

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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



A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number В Address change FARM AID, INC Name change 36-3383233 Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated (617)354 - 2922501 CAMBRIDGE STREET, 3RD FLOOR 7,435,322. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended CAMBRIDGE, MA 02141 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: GLENDA YODER Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.FARMAID.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 1985 M State of legal domicile: IL Trust Part I Summary Briefly describe the organization's mission or most significant activities: FARM AID'S MISSION IS TO BUILD A 1 Activities & Governance VIBRANT, FAMILY FARM-CENTERED SYSTEM OF AGRICULTURE IN AMERICA. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) 3 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 18 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 360 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 9,626,546. 4,062,921. Contributions and grants (Part VIII, line 1h) 8 Revenue 31,082. 31,736. 9 Program service revenue (Part VIII, line 2g) 39,535. -11,918. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 439,680. 637,950. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 10,136,843. 4,720,689. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 996,226. 1,204,670. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 971,044. 1,274,432. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 271.091. 846,468. 1,089,554. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 3,568,656. 2,813,738. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 7,323,105. 1,152,033. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 10,975,275. 12,312,057. 20 Total assets (Part X, line 16) 493,822. 728,824 **21** Total liabilities (Part X, line 26) El det 481,453. 10 583,233 Net assets or fund balances. Subtract line 21 from line 20 11 22

Part II Signature Block

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

Sign	Signature of officer		Date
Here	GLENDA YODER, ASSOC. DIRE	CTOR & ASSIST.	TREASURER
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	EUGENE BORGONZI		11/15/23 self-employed P01269879
Preparer	Firm's name EDELSTEIN & COMPA	NY LLP	Firm's EIN 04-2442519
Use Only	Firm's address 160 FEDERAL STREE	T, 9TH FLOOR	
	BOSTON, MA 02110		Phone no.617-227-6161
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
			000

LHA For Paperwork Reduction Act Notice, see the separate instructions. 232001 12-13-22

Form	n 990 (2022) FARM AID, INC			36	-3383233	Р
Pa	rt III Statement of Program Service Acco	mplishments				
	Check if Schedule O contains a response or not	<u>e to any line in th</u>	is Part III			
1	Briefly describe the organization's mission:					
	FARM AID'S MISSION IS TO BU	ILD A VIE	BRANT, FAMIL	Y FARM-CENTE	RED SYSTE	Μ
	OF AGRICULTURE IN AMERICA.	FARM AID	ARTISTS AND	BOARD MEMBE	RS WILLIE	
	NELSON, JOHN MELLENCAMP, NE	IL YOUNG	AND DAVE MA	TTHEWS HOST	AN ANNUAL	
	FESTIVAL TO SUPPORT FARM AI	D'S WORK	WITH FAMILY	FARMERS AND	TO INSPI	RE
2	Did the organization undertake any significant program	n services during	the year which were no	ot listed on the		
	prior Form 990 or 990-EZ?				Yes	X
	If "Yes," describe these new services on Schedule O.					
3	Did the organization cease conducting, or make signif	cant changes in	how it conducts, any p	rogram services?	Yes	X
-	If "Yes," describe these changes on Schedule O.	g	····, ···, ···			
4	Describe the organization's program service accompli	shments for each	of its three largest pro	oram services, as meas	ured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are requi		•			nd
	revenue, if any, for each program service reported.		and and and a		, total experieoe, a	
4a	(Code:) (Expenses \$1, 789, 570	· including granta	587	, 129 .) (Revenue \$		
та	HELPING FARMERS THRIVE - IN				. WTTH	
	IMPACTS OF THE PANDEMIC AND					
	INCLUDING COMPETING IN AN E					
				R AND NATURA		ЪC
	EXACERBATED BY CLIMATE CHAN			· · ·		
	THE DIFFICULTY OF EARNING A				ARM ECONO	MX
	•			SIGNED TO EN		
	CORPORATIONS AT THE EXPENSE			S AND EATERS		
	RESPONSE, FARM AID CONTINUE					
	INCREASED OUR ADVOCACY OF S					ΤV
	SHIFT IN DIRECTIONONE THAT					
	FAIR PRICES AND COMPETITIVE				A LIVING	•
4b	(Code:) (Expenses \$759,388			.841.) (Revenue \$		
	TAKING ACTION TO CHANGE THE				· · · · · · · · · · · · · · · · · · ·	
	REGIONAL AND NATIONAL ORGAN					
	GRASSROOTS ORGANIZING EFFOR					
	ORGANIZATIONS WORKING TO EN					RS
	ADDRESS ANTITRUST AND CONTR				· · · · · · · · · · · · · · · · · · ·	
	STRENGTHEN THE GRASSROOTS A					
	SYSTEM AND AMPLIFY AN EFFEC	TIVE FARM	IER VOICE TO	REFORM THE	FOOD SYST	EM
	ON THE THURSDAY BEFORE THE	ANNUAL FA	RM AID FEST	IVAL, FARM A	ID HOSTED	A
	FARMER FORUM, "EQUITY, CLIM	ATE AND A	GRICULTURE:	THE WAY FOR	.WARD, WI	TH
	MORE THAN 150 PARTICIPANTS	TAKING PA	RT. THE FOR	UM WAS AN OP	PORTUNITY	Т
	ENGAGE IN A PRODUCTIVE AND	THOUGHTFU	JL DIALOGUE	BETWEEN FARM	ERS,	
4c	(Code:) (Expenses \$ 319,075	 including grants 	of \$	0 •) (Revenue \$	31,	73
	PROMOTING FOOD FROM FAMILY				WORK TO	
	PROMOTE FOOD FROM FAMILY FA	RMS IS OU	IR ANNUAL FA	RM AID FESTI	VAL. FARM	
	AID 2022 WAS HELD AT COASTA					
	RALEIGH, NORTH CAROLINA, ON					
	PERFORMANCES BY FARM AID BO					Ρ.
	DAVE MATTHEWS WITH TIM REYN					
	INCLUDED CHRIS STAPLETON, S					
	PROMISE OF THE REAL, CHARLE					
	THE WISDOM INDIAN DANCERS A					<u>, c</u>
	ARTISTS GENEROUSLY DONATED				1 1111	
	ARTISTS GENEROUSET DONATED		IL AND INAVE.			
	ON SEPTEMBER 24 AT FARM AID	2022.				
4-1		2022.				
4 d	Other program services (Describe on Schedule O.) (Expenses \$ 259,620 . including grants	(A	83 700 🗤 🗠	•	0.)	
4-	2.1	.27,653.	00,100•) (Reve	nue \$		
40	Total program service expenses 3, 1	<u> </u>			Form 9	900
000-		SCHEDIT	O FOR CONTI		Form S	
:3200	12 12-13-22 SEL	2	5 FOR CONTI	110UITON (9)		
11	115 700333 23425	_	.05000 FARM			23
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Pa	rt IV Checklist of Required Schedules			0
			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
0		8		x
9	Schedule D, Part III 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?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V		Λ	
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,	44-	х	
	Part VI	<u>11a</u>	л	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4 4 16		x
-	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u> ^
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_v
	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		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Х Form 990 (2022)

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Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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

3 2022.05000 FARM AID, INC

Form 990 (2022)

FARM AID, INC

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Form	990 (2022) FARM AID, INC 36-3383	8233	Р	_{age} 4
Par	TIV Checklist of Required Schedules (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
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			x
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
248				
	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
U	any tax-exempt bonds?	24c		
h	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		<u> </u>
Lou	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			
5	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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 X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u>i </u>
rai				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	gan	 (2022)
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4 2022.05000 FARM AID, INC

Form	990 (2022) FARM AID, INC 36-3383	233	Р	age 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
_			Yes	No						
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 18									
h	filed for the calendar year ending with or within the year covered by this return 2a 2 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	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 organization solicit	_		v						
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>						
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Ch								
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	-								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a									
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders [11a]									
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	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									
	Enter the amount of reserves on hand			x						
14а ь	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		<u></u>						
р 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140								
15	excess parachute payment(s) during the year?	15		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									
232005	- 12-13-22 -	Form	990	(2022)						

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5 2022.05000 FARM AID, INC

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11					
	If there are material differences in voting rights among members of the governing body, or if the governing			1				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1				
2				2	x			
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the					<u> </u>		
3				_		x		
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filod?	3		X X		
	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X		
5				6		X		
6 7-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap							
7a				7-		x		
	more members of the governing body?			7a				
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			 .				
~	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v			
a	The governing body?			<u>8a</u>	X			
b	Each committee with authority to act on behalf of the governing body?			8b		X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
					Yes			
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,					
				10b 11a	x	<u> </u>		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	<u> </u>		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe					
	on Schedule O how this was done			12c	X	<u> </u>		
13	Did the organization have a written whistleblower policy?			13	Х	<u> </u>		
14	Did the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a		X		
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ							
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filedSEESCHEDULE	0						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar		-T (section 501(c)(3)	s onlv)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.		. (,)				
	X Own website Another's website X Upon request Other (explain)	on Sr	chedule ()					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial			
	statements available to the public during the tax year.			ar				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke an	d records					
20	GLENDA YODER - (617)354-2922	ns di li						
	501 CAMBRIDGE STREET 3RD FLOOR, CAMBRIDGE, MA 0214	1						
00000	· · ·			Form	990	(2000		
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211	15 700333 23425 2022.05000 FARM AID	тı	NC		22	425		

FARM AID, INC

Form 990 (2022)

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Form 990 (2022)

more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(da		Position (do not check more than one				Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	ı an	compensation	compensation	amount of
	week		cer ar	nd a d I	irecto	r/trus [.] I	tee)	from	from related	other
	(list any	ector.						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	~	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CAROLINE MCCORMICK	35.00				×	1 0	ш			
OPERATIONS DIRECTOR		1				x		106,837.	0.	29,603.
(2) JENNIFER FAHY	35.00							-		
COMMUNICATIONS DIRECTOR		1				X		113,534.	0.	21,318.
(3) GLENDA YODER	35.00									
ASSISTANT TREASURER				Х				115,611.	0.	13,078.
(4) CAROLYN MUGAR	20.00									
EXE. DIRECTOR & VICE PRESIDENT				Х				66,701.	0.	0.
(5) WILLIE NELSON	1.00									
CHAIRMAN/DIRECTOR		Х		Х				0.	0.	0.
(6) LANA NELSON	1.00									
SECRETARY/DIRECTOR		Х		Х				0.	0.	0.
(7) RICHARD FIELDS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JOEL KATZ	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DAVID MATTHEWS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JOHN MELLENCAMP	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MARK ROTHBAUM	1.00									-
DIRECTOR		Х						0.	0.	0.
(12) EVELYN SHRIVER	1.00									-
TREASURER/DIRECTOR		Х		X				0.	0.	0.
(13) NEIL YOUNG	1.00									
DIRECTOR		х						0.	0.	0.
(14) ANNIE NELSON	1.00									
DIRECTOR		х						0.	0.	0.
(15) MARGO PRICE	1.00									
DIRECTOR		X						0.	0.	0.
										Form 990 (2022)
232007 12-13-22										Earm MMU (2022)

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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 the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization,

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

INC

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

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

FARM AID,

Employees, and Independent Contractors

	990 (2022) FARM AID ,									36-33	3832	33	Page 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	not cł unles	ss per	nore son is	than c s both r/trust	an	compensation com	(E) Reportable compensatio from related	n	(F Estim amou oth	ated nt of	
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	comper from organiz and re organiz	the zation lated
											_		
44	Subschool .								402,683.		0.	63	999.
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							<u>402,683</u> .		0.		<u>0.</u> 999.
2	Total number of individuals (including but no compensation from the organization									000 of reportable			3
												Ye	s No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for se	,					,	0		,		3	x
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150	,		•								4	X
5	Did any person listed on line 1a receive or a											_	v
Sect	rendered to the organization? If "Yes." com ion B. Independent Contractors	plete Schedule	e J fo	or su	ich p	berse	on .				<u></u>	5	X
1	Complete this table for your five highest con the organization. Report compensation for t	-									pensatio	on from	
	(A) Name and business	address							(B) Description of s	ervices	Co	(C) mpensa	tion
<u>139</u>	ROR IMAGE INC <u>EXCHANGE STREET, PAWT</u> II, INC DBA SCREENWOR		RI	0	28	60		_	MERCH & FULFILLMENT/: VIDEO PRODUC'			366,	355.
	ETA DRIVE, PITTSBURGH,		38						SERVICES			248.	511.
VAN STE	GUARD COMMUNICATIONS, 650, WASHINGTON, DC 2	2121 K		,]	NW	,		0	COMMUNICATION				164.
821	TAGING INC PARK AVE, SYCAMORE, I	<u>L 60178</u>						I	LIGHTING SER	VICES		143,	163.
	TEAM COMPANIES LLC 0 EMPIRE AVE, BURBANK, Total number of independent contractors (ir			nited	to t	thos	e list	_	STAFFING SER			136,	506.
_	\$100,000 of compensation from the organiz	-			เ	6	-						
											F	orm 99	0 (2022)

232008 12-13-22

	t VIII									г
		Check if Schedule O	<u>cont</u> a	<u>ains a respo</u>	onse (or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und
						110 502				sections 512 -
nts		Federated campaigns				110,502.				
nou		Membership dues				222 944				
An		Fundraising events				322,844.				
IIIar		Related organizations				229,344.				
2 Z		Government grants (cont All other contributions, gifts,				225,511.				
Jer		similar amounts not included				3,400,231.				
Ð	a	Noncash contributions included in			\$	2,959.				
and Other Similar Amounts	-	Total. Add lines 1a-1f	inico		Ψ	· · · ·	4,062,921.			
						Business Code				
	2 a	HOMEGROWN CONCESSIO	NS I	ICENSE F	EE	110000	29,974.	29,974.		
	b	HOMEGROWN YOUTHMARKET SALES				110000	1,762.	1,762.		
Revenue	c				_		•	· ·		
eve	d									
r	е									
:	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f					31,736.			
	3	Investment income (inclue	ding	dividends, i	ntere	st, and				
					·····	23,398.			23,3	
	4	Income from investment of tax-exempt bond proceeds								
	5	Royalties	······		<u></u>	(i) Demonstra	34.			
	_			(i) Rea		(ii) Personal				
		Gross rents	<u>6a</u>							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss Gross amount from sales of	5) <u></u>	(i) Securi	 tips	(ii) Other				
	7 а	assets other than inventory	7a		288.					
	h	Less: cost or other basis	10							
	D	and sales expenses	7b	65	504.					
	c	Gain or (loss)								
	d	Net gain or (loss)		, ,			-35,316.			-35,3
	8 a	Gross income from fundrais	ing ev	ents (not			·			
		including \$								
		contributions reported on								
		Part IV, line 18			8a	2,950,851.				
		Less: direct expenses			8b	2,521,380.				
		Net income or (loss) from					429,471.			429,4
	9 a	Gross income from gamir								
	-	Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b	└────┤				
		Net income or (loss) from			s	I				
	io a	Gross sales of inventory, and allowances			10a	229,887.				
	h	Less: cost of goods sold			10a					
		Net income or (loss) from				,	102,238.			102,2
┪	U		Salut		• 1 • •	Business Code				_
	11 a	LICENSING FEES				110000	106,207.	106,207.		
Revenue	ш b							, 		
eve	c									
ř		All other revenue								
		Total. Add lines 11a-11d					106,207.			
	12	Total revenue. See instructi					4,720,689.	137,943.	0.	519,8

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0000	Check if Schedule O contains a respon				X
	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCINGCO	general expenses	схроносо
•	and domestic governments. See Part IV, line 21	1,158,020.	1,158,020.		
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	46,650.	46,650.		
3	Grants and other assistance to foreign	40,050.			
3	ç I				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	150 220	122 125	0 004	16 700
-	trustees, and key employees	159,228.	133,435.	8,994.	16,799.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.61 0.07		40 702	01 140
7	Other salaries and wages	861,987.	722,054.	48,793.	91,140.
8	Pension plan accruals and contributions (include	01 100	40 004	1 000	0 044
	section 401(k) and 403(b) employer contributions)	21,192.	17,751.	1,200.	<u>2,241.</u> 15,319.
9	Other employee benefits	151,463.	127,943.	8,201.	15,319.
10	Payroll taxes	80,562.	67,484.	4,560.	8,518.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	154,723.	102,790.	31,946.	19,987.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,097.		5,097.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	406,341.	374,169.	14,967.	17,205.
12	Advertising and promotion				
13	Office expenses	56,057.	29,226.	5,197.	21,634.
14	Information technology	44,431.	24,973.	3,062.	16,396.
15	Royalties				
16	Occupancy	215,012.	170,635.	22,839.	21,538.
17	Travel	50,978.	48,244.	1,853.	881.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,661.	31,547.	2,132.	3,982.
23	Insurance	39,033.	18,845.	944.	19,244.
24	Other expenses. Itemize expenses not covered	·			·
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OMUED DUGINEGO EVDENGEO	46,144.	42,995.	1,383.	1,766.
b	DETIMITING AND DEDDODUGET	13,402.		6.	13,396.
c	SUBSCRIPTIONS & DUES	11,830.	10,892.	327.	611.
d	FACILITY RENTALS AND PR	8,845.	- ,	8,411.	434.
	All other expenses			,	
25	Total functional expenses. Add lines 1 through 24e	3,568,656.	3,127,653.	169,912.	271,091.
26	Joint costs. Complete this line only if the organization		.,.,	,	,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Farm 990 (0000)

232010 12-13-22

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Form 990 (2022)

Form 990 (2022)

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).

		2022) FARM AID, INC Balance Sheet	36-3383233 Page 11				
		Check if Schedule O contains a response or not	e to anv l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	394,119.	1	293,344.		
	2	Savings and temporary cash investments			8,960,090.	2	10,201,291.
	3	Pledges and grants receivable, net			304,120.	3	533,439.
	4	Accounts receivable, net			680,196.	4	85,223.
	5	Loans and other receivables from any current or			· · · · · · · · · · · · · · · · · · ·		
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			41,259.	8	133,259.
As	9	–			38,327.	9	88,970.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,752.			
	b	Less: accumulated depreciation		19,267.	9,216.	10c	6,485.
	11	Investments - publicly traded securities			444,518.	11	355,561.
	12	Investments - other securities. See Part IV, line 1				12	-
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			95,930.	14	73,737.
	15	Other assets. See Part IV, line 11			7,500.	15	540,748.
	16	Total assets. Add lines 1 through 15 (must equ	10,975,275.	16	12,312,057.		
	17	Accounts payable and accrued expenses	218,642.	17	148,185.		
	18	Grants payable			29,726.	18	27,570.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form	ner officer	, director,			
litie		trustee, key employee, creator or founder, subst	tantial cor	ntributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se person	s		22	
	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	rties	229,344.	24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X			
		of Schedule D	16,110.	25	553,069.		
	26	Total liabilities. Add lines 17 through 25			493,822.	26	728,824.
		Organizations that follow FASB ASC 958, che	eck here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27				9,878,599.	27	11,108,402.
Ba	28	Net assets with donor restrictions			602,854.	28	474,831.
pun		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ec		Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			10 101 1-5	31	11 500 000
Ne.	32	Total net assets or fund balances			10,481,453.	32	11,583,233.
	33	Total liabilities and net assets/fund balances .	10,975,275.	33	12,312,057. Form 990 (2022		

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Form **990** (2022)

	990 (2022) FARM AID, INC	<u> 36–3</u>	383233	Pag	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,720			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,568			
3	Revenue less expenses. Subtract line 2 from line 1	1,152	<u> </u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,481			
5	Net unrealized gains (losses) on investments	5	-50),2	53.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
_	column (B))	10	11,583	3,2	<u>33.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			x	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	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 Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L	

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022
Open to Public

Name of the	organization
-------------	--------------

Nam	e of t	the organization							r identification number
		FARM	AID, INC						6-3383233
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b) (1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Illy receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	eor
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	or section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	/ing
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) is the orac	anization listed			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
-									
Tota	I								1

FARM AID, INC

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.)

Calendar year (of fical year beginning in difficult year (of local year) (in year) (i	Sec	ction A. Public Support						
membership fees received. (Do not include any Pursular) grants? 1636703. 1590794. 2693871. 2214277. 3162921. 11298566. 2 Tax revenues levied for the organ- ization's benefit and ether pad to or expended on its behalf 1636703. 1590794. 2693871. 2214277. 3162921. 11298566. 3 The value of services or facilities furnished by agovernmental unit to the organization without charge 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) 1636703. 1590794. 2693871. 2214277. 3162921. 11298566. 6 Public support. Summarities to the tat Section B. Total Support 1636703. 1590794. 2693871. 2214277. 3162921. 11298566. 7 Amounts from line 4 1636703. 1590794. 2693871. 2214277. 3162921. 11298566. 8 Cross factors the tation of the tation of the tation of the tation governmental unit or publicly supported organization (include on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1636703. 1590794. 2693871. 2214277. 3162921. 11298566. 6 Ross factors from interest. Catedary sur (of fical yeap of the same from interest. dividends, payments received on securities losen, rents, coyalise activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital ansats (Explain from reliad ca	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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Schedule A (Form 990) 2022

232022 12-09-22

FARM AID, INC

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 disqualified 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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		•		•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	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						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
	check this box and stop here	-			-		
Sec	tion C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021		-		<u></u>	16	%
Sec	ction D. Computation of Investion	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r				33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
23202	3 12-09-22					Sched	ule A (Form 990) 2022
			15	•			

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Yes No

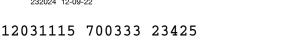
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

Schedule A				AID,	
Part IV	Suppor	ting	Organizations	(continued	1)

2

No

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

	supervis	ed. or co	ntrolled th	ne suppor	ting orgar	ization.	
Secti	ion C.	Type II	Suppo	rting O	rganiza	tions	

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

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

с [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
-----	--	---	--

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

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

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All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (optional) Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 2 Add lines 1 through 3. 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of opersting expenses paid or incurred for production or collection of gross income for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 9 Adjusted value of all non-exempt-use assets (see instructions) for short tax year or assets held for part of year): a Average monthly cash balances 1a 9 Average monthly cash balances 1b (cptional) 14 E Cashier and teal in Part VI): (axparia in deal in Part VI): 2 Average monthly cash balances 1b (cptional) 14 E E E <t< th=""><th>1</th><th>Check here if the organization satisfied the Integral Part Test as a qualify</th><th></th><th></th><th>Part VI). See instructions.</th></t<>	1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines (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 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section 8 - Minimum Asset Amount (A) Prior Year (E) 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): 1a a Average monthy value of securities 1a 1a b Average monthy cash balances 1b 1d c Tatal (add lines 1,a, 1b, and 1c) 1d 1d 1d e D biscount claimed for blockage or other factors (seplain in delati in Part VI): 3 3 2 Acquisition indel/dechesis applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. 3 4 5	Sect				
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a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 1d 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 Section C - Distributable Amount 2 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		instructions for short tax year or assets held for part of year):			
b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors 1d (explain in detail in Part VI): 1d 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 Section C - Distributable Amount 2 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	а		1a		
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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 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	-				
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Section 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					
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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					
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6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6		*			
emergency temporary reduction (see instructions).					
	0		6		
	7				l

 Schedule A (Form 990) 2022
 FARM AID , INC

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

36-3383233 Page 6

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

	A (Form 990) 2022	FARM AID				3
Part V	Type III Non-	Functionally Integra	ed 509(a)(3) Supporting Organizations	(continue	ed)
Section D	- Distributions				•	

Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	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 (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero. explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

36-3383233 Page 7

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: BEQUEST FROM DISINTERESTED PARTY

DATE: 03/18/21 AMOUNT: 7200000.

DESCRIPTION: BEQUEST FROM DISINTERESTED PARTY

DATE: 12/07/21 AMOUNT: 212269.

DESCRIPTION: 2ND PAYMENT ON BEQUEST FROM DISINTERESTED PARTY

DATE: 02/09/22 AMOUNT: 900000.

232028 12-09-22

20 2022.05000 FARM AID, INC

(Form 990)	For Ora	anizations Exempt From Incom	e Tax Under section :	501(c) and section 52	27	2022
	-	f the organization is described				Open to Public
Department of the Treasury Internal Revenue Service	Go	to www.irs.gov/Form990 for i	nstructions and the la	test information.		Inspection
If the organization answ	vered "Yes," on	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, lin	ne 46 (Political Camp	aign Activ	ities), then
		plete Parts I-A and B. Do not co	•			
		1(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Parl	t I-B.	
 Section 527 organiza 						
-		Form 990, Part IV, line 4, or Fo				
()() C		nave filed Form 5768 (election ur		•	•	
		nave NOT filed Form 5768 (electi	·	<i>"</i>		•
		Form 990, Part IV, line 5 (Prox	y Tax) (See separate i	nstructions) or Form	990-EZ, F	Part V, line 35c (Proxy
Tax) (See separate inst		iono: Complete Dart III				
Name of organization	, or (6) organizat	ions: Complete Part III.			Employor	identification number
Name of organization						6-3383233
Part I-A Comple	FARM AI	anization is exempt und	r section 501(c) (or is a section 52		
					.7 organ	
4 Descriptions described			-1			
•	•	ation's direct and indirect politic			Φ.	
		ures				
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the org	anization is exempt und	er section 501(c)(3	3).		
1 Enter the amount of	f any excise tax i	incurred by the organization und	er section 4955		\$	
2 Enter the amount o	f any excise tax i	incurred by organization manage				
		n 4955 tax, did it file Form 4720				Yes No
4a Was a correction m						Yes No
b If "Yes," describe in						
		anization is exempt und	er section 501(c),	except section 5	601(c)(3).	
1 Enter the amount d	irectly expended	by the filing organization for sec	ction 527 exempt funct	ion activities	\$	
		ization's funds contributed to oth			···· · <u> </u>	
exempt function ac					\$	
•		. Add lines 1 and 2. Enter here a			···· · <u> </u>	
· · · ·	•				\$	
		1120-POL for this year?				Yes No
		ployer identification number (EI)				filing organization
		ion listed, enter the amount paid	, ,	•		
contributions receiv	ed that were pro	omptly and directly delivered to a	a separate political orga	anization, such as a se	eparate seg	gregated fund or a
political action com	mittee (PAC). If a	additional space is needed, prov	ide information in Part I	IV.		
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid f	from (e) Amount of political
				filing organizatio		ntributions received and
				funds. If none, ente		promptly and directly lelivered to a separate
						political organization.
						If none, enter -0
For Paperwork Reducti	on Act Notice,	see the Instructions for Form 9	90 or 990-EZ.		Sche	dule C (Form 990) 2022

Political Campaign and Lobbying Activities

LHA

SCHEDULE C

232041 11-08-22

OMB No. 1545-0047

Schedule C (Form 990) 2022	FARM AID,]	INC		36-3	383233 Page 2
Part II-A Complete if the org	anization is exe	mpt under section	1 501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).	tions la classica da sua set	""' - +! (! !'-+ '			
	-	iliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	e of excess lobbying	• •	visiona annhy		
Limit	ts on Lobbying Expe	nd "limited control" pro enditures unts paid or incurred.)		(a) Filing organization's	(b) Affiliated group totals
(116 16111 - 620616				totals	
1a Total lobbying expenditures to influ	ence public opinion	(grassroots lobbying)		3,833.	0.
b Total lobbying expenditures to influ	ience a legislative bo	dy (direct lobbying)		245.	0.
c Total lobbying expenditures (add lir	nes 1a and 1b)			4,078.	0.
d Other exempt purpose expenditure				3,559,481.	0.
e Total exempt purpose expenditures	s (add lines 1c and 1	t)		3,563,559.	0.
f Lobbying nontaxable amount. Ente	er the amount from th	e following table in both	n columns.	328,178.	0.
If the amount on line 1e, column (a) of		obying nontaxable amo	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000	· · · · · · · · · · · · · · · · · · ·	00 plus 15% of the exce			
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
				00 04E	0
g Grassroots nontaxable amount (en	, ,			82,045. 0.	0.
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer		line II, did the organiza	ation file Form 4720	Г	Yes No
reporting section 4911 tax for this		eraging Period Under	Soction 501(h)	L	Yes No
(Some organizations th	nat made a section &		nave to complete all o	of the five columns be	low.
	Lobbying Expe	enditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	281,014.	275,065.	290,400.	328,178.	1,174,657.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,761,986.
c Total lobbying expenditures	6,582.	13,387.	12,760.	4,078.	36,807.
d Grassroots nontaxable amount	70,254.	68,766.	72,600.	82,045.	293,665.
e Grassroots ceiling amount (150% of line 2d, column (e))					440,498.
f Grassroots lobbying expenditures	6,071.	12,954.	12,760.	3,833.	35,618.

C (Form 990)

232042 11-08-22

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	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				
	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	n 501(c)(5)), or sec	tion	
	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		3	1	
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 '				3. is
	answered "Yes."				-,
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		2b		
с	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions				
	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	nd 2 (See	

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

Schedule C (Form 990) 2022

232043 11-08-22

SCHEDULE (Form 990)	Complete if the orga	al Financial Statemen anization answered "Yes" on Form 990),		OMB No. 154	22	
Department of the Treasury	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the Treasury Attach to Form 990.						
Internal Revenue Service							
Name of the organ	ization FARM AID, INC				er identification 36-33832		
Part I Orga	nizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Ac				
	zation answered "Yes" on Form 990, Part IV, lin		0 01 /10	oountor	Complete il tri	6	
		(a) Donor advised funds	(b) Funds a	nd other accour	nts	
1 Total number	at end of year						
	ue of contributions to (during year)						
	ue of grants from (during year)						
	ue at end of year						
5 Did the organ	ization inform all donors and donor advisors in	writing that the assets held in donor adv	vised fund	s			
are the organi	zation's property, subject to the organization's	exclusive legal control?			Yes	No	
6 Did the organ	ization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used or	nly			
for charitable	purposes and not for the benefit of the donor o	or donor advisor, or for any other purpos	e conferri	ng			
	private benefit?				Yes	No	
	ervation Easements. Complete if the org), Part IV,	line 7.			
	conservation easements held by the organization	· · · ·					
	ation of land for public use (for example, recrea	·			ortant land area		
	on of natural habitat	Preservation	of a certif	ied histori	c structure		
	ation of open space	final and the state of the stat					
2 Complete line day of the tax	s 2a through 2d if the organization held a qualit	fied conservation contribution in the forr	n of a cor		easement on the d at the End of the		
-	- 						
				2a			
•		ucture included in (a)		2b 2c			
	nservation easements on a certified historic strunic strung a certified historic strung a certified in (c) acquired a			20			
	ure listed in the National Register	•		2d			
	nservation easements modified, transferred, rel				ng the tax		
year			ie erganiz				
	ates where property subject to conservation eas	sement is located					
	inization have a written policy regarding the per		f				
6	d enforcement of the conservation easements it	6, I , 6			Yes	No	
6 Staff and volu	nteer hours devoted to monitoring, inspecting,					ar	
7 Amount of ex	penses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation eas	ements du	uring the year		
8 Does each co	nservation easement reported on line 2(d) abov	ve satisfy the requirements of section 17	0(h)(4)(B)(i)			
and section 1	70(h)(4)(B)(ii)?				🗌 Yes	No No	
9 In Part XIII, de	scribe how the organization reports conservation	on easements in its revenue and expension	se stateme	ent and			
balance sheet	, and include, if applicable, the text of the footr	note to the organization's financial state	ments tha	t describe	s the		
	accounting for conservation easements.						
	nizations Maintaining Collections of		other Si	milar As	ssets.		
Compl	ete if the organization answered "Yes" on Form	1 990, Part IV, line 8.					
0	ation elected, as permitted under FASB ASC 95	· ·					
	al treasures, or other similar assets held for put			ce of publi	iC		
	de in Part XIII the text of the footnote to its finar						
-	tion elected, as permitted under FASB ASC 95						
	treasures, or other similar assets held for public	c exhibition, education, or research in fu	rtherance	ot public s	service,		
-	llowing amounts relating to these items:			^			
(I) Revenue i	ncluded on Form 990. Part VIII. line 1			\$			

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

Assets included in Form 990, Part X

b

232051 09-01-22

(ii) Assets included in Form 990, Part X

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

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

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

2	3	Λ	2	5	-

Schedule D (Form 990) 2022

\$

\$

\$

Sche	dule D (Form 990) 2022 FARM AI						36-33			age 2
Par	t III Organizations Maintaining C	ollections of Art,	, Historical Tre	asures, or (Other S	Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that m	nake sigr	nificant ı	use of its			
	collection items (check all that apply):									
а	Public exhibition	d		hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization'	s exemp	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, historical treas	sures, or other s	similar as	ssets		_	_	_
D	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Ye	es" on Fo	orm 990), Part IV, I	ine 9, or		
4										
18	Is the organization an agent, trustee, custodi		•					7		7
L.	on Form 990, Part X?						L	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing table:					Amoun	ł	
•	Paginning balance					1c		/ moun		
	Additions during the year					1d				
	Additions during the year					1e				
f						1f				
	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.				•	· ·····	······			1
Par										
		(a) Current year	(b) Prior year	(c) Two years			/ears back	(e) Four	years	back
1a	Beginning of year balance	411,062.	416,767.	400,	590.	3	67,530.		445,	641.
	Contributions									
	Net investment earnings, gains, and losses	-65,705.	22,261.	44,	230.		60,046.		-8,	123.
d	Grants or scholarships	17,570.	22,226.	22,	503.		21,607.		20,	789.
е	Other expenditures for facilities									
	and programs								43,	821.
f	Administrative expenses	5,043.	5,740.	5,	550.		5,379.		5,	378.
g	End of year balance	322,744.	411,062.	, ,	767.	4	00,590.		367,	530.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:						
	Board designated or quasi-endowment	.0000	_%							
b	Permanent endowment .0000	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered	for the			ſ	Yes	Na
	organization by:							0-13	162	No X
	(i) Unrelated organizations							3a(i)		X
Ь	(ii) Related organizations							3a(ii) 3b		
4	Describe in Part XIII the intended uses of the									L
	t VI Land, Buildings, and Equipm		ment lunus.							
	Complete if the organization answere		Part IV, line 11a. S	ee Form 990, F	Part X, lin	ne 10.				
	Description of property	(a) Cost or ot		or other		umulate	be	(d) Boo	k valu	
		basis (investm	• • •	(other)	. ,	eciation		(1) 200		•
1 a	Land									
	Buildings		1							
	Leasehold improvements									
	Equipment		2	5,752.		19,2	67.		6,4	85.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part X	. column (B). line 1	0c.)					6,4	85.
							Schedule	D (Forn	n 990)	2022

12031115 700333 23425

Schedule D	(Form 990) 2022	F'ARM	AID,	INC	
Part VII	Investments -	Other Sec	urities.		

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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-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.

Sch

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

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

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITIES	553,069.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<u>Total.</u>	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	553,069.

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) 2022

232053 09-01-22

12031115 700333 23425

Sche	dule D (Form 990) 2022 FARM AID, INC			36-	3383233 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With F	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,665,587.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-50,253.		
b	Donated services and use of facilities		248.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	-50,005.
3	Subtract line 2e from line 1			3	4,715,592.
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	5,097.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	5,097.
С					
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	4,720,689.
			Expenses per F		<u>4,720,689</u> . 1.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ments With	Expenses per F		4,720,689. 1.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ments With 2a.	Expenses per F		4,720,689. n. 3,563,807.
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	ments With 2a.	Expenses per F	Returi	ו.
Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t 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 2a.	Expenses per F	Returi	ו.
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t 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	ments With ^{2a.}	Expenses per F	Returi	ו.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: 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.	Expenses per F	Returi	ו.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: 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	2a. 2a 2b 2c	Expenses per F	Returi	ו.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 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 F	Returi	n. <u>3,563,807</u> . 248.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t 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	Expenses per F	1	n. 3,563,807.
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 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	Expenses per F	1 2e	n. <u>3,563,807</u> . 248.
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1: 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	2a. 2a 2b 2c 2c 2d	Expenses per F	1 2e	n. <u>3,563,807</u> . 248.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: 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	Expenses per F	1 2e	n. <u>3,563,807</u> . 248.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: 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 2b 2c 2d 2d 4a 4b 4b	Expenses per F 248. 5,097.	1 2e	n. <u>3,563,807.</u> <u>248.</u> 3,563,559. 5,097.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 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 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 2c 2d 2d	Expenses per F 248. 5,097.	1 2e 3	n. <u>3,563,807</u> . <u>24</u> 8. <u>3,563,559</u> .

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 \$322,744 IS RESTRICTED TO THE YOUNKERS-FARM AID

SCHOLARSHIP PROGRAM.

232054 09-01-22

12031115 700333 23425

Department of the Treasury	0		Attach to Form 990.			pen to Public
Internal Revenue Service Name of the organization	GO to W	ww.irs.gov/Form	990 for instructions and the latest i	nformation.		spection ntification number
					Employer lac	
FARM AID, INC					36-3383	233
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered	d "Yes" on
Form 990, Part IV						
-	0		ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's (procedures for monitoring the use of its	s grants and ot	her assistance o	utside the
United States.			, and the second s	•		
			n be duplicated if additional space is n			
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	TICKET SALES & AUCTION ITEM	N/A		0.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	TICKET SALES	N/A		0.
NORTH AMERICA -	_					
CANADA AND MEXICO,						
BUT NOT THE UNITED						
STATES	0	0	FUNDRAISING	N/A		0.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING	N/A		0.
ICELIAND & GREENLAND)	0	0	r ondraising	N/A		
EAST ASIA AND THE						
PACIFIC	0	0	FUNDRAISING	N/A		0.
3 a Subtotal	0	0				0.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				0.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

232071 10-17-22

SCHEDULE F (Form 990)

3 Enter total number of other organizations or entities

2 Enter total number of	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax								

(e) Amount

FARM AID, INC Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

(b) IRS code section

and EIN (if applicable)

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) Region

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(d) Purpose of

grant

(a) Name of organization

1

(i) Method of

valuation (book, FMV,

appraisal, other)

Schedule F (Form 990) 2022

(f) Manner of

of cash grant cash disbursement

(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

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

(d) Amount of

cash grant

(e) Manner of

cash disbursement

(c) Number of

recipients

Part III can be duplicated if additional space is needed.

FARM AID, INC

(b) Region

(a) Type of grant or assistance

(g) Description of

noncash assistance

(f) Amount of

noncash assistance Page 3

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

Schedule F (Form 990) 2022

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 FARM AID, INC
Part V Supplemental Information

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

PART I, LINE 3:

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

ACCOUNT FOR THEM USING THE ACCRUAL METHOD OF ACCOUNTING

FORM 990, SCHEDULE F, PART I, LINE 3

THE ORGANIZATION SOLD TICKETS FOR THE ANNUAL FESTIVAL TO 9 FOREIGN

INDIVIDUALS WHO RESIDE IN THE NORTH AMERICA REGION AND 1 FROM THE

EUROPE REGION. THE TOTAL TICKET SALES TO THESE INDIVIDUALS TOTALED

\$90,475, OF WHICH \$58,756 WAS IN EXCESS OF THE FAIR MARKET OF THE

EXCHANGE AND THUS A CONTRIBUTION. THESE INDIVIDUALS WERE REPORTED ON

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

THRESHOLDS IN ACCORDANCE WITH IRS REGULATIONS. THE ORGANIZATION DID NOT

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

THE ORGANIZATION RECEIVED REVENUE FROM THE SALE OF AN AUCTION ITEM FROM 1 FOREIGN INDIVIDUAL WHO RESIDED IN THE NORTH AMERICA REGION. THE ORGANIZATION DID NOT EXPEND ANY MONEY IN THIS REGION IN ORDER TO OBTAIN THE SALE OF THE AUCTION ITEM.

THE ORGANIZATION RECEIVED DONATIONS FROM 31 FOREIGN INDIVIDUALS WHO RESIDE IN NORTH AMERICA (13 INDIVIDUALS), EUROPE (17 INDIVIDUALS), AND AUSTRALIA (1 INDIVIDUAL). TOTAL DONATIONS FROM THESE INDIVIDUALS TOTALED \$65,442 (\$63,616 IN NORTH AMERICA, \$1,751 IN EUROPE, \$76 IN AUSTRALIA). THESE INDIVIDUALS WERE REPORTED ON SCHEDULE B, IF THE AMOUNT OF THEIR CONTRIBUTIONS EXCEEDED THE REPORTING THRESHOLDS IN ACCORDANCE WITH IRS REGULATIONS. THE ORGANIZATION DID NOT EXPEND ANY MONEY IN THESE REGIONS IN ORDER TO OBTAIN THESE DONATIONS. 232075 10-17-22 Schedule F (Form 990) 2022

Schedule F (Form 990) 2022	FARM	AID,	INC
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Part V Supplemental Information

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

232075 10-17-22	Schedule F (Form 990) 2022

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047			
(Form 990)	Complete if the	2022									
Department of the Treasury Internal Revenue Service											
Name of the organization											
Name of the organization	FARM AI	D, INC					36-338	identification number 83233			
Part I Fundrais required to		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17	. Form 990-E	Z filers are not			
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye				
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization			
			Yes	No							
Total											
3 List all states in whitor licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	xempt from r	egistration			

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

Schedule G (Form 990) 2022

232081 10-27-22

FARM AID, INC

36-3383233 Page 2

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 gro		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
			FESTIVAL (event type)	LUCK REUNION (event type)	(total number)	col. (c))	
e			(event type)	(event type)	(total humber)		
Revenue	1	Gross receipts	3,198,722.	74,973.		3,273,695	
	2	Less: Contributions	270,191.	52,653.		322,844.	
	3	Gross income (line 1 minus line 2)	2,928,531.	22,320.		2,950,851.	
	4	Cash prizes	_				
	5	Noncash prizes					
penses	6	Rent/facility costs	678,390.	3,431.		681,821.	
Direct Expenses	7	Food and beverages	95,385.	14,985.		110,370.	
_	8	Entertainment					
		Other direct expenses		54,964.		1,729,189	
	9						
						2,521,380	
	10	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from	gh 9 in column (d)				
	10	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from	gh 9 in column (d) n line 3, column (d)				
Pai	10 11	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from II Gaming. Complete if the organizatio	gh 9 in column (d) n line 3, column (d)			429,471 (d) Total gaming (add	
Pai	10 <u>11</u> rt I	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	gh 9 in column (d) n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	429,471	
Pai	10 <u>11</u> rt I	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from II Gaming. Complete if the organizatio	gh 9 in column (d) n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	429,471 (d) Total gaming (add	
Parenne	10 11 rt I	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	gh 9 in column (d) n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	429,471	
Parenne	10 <u>11</u> rt I 1 2	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	gh 9 in column (d) n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	2,521,380. 429,471.	
Pal	10 11 rt I 2 3	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	gh 9 in column (d) n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	429,471.	
Pal	10 11 rt I 2 3 4	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	gh 9 in column (d) n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	429,471.	
Parenne	10 11 rt I 2 3 4	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	gh 9 in column (d) n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	429,471	
Direct Expenses Hevenue	10 11 rt I 2 3 4 5	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	gh 9 in column (d) n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	429,471	
Direct Expenses Revenue	10 11 rt I 2 3 4 5	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	gh 9 in column (d) n line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Ves% No	429,471	

a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	FARM A	ID,	INC	36	-3383	3233	Page 3
11	Does the organization conduct ga	aming activitie	s with r				Yes	No
	Is the organization a grantor, bene							
	to administer charitable gaming?						Yes	No
13	Indicate the percentage of gaming							
a	The organization's facility					. 13 a		%
b	An outside facility					13b		%
14	Enter the name and address of th	e person who	prepar	the organization's gaming	g/special events books and records:			
	Address							
					on receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gam				and the amount			
	of gaming revenue retained by the							
C	If "Yes," enter name and address	of the third pa	arty:					
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employ	ee	Independent o	ontractor			
47								
	Mandatory distributions:	r atata law ta y		ritabla diatributiana fram t	he coming proceeds to			
a	Is the organization required under						Yes	No No
	retain the state gaming license?						165	
	organization's own exempt activit	•			er exempt organizations or spent in the			
Pa				\$ explanations required by F	Part I, line 2b, columns (iii) and (v); and	Part III li	nes 9 (9h 10h
				de any additional informati		r arc in, ii	103 0,	55, 105,
	, 100, 10, 410 110, 40							
2320	83 10-27-22				Sch	edule G	(Form	990) 2022

	0.1 1 0 7 653
	Schedule G (Form 990)

232084 04-01-22

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Comp	lete if the organizatio	Attach to Form		rt IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of the organization FARM AID,	INC						Employer identification number $36 - 3383233$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?				•		on 🔀 Yes 🗌 No
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	′es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGRICULTURAL JUSTICE PROJECT PO BOX 5786 GAINESVILLE, FL 32627	35-2484219	501(C)(3)	10,000.	0	N/A	N/A	HELPING FARMERS THRIVE
GAINESVILLE, FL 52027	55-2464215	501(0)(3)	10,000.	0.	N/A	N/A	HELFING FARMERS THRIVE
AGRICULUTRE & LAND-BASED TRAINING ASSOCIATION - PO BOX 6264 -							
SALINAS, CA 93912	77-0566055	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
ALABAMA SUSTAINABLE AGRICULTURE NETWORK – PO BOX 2533 – BIRMINGHAM, AL 35202	56-2461946	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH ST #1							
TUCSON, AZ 85713	52-2094677	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
ANGELIC ORGANICS LEARNING CENTER 1545 ROCKTON ROAD CALEDONIA, IL 61011	36-4288904	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
APPALACHIAN CENTER FOR ECONOMIC NETWORKS - 94 COLUMBUS ROAD - ATHENS, OH 45701	31-1129632	501(C)(3)	10,000.	0.	N/A	N/A	GROWING THE GOOD FOOD MOVEMENT
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	0	0	e line 1 table				88.

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN SUSTAINABLE							CROWING WHE GOOD BOOD
DEVELOPMENT - PO BOX 475 -	21 1445522	F01 (g) (2)	10.000	0			GROWING THE GOOD FOOD
DUFFIELD, VA 24244-5227	31-1445533	501(C)(3)	10,000.	υ.	N/A	N/A	MOVEMENT
CAROLINA FARM STEWARDSHIP							
ASSOCIATION - PO BOX 448 -							PROMOTING FOOD FAMILY
	24 0040240	E01(0)(2)	10 000	0	AT / A	NT / A	
PITTSBORO, NC 27312	24-0040340	501(C)(3)	10,000.	0.	N/A	N/A	FARMS
CENTER FOR RURAL AFFAIRS							
PO BOX 136							TAKING ACTION TO CHANGE
LYONS, NE 68038	47-0553823	501(C)(3)	22,000.	0	N/A	N/A	SYSTEM
110NS, NE 66036	47-0555625	501(C)(3)	22,000.	0.	N/A	N/A	SISIEM
CITY SEED, INC.							
B17 GRAND AVE, NO 101							GROWING THE GOOD FOOD
NEW HAVEN, CT 06511	83-0397621	501(C)(3)	10,000.	0	N/A	N/A	MOVEMENT
	05 0557021	501(0/(5/	10,000.	0.	N/A	N/A	HOVEMENT
COMMUNITY ALLIANCE WITH FAMILY							
FARMERS - 7275 BROWNS VALLEY ROAD							TAKING ACTION TO CHANGE
	94-2914745	501(C)(3)	10,000.	0	N/A	N/A	SYSTEM
- DAVIS, CA 95617	54-2514745	501(0)(3)	10,000.	0.	N/A	N/A	SISIEM
COMMUNITY FARM ALLIANCE							
327 CHESTNUT ST, STE 1							TAKING ACTION TO CHANGE
BEREA, KY 40403	61-1092056	501(C)(3)	10,000.	0	N/A	N/A	SYSTEM
51KBA, KI 40405	01 1092030	501(0/(5/	10,000.				
COMMUNITY INVOLVED IN SUSTAINING							
AGRICULTURE - 1 SUGARLOAF STREET -							
SOUTH DEERFIELD, MA 01373	04-3416862	501(C)(3)	10,000.	0	N/A	N/A	HELPING FARMERS THRIVE
	04 5410002	501(0/(5/	10,000.				
CONNECTICUT FARMLAND TRUST, INC.							
7 BUCKINGHAM STREET, #5							
ARTFORD, CT 06106	32-0007171	501(C)(3)	10,000.	٥	N/A	N/A	HELPING FARMERS THRIVE
	52 000/1/1	501(0/(3/	10,000.	0.		NY/ 21	Interno PANHENO INCIVE
COUNCIL FOR HEALTHY FOOD SYSTEMS							TAKING ACTION TO CHANGE
		1					
PO BOX 809							SYSTEM-FARM AND RANCH

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTIVATE KANSAS CITY							
300 E 39TH STREET							
KANSAS CITY, MO 64111	20-2365320	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
DAKOTA RESOURCE COUNCIL							
1720 BURNT BOAT ROAD, SUITE 104							TAKING ACTION TO CHANGE
BISMARCK, ND 58503	45-0363903	501(C)(3)	10,000.	0.	N/A	N/A	SYSTEM
							TAKING ACTION TO CHANGE
DAKOTA RURAL ACTION							SYSTEM; GROWING THE GOOD
PO BOX 549							FOOD MOVEMENT; HELPING
BROOKINGS, SD 57006	46-0398656	501(C)(3)	12,000.	0.	N/A	N/A	FARMERS THRIVE
DREAMING OUT LOUD							
80 M STREET SE							
WASHINGTON, DC 20003	26-1286043	501(C)(3)	10,000.	0	N/A	N/A	HELPING FARMERS THRIVE
							TAKING ACTION TO CHANGE
EARTH ISLAND INSTITUTE, INC.							SYSTEM-CALIFORNIA CLIMATE
2150 ALLSTON WAY, SUITE 460							& AGRICULTURE NETWORK
BERKELEY, CA 94704	94-2889684	501(C)(3)	12,000.	0.	N/A	N/A	(CALCAN)
			, .				
FAMILY FARM DEFENDERS							
PO BOX 1772							TAKING ACTION TO CHANGE
MADISON, WI 53701	39-1814573	501(C)(3)	10,000.	0.	N/A	N/A	SYSTEM
FARM FRESH RHODE ISLAND							
10 SIMS AVENUE, UNIT 103							GROWING THE GOOD FOOD
PROVIDENCE, RI 02909	20-4625643	501(C)(3)	10,000.	0.	N/A	N/A	MOVEMENT
FARMERS LEGAL ACTION GROUP, INC.							
6 W 5TH STREET, SUITE 650							TAKING ACTION TO CHANGE
ST. PAUL, MN 55102	36-3431212	501(C)(3)	80,000.	n	N/A	N/A	SYSTEM
				0.			
FARMWORKER ASSOCIATION OF FLORIDA,							
INC 1264 APOPKA BLVD - APOPKA,							
, FL 32703	59-2683978	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TAKING ACTION TO CHANGE
FEDERATION OF SOUTHERN							SYSTEM; GROWING THE GOOD
COOPERATIVES - 2769 CHURCH STREET							FOOD MOVEMENT; HELPING
- EAST POINT, GA 30344	58-1026695	501(C)(3)	55,000.	0.	N/A	N/A	FARMERS THRIVE
FOOD WORKS							
PO BOX 3855							
CARBONDALE, IL 62902	26-3662215	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
FRIENDS OF FAMILY FARMERS							
PO BOX 751			10.000				TAKING ACTION TO CHANGE
JUNCTION CITY, OR 97448	30-0390131	501(C)(3)	10,000.	0.	N/A	N/A	SYSTEM
GREEN VILLAGE INITIATIVE, INC.							
135 CLARENCE STREET							
BRIDGEPORT, CT 06608	27-1439954	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
· · · · ·							
GROW PITTSBURGH							
6587 HAMILTON AVENUE, #2W							GROWING THE GOOD FOOD
PITTSBURGH, PA 15206	43-2112710	501(C)(3)	10,000.	0.	N/A	N/A	MOVEMENT
GROWNYC							
PO BOX 2327							GROWING THE GOOD FOOD
NEW YORK, NY 10272	13-2765465	501(C)(3)	10,000.	0	N/A	N/A	MOVEMENT
NIW 10KK, NI 10272	13 2703403	501(0)(5)	10,000.	0.			
HOLISTIC MANAGEMENT INTERNATIONAL							
2425 SAN PEDRO NE, SUITE A							
ALBUQUERQUE, NM 87110	85-0324203	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
IDAHO ORGANIZATION OF RESOURCE							
COUNCILS, INC 910 W. MAIN							TAKING ACTION TO CHANGE
STREET, STE 316 - BOISE, ID 83702	46-5310102	501(C)(3)	10,000.	0.	N/A	N/A	SYSTEM
ILLINOIS STEWARDSHIP ALLIANCE							
230 BROADWAY #200							TAKING ACTION TO CHANGE
SPRINGFIELD, IL 62701	37-6160476	501(C)(3)	10,000.	0	N/A	N/A	SYSTEM

FARM AID, INC

Schedule I (Form 990)FARMAID ,Part IIContinuation of Grants and Other		mestic Organization	s and Domestic Go	vernments (Sch	edule I (Form 990), P		6-3383233 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR AGRICULTURE AND TRADE POLICY - 1700 SECOND ST, NE, STE 200 - MINNEAPOLIS, MN 55413	36-3501938	501(C)(3)	10,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE SYSTEM
INTERTRIBAL AGRICULTURE COUNCIL, INC, - PO BOX 958 - BILLINGS, MT 59103	36-3886772	501(C)(3)	20,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT - 2001 FOREST AVENUE - DES MOINES, IA 50311	42-1110721	501(C)(3)	10,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE SYSTEM
KANSAS FARMERS UNION PO BOX 1064 MCPHERSON, KS 67460	48-0806620	501(C)(3)	10,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE SYSTEM
KNOX, INC. 75 LAUREL STREET HARTFORD, CT 06106	06-0985421	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
LAND FOR GOOD, INC. PO BOX 625 KEENE, NH 03431	02-0530711	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
LAND LOSS PREVENTION PROJECT PO BOX 179 DURHAM, NC 27702	56-1348982	501(C)(3)	20,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
LAND STEWARDSHIP PROJECT 821 EAST 35TH STREET, SUITE 200 MINNEAPOLIS, MN 55407	41-1466054	501(C)(3)	24,000.	0.	N/A	N/A	TAKING ACTION TO CHANGE SYSTEM; PROMOTING FOOD FAMILY FARMS
LOCAL FOOD HUB PO BOX 4647 CHARLOTTESVILLE, VA 22905	26-4137130	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE

FARM AID, INC

Schedule I (Form 990) FARM AID,							36-3383233 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE ORGANIC FARMERS AND							
GARDENERS ASSOCIATION - 294 CROSBY							
BROOK ROAD - UNITY, ME 04988	01-6048322	501(C)(3)	22,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
MARBLESEED, INC.							
PO BOX 339							
SPRING VALLEY, WI 54767	39-1824623	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
MICHAEL FIELDS AGRICULTURAL							
INSTITUTE, INC N8030 TOWNLINE							
ROAD - EAST TROY, WI 53120	39-1449246	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
MISSOURI RURAL CRISIS CENTER							
1906 MONROE STREET							TAKING ACTION TO CHANGE
COLUMBIA, MO 65201	43-1432033	501(C)(3)	12,000.	0.	N/A	N/A	SYSTEM
							TAKING ACTION TO CHANGE
MULTIPLIER							SYSTEM - ANIMAL
548 MARKET STREET, PMB 81178	01 01 01 00 00	F01(G)(2)	10.000	0			AGRICULTURE REFORM
SAN FRANCISCO, CA 94104-5401	91-2166435	501(C)(3)	10,000.	0.	N/A	N/A	COLLABORATIVE (AARC)
NATIONAL CENTER FOR APPROPRIATE							
TECHNOLOGY - PO BOX 3838 - BUTTE,							
MT 59701	81-0361047	501(C)(3)	10,000.	0	N/A	N/A	HELPING FARMERS THRIVE
NATIONAL FAMILY FARM COALITION							
222 MAIN STREET							TAKING ACTION TO CHANGE
GLOUCESTER, MA 01930	38-2652620	501(C)(3)	20,000.	0.	N/A	N/A	SYSTEM
NATIONAL YOUNG FARMERS COALITION							
418 BROADWAY							TAKING ACTION TO CHANGE
ALBANY, NY 12207	47-2072946	501(C)(3)	10,000.	0.	N/A	N/A	SYSTEM
NEBRASKA FARMERS UNION							HELPING FARMERS
1305 PLUM STREET							THRIVE-NEBRASKA RURAL
LINCOLN, NE 68502	47-0711632	501(C)(3)	12,000.	0.	N/A	N/A	RESPONSE COUNCIL/HOTLINE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN PLAINS RESOURCE COUNCIL							
220 S 27TH STREET, STE A							TAKING ACTION TO CHANGE
BILLINGS, MT 59101	81-0367205	501(C)(3)	10,000.	0.	N/A	N/A	SYSTEM
,,							
OHIO ECOLOGICAL FOOD AND FARM							
ASSOCIATION - 41 CROSWELL ROAD -							TAKING ACTION TO CHANGE
COLUMBUS, OH 43214	34-1638273	501(C)(3)	10,000.	Ο.	N/A	N/A	SYSTEM
i							
ORGANIC FARMING RESEARCH							
FOUNDATION - PO BOX 440 - SANTA							TAKING ACTION TO CHANGE
CRUZ, CA 95061	77-0252545	501(C)(3)	10,000.	Ο.	N/A	N/A	SYSTEM
ORGANIC SEED ALLIANCE							
PO BOX 772							TAKING ACTION TO CHANGE
PORT TOWNSEND, WA 98368	51-0175667	501(C)(3)	10,000.	0.	N/A	N/A	SYSTEM
PASA SUSTAINABLE AGRICULTURE							
1631 N FRONT STREET							
HARRISBURG, PA 17102	25-1685497	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
DOMER DIVER DAGIN RECOMPCE							
POWDER RIVER BASIN RESOURCE COUNCIL - 934 N MAIN STREET -							TAKING ACTION TO CHANGE
SHERIDAN, WY 82801	74-2183158	501(C)(3)	10,000.	0	N/A	N/A	SYSTEM
SHERIDAN, WI 82801	74-2103150	501(C)(3)	10,000.	0.	N/A	N/A	SISIEM
PRACTICAL FARMERS OF IOWA							
1615 GOLDEN ASPEN DRIVE							
AMES, IA 50010	42-1255174	501(C)(3)	10,000.	0	N/A	N/A	HELPING FARMERS THRIVE
,				`			
QUIVIRA COALITION, INC.							
1413 2ND STREET							
SANTE FE, NM 87505	31-1551770	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
			· · · ·				
RED CLIFF BAND OF LAKE SUPERIOR							GROWING THE GOOD FOOD
CHIPPEWA - 88385 PIKE ROAD -							MOVEMENT-MINO
BAYFIELD, WI 54814	39-1178866	501(C)(3)	10,000.	0.	N/A	N/A	BIMAADIZIIWIN TRIBAL FA

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RED TOMATO, INC.							
10 SIMS AVENUE #102							
PROVIDENCE, RI 02909	04-3375151	501(C)(3)	10,000.	0	N/A	N/A	HELPING FARMERS THRIVE
	01 00 0101	501(0)(0)	10,000.				
RODALE INSTITUTE							TAKING ACTION TO CHANGE
611 SIEGFRIEDALE ROAD							SYSTEM-ORGANIC FARMERS
KUTZTOWN, PA 19530-9320	23-7206884	501(C)(3)	10,000.	0.	N/A	N/A	ASSOCIATION
			,				
ROGUE FARM CORPS							
PO BOX 86024							
PORTLAND, OR 97286	03-0529330	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
			,				
RURAL ADVANCEMENT FOUNDATION							
INTERNATIONAL - USA - PO BOX 640 -							TAKING ACTION TO CHANGE
PITTSBORO, NC 27312	56-1704863	501(C)(3)	30,000.	0.	N/A	N/A	SYSTEM
i							
RURAL COALITION							
1029 VERMONT AVENUE NW, SUITE 601							TAKING ACTION TO CHANGE
WASHINGTON, DC 20005	52-1203899	501(C)(3)	15,000.	0.	N/A	N/A	SYSTEM
RURAL VERMONT							
46 E STATE STREET							TAKING ACTION TO CHANGE
MONTPELIER, VT 05602	22-3045871	501(C)(3)	10,000.	0.	N/A	N/A	SYSTEM
SOCIALLY RESPONSIBLE AGRICULTURE							
PROJECT, INC 2093 PHILADELPHIA							TAKING ACTION TO CHANGE
PIKE - CLAYMONT, DE 19703	20-8688122	501(C)(3)	20,000.	0.	N/A	N/A	SYSTEM
SOUTHWEST GEORGIA PROJECT							HELPING FARMERS
1216 DAWSON ROAD, SUITE 108							THRIVE-SWP FOR COMMUNITY
ALBANY, GA 31707	58-1172475	501(C)(3)	12,000.	0.	N/A	N/A	EDUCATION INC
SUSTAINABLE FOOD CENTER, INC.							
2921 E 17TH STREET, BUILDING C		F01 (() ())		-			
AUSTIN, TX 78702	74-2441468	501(C)(3)	10,000.	Ο.	N/A	N/A	HELPING FARMERS THRIVE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOOD GROUP							
8501 54TH AVE N							
NEW HOPE, MN 55428	41-1246504	501(C)(3)	10,000.	0	N/A	N/A	HELPING FARMERS THRIVE
				••	,		
THE LAND CONNECTION FOUNDATION							
206 N RANDOLPH STREET, SUITE 400							
CHAMPAIGN, IL 61820	37-1413944	501(C)(3)	10,000.	0	N/A	N/A	HELPING FARMERS THRIVE
	5, 1115511	501(0)(0)	10,000.				
THE LIVESTOCK INSTITUTE OF							
SOUTHERN NEW ENGLAND - 287 STATE							
ROAD - WESTPORT, MA 02790	46-5691864	501(C)(3)	10,000.	0	N/A	N/A	HELPING FARMERS THRIVE
WESTFORT, MA 02750	40 5051004	501(0)(3)	10,000.	0.	N/A		HEDFING FARMERS THRIVE
THIRD SECTOR NEW ENGLAND, INC.							HELPING FARMERS
B9 SOUTH STREET, SUITE 700							THRIVE-THE CARROTT
BOSTON, MA 02111	04-2261109	501(C)(3)	10,000.	0	N/A	N/A	PROJECT
BOSTON, MA UZITI	04-2201109	501(0)(3)	10,000.	0.	N/A		FRODECT
TIDES CENTER							
PO BOX 889385							TAKING ACTION TO CHANGE
	04 2012100	$E_{01}(\alpha)(2)$	10.000	0	NT / D	NT / 7	
LOS ANGELES, CA 90088-9385	94-3213100	501(C)(3)	10,000.	0.	N/A	N/A	SYSTEM-NESAWG
							HELPING FARMERS
TRUSTEES OF TUFTS COLLEGE, INC.							THRIVE-NEW ENTRY
150 HARRISON AVENUE							SUSTAINABLE FARMING
BOSTON, MA 02111	04-2103634	501(C)(3)	17,500.	0.	N/A	N/A	PROJECT
WATERKEEPERS CHESAPEAKE (FAIR							
FARMS CAMPAIGN) - PO BOX 11075 -				_			TAKING ACTION TO CHANGE
TAKOMA PARK, MD 20913-1075	45-4381850	501(C)(3)	10,000.	0.	N/A	N/A	SYSTEM
WEST VIRGINIA FOOD & FARM							
COALITION - 3820 MACCORKLE AVENUE							GROWING THE GOOD FOOD
SE - CHARLESTON, WV 25304	46-2706460	501(C)(3)	10,000.	0.	N/A	N/A	MOVEMENT
WESTERN COLORADO ALLIANCE FOR							
COMMUNITY ACTION - 2481 COMMERCE							
BLVD - GRAND JUNCTION, CO 81502	84-0837218	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN FARMERS UNION FOUNDATION							
117 W SPRING STREET							TAKING ACTION TO CHANGE
CHIPPEWA FALLS, WI 54729	39-1854577	501(C)(3)	10,000.	0	N/A	N/A	SYSTEM
				••			
WORC EDUCATION PROJECT							
220 S 27TH STREET							TAKING ACTION TO CHANGE
BILLINGS, MT 59101	45-0356819	501(C)(3)	22,000.	0.	N/A	N/A	SYSTEM
,			,				
GEORGIA ORGANICS INC							
200 OTTLEY DRIVE							TAKING ACTION TO CHANGE
ATLANTA, GA 30324	58-2345310	501(C)(3)	10,000.	0.	N/A	N/A	SYSTEM
IOWA STATE UNIVERSITY FOUNDATION							
PO BOX 4550							
IOWA CITY, IA 52244	42-1143702	501(C)(3)	13,419.	0.	N/A	N/A	SCHOLARSHIPS
NORTHEAST ORGANIC FARMING							
ASSOCIATION/MASS CHAPTER INC - PO							TAKING ACTION TO CHANGE
BOX 60043 - FLORENCE, MA 01062	22-2987723	501(C)(3)	15,000.	0.	N/A	N/A	SYSTEM
OPERATION SPRING PLANT INC							
2615-B GELA ROAD							
OXFORD, NC 27565	58-2037106	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
THE FOUNDATION FOR APPALACHIAN							
KENTUCKY - 420 MAIN STREET -	<i></i>		15.000				L
HAZARD, KY 41701	61-1329396	501(C)(3)	15,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
TRANSPLANTING TRADITIONS COMMUNITY							
FARM INC - PO BOX 394 - CARRBORO,	82-4415307	F(1/2)/2	10 000	•	NT / A	NT / 7	
NC 27516	02-441000/	501(C)(3)	10,000.	0.	N/A	N/A	HELPING FARMERS THRIVE
UNIVERSITY OF NEBRASKA							
3835 HOLDREDGE STREET							
LINCOLN, NE 68588	47-0049123	501(C)(3)	7,045.	n	N/A	N/A	SCHOLARSHIPS

Schedule I (Form 990) FARM AID, INC

	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIT RICO							
11 ANTONSANTI							
N JUAN, PUERTO RICO 00912	66-0776227	501(C)(3)	23,500.	0.	N/A	N/A	HELPING FARMERS THRIVI

Schedule I (Form 990) 2022

FARM AID, INC

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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	86	43,000.	0.	N/A	N/A
EADERSIP GRANTS	8	3,650.	0.	N/A	N/A

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

PART I, LINE 2:

FARM AID REQUIRES A FINAL REPORT FROM GRANTEES TO SHARE KEY

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

MESSAGING, STORYTELLING AND UNDERSTANDING OF HOW ITS FUNDING CONTRIBUTES TO

POSITIVE CHANGE THROUGH GRANTMAKING.

SCHEDULE O (Form 990)

Name of the organization



FARM AID, INC

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:

THROUGH THE 1-800-FARM-AID HOTLINE AND ONLINE REQUEST FOR ASSISTANCE,

FARM AID'S HOTLINE OPERATORS LISTEN TO FARMERS AND REFER THEM TO AN

EXTENSIVE NETWORK OF FARM AND RURAL SUPPORT ORGANIZATIONS ACROSS THE

COUNTRY. REFERRALS PROVIDE IMMEDIATE SUPPORT TO FARM FAMILIES IN CRISIS

AND FARMERS SEEKING TO TRANSITION TO MORE SUSTAINABLE FARMING

PRACTICES, AS WELL AS FOR FUTURE FARMERS INTERESTED IN BEGINNING THEIR

FARMS. IN 2022, FARM AID RECEIVED 829 CONTACTS TO THE HOTLINE AND

ONLINE REQUEST FOR ASSISTANCE FORM, AN INCREASE OF 40% FROM THE

PREVIOUS YEAR. BY REGION, FARM AID RECEIVED 324 CASES FROM THE SOUTH;

199 FROM THE MIDWEST; 164 FROM THE WEST; AND 119 FROM THE NORTHEAST.

IN PARTNERSHIP WITH THE MIGRANT CLINICIANS NETWORK (MCN), FARM AID

HIRED A NEW SPANISH HOTLINE OPERATOR, ELIZABETH GONZALEZ-IBARRA, IN

OCTOBER. THIS CAPACITY ON THE FARM AID HOTLINE IS ESSENTIAL TO MEET THE

NEEDS OF SPANISH-SPEAKING FARMERS AND FARMWORKERS. FARM AID IS ENGAGED

IN SEVERAL MARKETING AND OUTREACH STRATEGIES TO INCREASE KNOWLEDGE AND

CREATE PARTNERSHIPS WITH SPANISH/FARMWORKER ORGANIZATIONS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

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FARM AID HOTLINE OPERATORS COMPLETED MANY TRAININGS THROUGHOUT 2022 TO STRENGTHEN THEIR SKILLS TO RESPOND TO FARMERS INCLUDING LEGAL WORKSHOPS, FARM LENDING LAW, USDA PROGRAMS, APPEALS, DISCRIMINATION AND EQUITABLE RELIEF, IN ADDITION TO IMPLICIT BIAS TRAINING.

EMERGENCY GRANTS TOTALING MORE THAN \$42,500 WERE MADE IN 2022 TO FARM FAMILIES TO COVER ESSENTIAL HOUSEHOLD EXPENSES. THESE \$500 GRANTS ARE RECOMMENDED ON A CASE-BY-CASE BASIS BY FARM AID HOTLINE MANAGERS WHO ALSO CONNECT FARMERS WITH HELPFUL SERVICES, RESOURCES AND OPPORTUNITIES SPECIFIC TO THEIR INDIVIDUAL NEEDS.

FARM AID'S FARMER RESOURCE NETWORK OFFERS AN INTERACTIVE WEBSITE AND DATABASE OF MORE THAN 1,500 RESOURCES THAT PROVIDE GUIDANCE FOR NEW FARMERS, DIRECT ASSISTANCE TO FARMERS IN CRISIS, AND SUPPORT FOR FARMERS WHO WISH TO TRANSITION TO MORE SUSTAINABLE PRODUCTION METHODS AND MARKETS. THROUGH THE FRN, FARM AID MAKES CONNECTIONS BETWEEN INDIVIDUALS, FARM SERVICE ORGANIZATIONS, AND BUSINESSES TO ADDRESS CHALLENGES AND CREATE OPPORTUNITIES FOR FARMERS. FARM AID POINTS FARMERS AND ADVOCATES TO OUR MOST TRUSTED RESOURCES, NEW OFFERINGS AND TIMELY OPPORTUNITIES VIA OUR CURATED RESOURCE GUIDES.

THANKS TO THE INCREASED CAPACITY OF OUR HOTLINE TEAM, WE BETTER CURATE AND INCREASE THE RESOURCES IN THE FRN; IN 2022, THE NUMBER OF RESOURCES IN THE NETWORK WAS INCREASED BY 50%. THE WORK TO MAKE THE FRN MORE USER-FRIENDLY AND ACCESSIBLE IS ONGOING; IN 2022 WE IMPROVED THE WAYS THAT ORGANIZATIONS CAN SHARE RESOURCES WITH FARM AID AND STREAMLINED THE PROCESS OF ADDING NEW RESOURCES. WE ALSO FOCUSED ON BUILDING OUT 232212 10-28-22 57

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
FARM AID, INC	36-3383233

MEDIA RESOURCES (PDFS, WEBINARS, ETC.), AND RESOURCES IN SPANISH.

FARM AID AWARDED \$399,000 IN END OF YEAR GRANTS TO ORGANIZATIONS THAT

HELP FARMERS SECURE THERESOURCES THEY NEED TO BEGIN FARMING, ACCESS NEW

MARKETS, GROW SUSTAINABLY AND BUILD RESILIENCE IN THE FACE OF CRISIS

AND STRESS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ADVOCATES, ACTIVISTS AND POLICYMAKERS. FARMERS AND RANCHERS FROM ACROSS THE COUNTRY SHARED THEIR STORIES, CHALLENGES AND OPPORTUNITIES. THEY ASKED CRITICAL QUESTIONS AND RAISED CRUCIAL POINTS ABOUT THE WAYS OUR FOOD SYSTEM IS FAILING TO BEST HONOR FARMERS, RANCHERS, EATERS AND OUR CLIMATE, SOIL AND WATER. THEY PROPOSED SOLUTIONS FOR HOW TO TACKLE SOME OF THE MOST PRESSING AND COMPLEX ISSUES OUR COUNTRY FACES.

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

THROUGHOUT THE YEAR, FARM AID LENT OUR VOICE AND OTHER SUPPORT TO

EFFORTS TO CHANGE OUR FARM AND FOOD SYSTEM, INCLUDING:

PARTNERING WITH THE INTERTRIBAL AGRICULTURE COUNCIL TO SUPPORT A NEW

RULE TO PREVENT UNFAIR LENDING PRACTICES IN

232212 10-28-22

Name of the organization FARM AID, INC	Employer identification number 36-3383233
AGRICULTURE THAT PERSIST AND CONTINUE TO CREATE DEEP INEQU	JITY IN LAND
OWNERSHIP AND ACCESS, SLASH DIVERSITY	
IN AGRICULTURE AND IMPOVERISH RURAL COMMUNITIES;	
ADVOCATING FOR TRANSPARENCY IN POULTRY GROWER CONTRACTING	G AND
PROTECTION OF WHISTLEBLOWERS, WHO PLAY A CRUCIAL	
ROLE IN EXPOSING THE WAYS IN WHICH OUR FARM AND FOOD SYST	EM HARMS
FARMERS, WORKERS AND EATERS;	
SPEAKING OUT AGAINST FEDERAL FUNDING FOR CONFINED ANIMAL	FEEDING
OPERATIONS (CAFOS) AND MANURE DIGESTERS	
THAT CREATE FACTORY FARM GAS;	
CALLING ON PRESIDENT BIDEN TO DEMAND A TRANSFORMATIVE FAM	RM BILL THAT
CENTERS RACIAL JUSTICE, ENDS HUGER AND	
INCREASING ACCESS TO HEALTHY FOOD, MEETS THE CLIMATE CRIS	IS HEAD ON AND
ENSURES THE SAFETY OF FOOD AND FARM	
WORKERS, FARMERS AND CONSUMERS, AND OUR ENTIRE FOOD SYSTEM	1;
SUPPORTING THE WHITE HOUSE CONFERENCE ON FOOD, NUTRITION	, HUNGER AND
HEALTH TO CHART POLICIES THAT WILL	
SUPPORT A UNIVERSALLY SUSTAINABLE, HEALTHFUL AND EQUITABLE	E FOOD SYSTEM;
CALLING FOR SUPPORT OF THE FARM AND STRESS ASSISTANCE NET	WORK, A
FEDERAL PROGRAM THAT HAS BROUGHT	
AWARENESS AND RESOURCES TO THE CHALLENGE OF FARMER STRESS	AND RURAL
MENTAL HEALTH;	
CALLING FOR INCREASED CONSERVATION AND CLIMATE FRIENDLY A	AGRICULTURE
FUNDING AS WELL AS INCREASED FUNDING TO	
EXPAND LOCAL LIVESTOCK PROCESSING; AND	
FIGHTING FOR REGULATIONS TO ENSURE A FAIR MARKETPLACE FOR	R AMERICA'S
FAMILY FARMERS AND RANCHERS.	
FARM AID CONTINUES TO SERVE AS A LEADER AND CONTRIBUTING N	

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FARM AID, INC

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VARIOUS COLLABORATIVE EFFORTS TO CHANGE

OUR FARM AND FOOD SYSTEM AND ADVANCE THE POWER AND PARTICIPATION OF

FARMERS IN THESE EFFORTS. THESE HAVE INCLUDED EFFORTS TO ADDRESS

ECONOMIC AND SOCIAL INJUSTICES ACROSS ANIMAL AGRICULTURE; TO ELEVATE

ON-THE-GROUND SOLUTIONS TO CLIMATE CHANGE; TO BUILD THE SUPPLY OF

NON-GMO FOOD INGREDIENTS AND ANIMAL FEED IN THE U.S.; AND TO PROMOTE

REGENERATIVE AGRICULTURE.

FARM AID ALSO CONTINUES ITS LEADERSHIP IN THE PHILANTHROPIC COMMUNITY TO BRING FUNDERS' ATTENTION TO THE VARIED CHALLENGES FACED BY FAMILY FARMERS AND TO ENCOURAGE COLLABORATION AND COLLECTIVE PROBLEM SOLVING.

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

IN FARM AID'S HOMEGROWN VILLAGE, 33 FARM AND FOOD GROUPS ENGAGED

FESTIVALGOERS IN HANDSON, INTERACTIVE ACTIVITIES ABOUT FAMILY FARMERS,

SOIL, WATER AND FOOD PRODUCTION. AT THE MINI FARM, FESTIVALGOERS ENJOYED

THE COMPANY OF HERITAGE BREED FARM ANIMALS. IN THE HOMEGROWN SKILLS

TENT, FESTIVALGOERS TOOK PART IN 6 WORKSHOPS ABOUT MUSHROOM AND PLANT

FORAGING, MAKING NATURAL DYES, LACTO-FERMENTATION AND MORE. ON THE

FARMYARD STAGE, FARMERS, ACTIVISTS AND ARTISTS CAME TOGETHER IN

CONVERSATION ABOUT THE STATE OF AMERICAN AGRICULTURE, THE CHALLENGES

AND OPPORTUNITIES OF BLACK, INDIGENOUS AND PEOPLE OF COLOR (BIPOC)

FARMERS, AND AGRICULTURE'S CONNECTION TO CLIMATE CHANGE-BOTH AS A CAUSE

OF CLIMATE CHANGE (INDUSTRIAL AGRICULTURE) AND A REMEDY FOR CLIMATE

CHANGE.

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

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

FARM AID PARTNERED WITH LEGENDS HOSPITALITY TO SERVE HOMEGROWN
232212 10-28-22
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Schedule O (Form 990) 2022 Name of the organization FARM AID, INC	Page Employer identification number 36 – 3383233
CONCESSIONS: FAMILY FARM-SOURCED FOOD GROWN AND RAISED WIT	
STANDARDS AND A FAIR PRICE PAID TO FARMERS. HOMEGROWN CONC	
BUILDS A STRONG RELATIONSHIP WITH FARMERS, FOOD COMPANIES,	ETHNICALLY
DIVERSE FOOD VENDORS AND SPONSORS. A TOTAL OF 60 MENU ITEM	
FAMILY FARM FOOD, INCLUDING MANY VEGETABLE, FRUIT, MEAT AN	D SEAFOOD
INGREDIENTS FROM NORTH CAROLINA AND THE SOUTHEAST.	
MANY FOOD COMPANIES AND SPONSORS DONATED FOOD FOR HOMEGRO	WN CATERING
BACKSTAGE AND IN VIP AREAS. CHEFS VOLUNTEERED TO SERVE THE	IR
SPECIALTIES FOR GUESTS.	
THE HOMEGROWN YOUTHMARKET, A FARM FRESH STAND OPERATED BY	YOUNG PEOPLE
FROM NATIONAL GRANGE AND FFA, SOLD LOCAL APPLES, PEACHES A	ND MUSCADINE
GRAPES TO FESTIVALGOERS.	
9,842 POUNDS OF FOOD AND SERVICEWARE WASTE WAS COLLECTED T	O BUILD SOIL
FOR FUTURE CROPS.	
FARM AID HAD A TOTAL OF 360 VOLUNTEERS, MANY OF WHOM HELP	ED
FESTIVALGOERS DIFFERENTIATE BETWEEN LANDFILL-BOUND TRASH,	RECYCLABLES
AND COMPOSTABLES.	
FARM AID SOLD REUSABLE WATER BOTTLES TO REDUCE WASTE AND	ALUMINUM
WATER BOTTLES WERE SOLD AT CONCESSIONS STANDS AS WELL, WIT	H FREE WATER
FOR REFILLS. FESTIVAL T-SHIRTS, MADE WITH CERTIFIED ORGANI	C COTTON,
WERE SOLD.	
FARM AID PARTNERED WITH INTER-FAITH FOOD SHUTTLE FOR THE	DONATION OF
7,601 POUNDS OF GROCERY ITEMS AND USEABLE FOOD REMAINING A	FTER THE
EVENT.	
CORPORATE SPONSORS INCLUDED DISH NETWORK, PATAGONIA WORKW	EAR, COASTAL
CREDIT UNION FOUNDATION, MOINK, SPINDRIFT, FRONTIER CO-OP,	INSTITUTE
FOR EMERGING ISSUES AND DEEP RIVER BREWING COMPANY.	
FARM AID 2022 GENERATED SEVERAL MAJOR DONATIONS, INCLUDIN	G A \$1 Schedule O (Form 990) 202
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^{2022.05000} FARM AID, INC

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MILLION DONATION MADE ON STAGE BY JIM IRSAY ON BEHALF OF THE

INDIANAPOLIS COLTS FOUNDATION INC.

FARM AID 2022 EMPHASIZED THE DIVERSITY OF FARMERS AND RANCHERS IN THE SOUTHEAST AND ACROSS THE NATION, WHILE SHINING A LIGHT ON THE WAYS IN WHICH FARMERS CAN HELP SOLVE OUR CLIMATE CRISIS. OVER THE SUMMER, FARM AID STAFF VISITED FARMERS ON FARMS ACROSS NORTH AND SOUTH CAROLINA AND GEORGIA TO FILM VIDEO SPOTS THAT BRING FARMER VOICES TO THE FARM AID STAGE, TV AND WEB BROADCASTS, OUR WEBSITE AND SOCIAL MEDIA. FOR THE FIRST TIME, WE FEATURED THE STORIES OF FISHERMEN, DRAWING CONNECTIONS BETWEEN THEIR CHALLENGES AND THOSE OF LAND FARMERS, PARTICULARLY THOSE CHALLENGES RELATED TO CLIMATE CHANGE. FEATURED FARMERS AND FISHERS JOINED FARM AID ARTISTS FOR THE ANNUAL PRESS EVENT THAT KICKS OFF EACH FESTIVAL, SHARING THEIR STORIES AND THE WAYS IN WHICH THEY ACT AS CLIMATE STEWARDS ON THEIR FARMS AND BOATS. ALSO ON THE PRESS EVENT STAGE, FARM AID ANNOUNCED A MAJOR FARMER MOBILIZATION BEING PLANNED BY THE NATIONAL SUSTAINABLE AGRICULTURE CAMPAIGN (NSAC), FARM AID AND MANY OTHER NSAC MEMBERS, FOR MARCH 2023. THE ARTISTS ON STAGE AND AUDIENCE MEMBERS ROSE TO THEIR FEET IN SUPPORT.

FARM AID 2022 RECEIVED SIGNIFICANT LOCAL AND REGIONAL MEDIA COVERAGE, AS WELL AS NATIONAL ATTENTION, INCLUDING FROM THE RALEIGH NEWS & OBSERVER, ROLLING STONE AND BILLBOARD. COVERAGE RESULTED IN 917 PRINT, ONLINE AND BROADCAST MEDIA HITS AND 324 BROADCAST HITS, RESULTING IN NEARLY 1 MILLION MEDIA IMPRESSIONS FROM ANNOUNCEMENT DAY THROUGH FESTIVAL-WEEK. FEATURE STORIES PROMOTED THE ENTERTAINMENT VALUE OF THE FESTIVAL, AS WELL AS THE DIVERSITY OF FARMERS AND IMPORTANCE OF FAMILY FARM AGRICULTURE FOR ALL OF US. 232212 10-28-22

FARM AID 2022 WAS BROADCAST LIVE ON CIRCLE TV, A MUSIC-CENTRIC NETWORK, FOR THE SECOND TIME, WITH FARM AID'S FARMER STORIES AND A CALL-TO-ACTION FOR DONATIONS AND MERCHANDISE SALES. SIRIUS XM SATELLITE RADIO BROADCAST THE ENTIRE CONCERT LIVE, WITH ARTISTS, FAMILY FARMERS AND ADVOCATES INTERVIEWED BETWEEN MUSIC SETS. THE FESTIVAL WAS WEBCAST LIVE ON WWW.FARMAID.ORG AND FARM AID'S YOUTUBE CHANNEL, WITH 53,556 VIEWS AND A TOTAL WATCH TIME OF 39,000 HOURS. THE FESTIVAL WAS ADDITIONALLY STREAMED ON DISH NETWORK AND ON CIRCLE'S SOCIAL MEDIA ACCOUNTS.

THE FARM AID 2022 APP FOR IPHONE AND ANDROID PROVIDED FESTIVAL DETAILS INCLUDING THE MUSIC LINEUP, STORIES ABOUT FEATURED FARMERS, INFORMATION ABOUT EXHIBITS IN THE HOMEGROWN VILLAGE AND THE ORGANIZATIONS PRESENTING THEM, AND THE MENU FOR HOMEGROWN CONCESSIONS. THE FARM AID 2022 APP WAS DOWNLOADED BY 8,671 PEOPLE WHO LOGGED 62,047 SESSIONS WITH AN AVERAGE SESSION TIME OF MORE THAN 6 MINUTES.

FARM AID'S SOCIAL MEDIA PRESENCE ALLOWED PEOPLE TO SHARE HOW THEY SUPPORT FAMILY FARMERS AND FARM AID, REACHING MORE THAN 18.4 MILLION USERS ON TWITTER, RESULTING IN 42 MILLION IMPRESSIONS, AND NEARLY 1 MILLION MORE PEOPLE ON FACEBOOK AND INSTAGRAM, DURING THE PERIOD BETWEEN ANNOUNCEMENT AND FESTIVAL DAY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GROWING THE GOOD FOOD MOVEMENT (GGFM) - IN 2022, FARM AID AND OUR

PARTNERS CONTINUED TO IMPLEMENT STRATEGIES THAT BOLSTER THE GOOD FOOD

MOVEMENTTHE GROWING NUMBER OF EATERS DEMANDING FAMILY FARM-IDENTIFIED, 232212 10-28-22 Schedule O (Form 990) 2022 63

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Schedule O (Form 990) 2022 Name of the organization FARM AID, INC	Page 2 Employer identification number 36-3383233
LOCAL, ORGANIC OR HUMANELY RAISED FOOD. FARM AID AWARDED G	GRANTS IN THE
AMOUNT OF \$100,000 TO ORGANIZATIONS THAT STRENGTHEN INFRAS	TRUCTURE FOR
LOCAL AND REGIONAL FOOD SYSTEMS AND RAISE AWARENESS OF THE	EIR VALUE.
THESE GRANTS SUPPORT WORK TO CREATE NEW MARKETS FOR FARMER	S AND ENHANCE
ACCESS TO GOOD FOOD FOR EVERYONE, REGARDLESS OF RACE, COLO	DR, NATIONAL
ORIGIN OR ZIP CODE.	
EXPENSES \$ 259,620. INCLUDING GRANTS OF \$ 83,700. REVEN	WE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2:	
WILLIE NELSON AND LANA NELSON - FAMILY RELATIONSHIP.	
WILLIE NELSON AND MARK ROTHBAUM - BUSINESS RELATIONSHIP.	
WILLIE NELSON AND ANNIE NELSON - FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THERE WERE NO COMMITTEE MEETINGS HELD IN 2022.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THIS FORM990IS REVIEWED BY THE ORGANIZATION'S AS	SISTANT
TREASURER, OPERATIONS DIRECTOR AND OUTSOURCED CONTROLLER A	AND ANY QUESTIONS
ARE DISCUSSED WITH THE TAX PREPARER BEFORE FILING. THE BOAF	RD RECEIVES THE
990 PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
FARM AID'S CONFLICT OF INTEREST POLICY APPLIES TO ALL BOAF	RD 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

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 64

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
FARM AID, INC	36-3383233
ON INDEPENDENT MARKET RATE COMPENSATION SURVEYS PRODUCED B	Y ITS PAYROLL
PROVIDER, A NATIONAL LEADER IN PAYROLL MANAGEMENT. SALARIE	S ARE DETERMINED
USING THE COMPENSATION ANALYSES, AND BASED ON THE 50TH PER	CENTILE OF MARKET
RATE FOR EACH POSITION GIVEN FARM AID'S GEOGRAPHIC LOCATION	N AND LINE OF
WORK. ADDITIONALLY, FARM AID UTILIZES BUREAU OF LABOR STAT	ISTICS DATA FOR
ANNUAL COST OF LIVING SALARY INCREASES, TO BE WAIVED IN THE	E EVENT OF SEVERE
ORGANIZATIONAL FINANCIAL DIFFICULTY, OR IN THE EVENT OF A	RECENT MARKET
RATE ADJUSTMENT. EXPANSION OF JOB DESCRIPTION IS THE DETERM	MINING FACTOR IN
MAKING OTHER SALARY INCREASES. THE EXECUTIVE DIRECTOR MAKE	S ALL FINAL
SALARY DETERMINATIONS, EXCEPT IN THE CASE OF THE EXECUTIVE	DIRECTOR'S
SALARY, IN WHICH CASE, IT IS DETERMINED BY THE BOARD OF DI	RECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AZ,CA,CT,FL,GA,HI,IL,IN,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OK,OR,PA RI,SC,UT,WI

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES

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145,526.

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Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
FARM AID, INC	36-3383233
MANAGEMENT AND GENERAL EXPENSES	10,500.
FUNDRAISING EXPENSES	5,680.
TOTAL EXPENSES	161,706.
MARKETING, PUBLIC RELATIONS & MEDIA:	
PROGRAM SERVICE EXPENSES	222,260.
MANAGEMENT AND GENERAL EXPENSES	4,467.
FUNDRAISING EXPENSES	11,525.
TOTAL EXPENSES	238,252.
CATERING:	
PROGRAM SERVICE EXPENSES	6,383.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,383.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	406,341.

FORM 990, PART VIII, LINE 1F

THIS AMOUNT ALSO INCLUDES \$235,000 OF SPONSORSHIP INCOME RECEIVED FOR

THE CONCERT AND BENEFIT EVENTS IN 2022.

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66 2022.05000 FARM AID, INC