------------------------------------------|--------------|------|-------------------|--------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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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