Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Ā	For t	he 2021 calen	dar year, or tax year begin	nina	202	1, and ending	1			20	
		if applicable:	C	g	, 202	i, and chang	1	D Employ		fication number	
ь				103 T TEETON	•						
		ddress change	FARMER VETERAN C				-		23620		
	N	lame change	285 W COURT STRE WOODLAND, CA 956	702 701 #700				E Telepho			
	In	nitial return	WOODLAND, CA 930	193			L	(53	0) 75	56-1395	
	Fi	nal return/terminated									
	А	mended return						G Gross re	eceipts 💲	1,991	,303.
	Α	pplication pending	F Name and address of principa	al officer: GAR	Y MATTESON	ŀ	I(a) Is this a	group retur	n for subo	ordinates? Yes	X _{No}
			SAME AS C ABOVE	Onic	1 PHILLIPON	H	H(b) Are all s	subordinates attach a list	included	? Yes	No
ī	Tax	-exempt status:	X 501(c)(3) 501(c) () ∢ (in	sert no.) 4947(a)(1)	or 527	IT "INO,"	attach a list	. See inst	tructions. —	
J		•	W.FARMVETCO.ORG	, ((-)(-)		-(c) Group e	exemption nu	ımher 🕨		
K		n of organization:	X Corporation Trust	Association	Other ►	Year of formatio	• •			egal domicile: CA	
	rt I	Summar		Association	Otriei	- Teal of formatio	ZUIC)	otate of le	gar dorniche. CA	·
ГС	1	Briefly descri	y be the organization's miss	ion or most s	rianificant activities: TI	JE MTCCTO	N OF T	יטב בא	DMED	T/CTCD A NI	
	'		ON IS TO MOBILIZE				IN OF	Inc ra	KMEK	VEIERAN	
Ö		COMPITIO	W 12 10 MODITIAE	VEIERAN	2 IO LEED WHEK	ICH.					
Governance						. – – – – –					
ē	2	Check this bo	y lif the organization	n discontinu	ed its operations or dis	nosod of mor	than 26	5% of its	not acc		
င်္ပ	3	Number of vo	oting members of the gove						3	ocis.	10
৹	4		dependent voting member						4		10
<u>.e</u>	5		of individuals employed in						5		11
Ξ	6		of volunteers (estimate if						6		150
Activities &	7a	Total unrelate	ed business revenue from	Part VIII, coli	umn (C), line 12				7a		0.
_	b	Net unrelated	d business taxable income	from Form 9	90-T, Part I, line 11				7b		0.
							Pı	rior Year		Current Y	ear
	8	Contributions	and grants (Part VIII, line	e 1h)			2	,017,1	60.	1,914	,458.
Revenue	9	Program serv	vice revenue (Part VIII, line	e 2g)				97,3			,839.
Ş	10	Investment in	ncome (Part VIII, column (A), lines 3, 4	, and 7d)			•	19.		6.
ď	11	Other revenu	e (Part VIII, column (A), li	nes 5, 6d, 8c	, 9c, 10c, and 11e)						
	12	Total revenue	e - add lines 8 through 11	(must equal	Part VIII, column (A),	line 12)	2	,114,5	29.	1,991	,303.
	13	Grants and s	imilar amounts paid (Part	IX, column (A	A), lines 1-3)			392,6	551.	662	,454.
	14	Benefits paid	I to or for members (Part I	X, column (A), line 4)						
	15	Salaries, oth	er compensation, employe	e benefits (P	art IX, column (A), line	es 5-10)	1	,007,6	76.	861	,765.
ses	16a	Professional	fundraising fees (Part IX,	column (A). I	ine 11e)			, , -			,
Expenses			sing expenses (Part IX, co								
滋						<u> 98,767.</u>					
	17		ses (Part IX, column (A), li				-	613,4			<u>,629.</u>
	18		es. Add lines 13-17 (must				2	,013,7		2,001	•
	19	Revenue less	s expenses. Subtract line 1	18 from line 1	2			100,7	43.		<u>,545.</u>
5 0							Beginnin	g of Curren		End of Ye	
Net Assets or Fund Balance	20		(Part X, line 16)					624,6		1,014	
A P	21	Total liabilitie	es (Part X, line 26)					234,7	30.	597	,368.
ž	22	Net assets or	fund balances. Subtract I	ine 21 from li	ine 20			389,9	22.	416	,636.
Pa	ırt II	Signatur	e Block								
Unde	er pena	Ities of perjury, I de	eclare that I have examined this ret arer (other than officer) is based on	urn, including acc	ompanying schedules and sta	tements, and to the	ne best of my	y knowledge	and belie	ef, it is true, correct	, and
com	piete. L	Declaration of prepa	arer (other than officer) is based on	all information of	which preparer has any know	/leage.					
											
Sig	gn	Signatu	re of officer				Dat	te			
He	re		NETTE LOMBARDO				EXECU	JTIVE I	DIR.		
		٠,٠	print name and title								
		Print/Type p	oreparer's name	Preparer's sign	ature	Date		Check	if F	PTIN	
Pa	id	JAMES H	I. FRITZSCHE, CPA					self-employe	ed I	P00423351	
Pre	epar	er Firm's name	FRITZSCHE ASSOC	IATES		·				·	
Us	e Or	nly Firm's addr			0			Firm's EIN	3203	343346	
			SACRAMENTO, CA					Phone no.		22-2111	
Ma	y the	IRS discuss th	nis return with the prepare		e? See instructions					X Yes	No

Form 990 (2021) FARMER VETERAN COALITION Part IV Checklist of Required Schedules

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

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column (A), line 2? <i>If 'Yes,' complete Sched</i> 23 Did the organization answer 'Yes' to Part VII. S	0 of grants or other assistance to or for domestic individuals on Part IX, dule I, Parts I and III	22	Yes	No
column (A), line 2? <i>If 'Yes,' complete Sched</i> 23 Did the organization answer 'Yes' to Part VII. S	dule I, Parts I and III	22		
23 Did the organization answer 'Yes' to Part VII, S		22	Χ	
and former officers, directors, trustees, key em	ection A, line 3, 4, or 5, about compensation of the organization's current ployees, and highest compensated employees? If 'Yes,' complete	23	Х	
the last day of the year, that was issued after	sue with an outstanding principal amount of more than \$100,000 as of er December 31, 2002? If 'Yes,' answer lines 24b through 24d and	24a		Х
•		24b		
c Did the organization maintain an escrow accourany tax-exempt bonds?	nt other than a refunding escrow at any time during the year to defease	24c		
d Did the organization act as an 'on behalf of'	issuer for bonds outstanding at any time during the year?	24d		
25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) of transaction with a disqualified person during	organizations. Did the organization engage in an excess benefit the year? If 'Yes,' complete Schedule L, Part I	25a		Х
that the transaction has not been reported on a	excess benefit transaction with a disqualified person in a prior year, and ny of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete	25b		Х
26 Did the organization report any amount on Former officer, director, trustee, key employ or family member of any of these persons?	Part X, line 5 or 22, for receivables from or payables to any current or ee, creator or founder, substantial contributor, or 35% controlled entity If 'Yes,' complete Schedule L, Part II.	26		X
employee, creator or founder, substantial comember, or to a 35% controlled entity (inclu	r assistance to any current or former officer, director, trustee, key ontributor or employee thereof, a grant selection committee iding an employee thereof) or family member of any of these	27		Х
instructions for applicable filing thresholds,				
a A current or former officer, director, trustee, 'Yes,' complete Schedule L, Part IV	key employee, creator or founder, or substantial contributor? If	28a		Х
b A family member of any individual described	d in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Χ
	riduals and/or organizations described in line 28a or 28b? If Yes,'	28c		Х
29 Did the organization receive more than \$25,	000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Χ	
30 Did the organization receive contributions of contributions? <i>If 'Yes,' complete Schedule N</i>	art, historical treasures, or other similar assets, or qualified conservation \mathcal{M}	30		Х
31 Did the organization liquidate, terminate, or	dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
32 Did the organization sell, exchange, dispose of Schedule N, Part II	or transfer more than 25% of its net assets? If 'Yes,' complete	32		Х
33 Did the organization own 100% of an entity disr 301.7701-2 and 301.7701-3? <i>If 'Yes,' comple</i>	regarded as separate from the organization under Regulations sections etc Schedule R, Part I.	33		Х
	mpt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV,	34		Х
35 a Did the organization have a controlled entity	within the meaning of section 512(b)(13)?	35a		Χ
b If 'Yes' to line 35a, did the organization recentity within the meaning of section 512(b)(eive any payment from or engage in any transaction with a controlled 13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
	anization make any transfers to an exempt non-charitable related , Part V, line 2	36		Х
37 Did the organization conduct more than 5% of i treated as a partnership for federal income	ts activities through an entity that is not a related organization and that is tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38 Did the organization complete Schedule O and Note: All Form 990 filers are required to cor	provide explanations on Schedule O for Part VI, lines 11b and 19? nplete Schedule O	38	Х	
Part V Statements Regarding Other IR	S Filings and Tax Compliance			
Check if Schedule O contains a respons	se or note to any line in this Part V	<u>.</u>		
1a Enter the number reported in box 3 of Form	1096. Enter -0- if not applicable		Yes	No
·	on line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withho	olding rules for reportable payments to vendors and reportable gaming	1 c	X	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 2 a 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..... 11 X **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... Χ 3 a **b** If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0..... 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Χ financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **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). X **5** a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?....... 5 a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?..... Χ 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6 b Organizations that may receive deductible contributions under section 170(c). a 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?.... X 7 a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Χ 7 c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C?..... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. 9 a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... 11 a **b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a **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. 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. c Enter the amount of reserves on hand 13 c Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?...... 14a **b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.... 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ 15 excess parachute payment(s) during the year?..... If 'Yes,' see the instructions and file Form 4720, Schedule N. Χ 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?....... 16 If 'Yes.' complete Form 4720. Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17 activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?...... If 'Yes,' complete Form 6069.

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for

46-2362098

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a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O. 15 a **b** Other officers or key employees of the organization..... 15 b 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 arrangement with a taxable entity during the year?..... X 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records ACCOUNTANT 285 W COURT STREET, STE 206 WOODLAND CA 95695 530-756-1395

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
				(C))					
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	is 9 7	s both dire	an c	officer truste	•		(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
			Ö			rted				
(1) JEANETTE LOMBARDO	40									
EXECUTIVE DIR.	0			Χ				147,955.	0.	20,070.
(2) MICHAEL O'GORMAN	40									
CHIEF AG OFF	0			Χ				118,364.	0.	16,056.
(3) GARY MATTESON	5									
PRESIDENT	0	Х		Χ				0.	0.	0.
_(4) CHARLES KRUSE	3									
VICE PRESIDENT	0	X		Χ				0.	0.	0.
_(5) DONN_TESKE	3									
TREASURER	0	X		Χ				0.	0.	0.
_(6) LARRY JACOBS	3									
SECRETARY	0	X		Χ				0.	0.	0.
(7) KEN_ DEVAN	1									
DIRECTOR	0	Х						0.	0.	0.
_(8)_WILLIAM_FIELD	1								_	_
DIRECTOR	0	Χ						0.	0.	0.
(9) VICKI CARTER	1									_
DIRECTOR	0	Х						0.	0.	0.
(10) MARK BOWEN	1									•
DIRECTOR	0	Х						0.	0.	0.
(11) DR. TASHA HARGROVE DIRECTOR	1	Х						0.	0.	0.
(12) ALEX WOODS	1									
DIRECTOR	0	Х						0.	0.	0.
(13)										
<u>(14)</u>										

Form 990 (2021) FARMER VETERAN COALITIO			_						46-236209	
Part VII Section A. Officers, Directors, Tru		Key	En	•		es, a	and	d Highest Com	pensated Emp	loyees (continued)
(A) Name and title	Average hours per week	offic	, unle	ess pe	sition more erson	than is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustoc	Officer	Key employee	Highest compensated employee	Farmer	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(15)										
(16)										
<u>(17)</u>										
<u>(18)</u>										
<u>(19)</u>										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal							` •	266,319.	0.	36,126.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							▶	0.	0.	0.
2 Total number of individuals (including but not limited							ved	266,319. more than \$100,00		36,126. pensation
from the organization 2										Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, truste h individu	ee, ke <i>ial</i>	ey e	mplo	oyee	e, or	high	nest compensated	employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00'?	If '	es,	com	iple	te Schèdule J for	from	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper	satio	n fr	om	anv	unre	late	d organization or	individual	
Section B. Independent Contractors									\$100.000	
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indi	epen the c	den alen	t coi dar <u>i</u>	ntrad year	endii	tna ng v	t received more to vith or within the or	nan \$100,000 of ganization's tax year	
(A) Name and business addi	ress							Description (B)		(C) Compensation
O Tabel country of finding 1 1 1 1 1 1 1 1 1 1 1 1		a	- 11		1: _ J	1 - 1			Ala a sa	
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	u tho	ose I	ustec	ı abo	ve)	wilo received more	ırıan	

Total revenue. See instructions......

12

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (C) (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue 1 a Federated campaigns Grants, 1 a **b** Membership dues..... 1 b c Fundraising events..... 1 c Gifts, d Related organizations..... 1 d e Government grants (contributions) 671,658 Contributions, f All other contributions, gifts, grants, and and Other similar amounts not included above . . . 1 f 1,242,800 q Noncash contributions included in lines 1a-1f. 125,714 h Total. Add lines 1a-1f . . . 1,914,458 **Business Code** Program Service Revenue 2a CONFERENCE REVENUE 900099 42,876 42,876 32,541 b CONTRACT SERVICES 900099 32,541 c HOMEGROWN BY HEROES MERCH 448000 1,422 1,422 d f All other program service revenue. . . g Total. Add lines 2a-2f 76,839 Investment income (including dividends, interest, and other similar amounts) 6 Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Other 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... 10 a Gross sales of inventory, less..... returns and allowances. 0a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue d All other revenue. . e Total. Add lines 11a-11d

991

303

76,839

0

Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a re	esponse or note to any (A)	(B)	(C)	(D)
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	142,051.	142,051.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	520,403.	520,403.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	220, 200	0=0, 1000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	202 445	1.66 2.45	00 722	4F 2C7
6	Compensation not included above to	302,445.	166,345.	90,733.	45,367.
Ū	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	442,154.	323,001.	42,426.	76,727.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,485.	9,851.	1,294.	2,340.
9	Other employee benefits	46,491.	33,963.	4,461.	8,067.
10	Payroll taxes	57,190.	37,898.	9,874.	9,418.
	Fees for services (nonemployees):	37,130.	31,030.	3,014.	5,410.
	Management				
	Legal	1,282.	1,000.	282.	
	: Accounting	66,718.	= 7 0 0 0 1	66,718.	
(I Lobbying	,			
•	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column	179,125.	69,831.	74,890.	34,404.
12	(A), amount, list line 11g expenses on Schedule 0.)	4,166.	05,051.	4,066.	100.
13	Office expenses	2,208.	1,463.	381.	364.
14	Information technology	2,200.	1,403.	301.	504.
15	Royalties				
16	Occupancy	27,995.	18,551.	4,833.	4,611.
17	Travel	26,846.	18,594.	8,252.	, -
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	
19	Conferences, conventions, and meetings	76,300.	76,300.		
20	Interest	3,767.		3,767.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	295.		295.	
23	Insurance Other expenses. Itemize expenses not	7,698.		7,698.	
24	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 O.)				
	EQUIPMENT	22,288.	9,802.	8,033.	4,453.
	TELEPHONE & COMMUNICATION	17,532.	11,618.	3,027.	2,887.
	BANK AND PAYROLL FEES	12,564.	7,985.	2,594.	1,985.
	POSTAGE AND SHIPPING	9,702.	92.	4,215.	5,395.
	All other expenses.	19,143.	13,966.	2,528.	2,649.
	Total functional expenses. Add lines 1 through 24e	2,001,848.	1,462,714.	340,367.	198,767.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
BAA		TEE A 0.1.1.01 .09/			Form 990 (2021)

Part X Balance Sheet

		Check if Schedule O contains a response or note to	o any I	ine in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			169,088.	1	322,771.
	2	Savings and temporary cash investments				2	222,140.
	3	Pledges and grants receivable, net			437,717.	3	437,273.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er offic I contri	cer, director, butor, or 35%		5	
	c	Loans and other receivables from other disqualified p					
	6	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net	•	/ ` / ` /		7	
S	7	Inventories for sale or use		F		8	
ĕ	8				12 202	↓ ~ ↓	20 104
Assets	9	Prepaid expenses and deferred charges	1 1	h h	13,282.	9	30,184.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10 b	7,036.	365.	10 c	70.
	11	Investments — publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments — program-related. See Part IV, line 11.		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			4,200.	15	1,566.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		624,652.	16	1,014,004.
	17	Accounts payable and accrued expenses	234,730.	17	87,610.		
	18	Grants payable				18	
	19	Deferred revenue				19	9,758.
_	20	Tax-exempt bond liabilities		=		20	
ies	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or	· 35%		22	
-	23	Secured mortgages and notes payable to unrelated th	nird pa	rties		23	
	24	Unsecured notes and loans payable to unrelated third	l partie	S		24	500,000.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to re iplete F	elated third parties, Part X of Schedule D.		25	,
	26	Total liabilities. Add lines 17 through 25			234,730.	26	597,368.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	, ►	X			
盲	27	Net assets without donor restrictions			114,922.	27	84,814.
ä	28	Net assets with donor restrictions			275,000.	28	331,822.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck her	e ►			
ō	29	Capital stock or trust principal, or current funds			29		
şţe	30	Paid-in or capital surplus, or land, building, or equipm		<u> </u>		30	
Š	31	Retained earnings, endowment, accumulated income,		<u> </u>		31	
t A	32	Total net assets or fund balances			389,922.	32	416,636.
ž	33	Total liabilities and net assets/fund balances			624,652.	33	1,014,004.

Pa	art 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	1,	991,	303.
2	2 Total expenses (must equal Part IX, column (A), line 25)	2	2,	001,	848.
3	Revenue less expenses. Subtract line 2 from line 1	3			545.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			922.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	/ Investment expenses	7			
8	Prior period adjustments	8		37,	259.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10					
_	column (B))	10		416,	<u>636.</u>
ra	art 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 O.				
2	2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a	1		
	b Were the organization's financial statements audited by an independent accountant?		2	b 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	ate			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	t, 	2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	Ba As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3	a X	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b X	
BAA	A TEEA0112L 09/22/21		For	m 990	(2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number FARMER VETERAN COALITION 46-2362098 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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.)

Sec	tion A. Public Support		,,,		,		
Cale	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu						
14	Public support percentage for 20	•	•		•		%
15	Public support percentage from					LL	%
16a	33-1/3% support test—2021. If t and stop here. The organization	he organization d qualifies as a pul	id not check the bolicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box▶
b	33-1/3% support test—2020. If the and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this	box and stop here	e. Explain in Part \	/I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	s test, check this	box and stop here	. Explain in Part \	/I how the
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions ►
BAA						Schedule	A (Form 990) 2021

Schedule A (Form 990) 2021

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.)

	fails to qualify under the to	esis listed below,	please complete	Part II.)			
Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1.839.252.	1.296.240.	1.679.534.	2,017,160.	1.914.458.	8,746,644.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
3	tax-exempt purpose	49,678.	144,358.	204,415.	97,350.	76,839.	572,640. 0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	1,888,930.	1,440,598.	1,883,949.	2,114,510.	1,991,297.	9,319,284.
b	disqualified persons	1,466,838.	594,259.	532,680.	701,008.	280,000.	3,574,785.
_	Add lines 7a and 7b		594,259.				0.
	Public support. (Subtract line 7c from line 6.)	1,466,838.	594,259.	532,680.	701,008.	280,000.	3,574,785. 5,744,499.
Sec	tion B. Total Support						3,744,433.
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
					2,114,510.		9,319,284.
כ	Amounts from line 6	11.888.930.	11.440.598.				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,888,930.	1,440,598.	33.	19.	6.	159.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	88.	13.	33.	19.	6.	159.
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						159.
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	88.	13.	33.	19.	6.	159.
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	88.	13.	33.	19.	6.	159. 0. 159.
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI. Total support. (Add lines 9, 10c, 11, and 12.)	88.	13. 13. 30,574. 1,471,185.	33.	19. 19.	6.	0. 159. 0.
10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI. Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is organization, check this box and	1,889,018. for the organization stop here	13. 13. 30,574. 1,471,185. on's first, second,	33. 33. 1,883,982. third, fourth, or f	19. 19. 2,114,529. ifth tax year as a	6. 6. 1,991,303. section 501(c)(3)	159. 0. 159. 0. 30,574. 9,350,017.
10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,889,018. for the organization stop here	13. 30,574. 1,471,185. on's first, second,	33. 33. 1,883,982. third, fourth, or f	19. 19. 2,114,529. ifth tax year as a	6. 6. 1,991,303. section 501(c)(3)	0. 159. 0. 30,574. 9,350,017.
10a b c 11 12 13 14 Sec 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	1,889,018. for the organization stop hereblic Support F	30,574. 1,471,185. on's first, second,	33. 33. 1,883,982. third, fourth, or f	19. 19. 2,114,529. ifth tax year as a	6. 6. 1,991,303. section 501(c)(3)	0. 159. 0. 30,574. 9,350,017. ► □
10a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,889,018. for the organization stop here blic Support F 021 (line 8, colum 2020 Schedule A,	30,574. 1,471,185. on's first, second, Percentage n (f), divided by li Part III, line 15.	33. 33. 1,883,982. third, fourth, or f	19. 19. 2,114,529. ifth tax year as a	6. 6. 1,991,303. section 501(c)(3)	0. 159. 0. 30,574. 9,350,017.
10a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pupublic support percentage from the Computation of Inventor Income Income.	1,889,018. 1,889,018. for the organization stop here blic Support F 021 (line 8, colum 2020 Schedule A, restment Incor	30,574. 1,471,185. on's first, second, rercentage n (f), divided by li Part III, line 15. me Percentage	33. 33. 1,883,982. third, fourth, or f	19. 19. 2,114,529. ifth tax year as a	6. 1,991,303. section 501(c)(3)	0. 159. 0. 30,574. 9,350,017.
10a b c 11 12 13 14 Sec 15 16 Sec 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage from thouse mention D. Computation of Investment income percentage	1,889,018. 88. 1,889,018. for the organization stop here blic Support F 021 (line 8, column 2020 Schedule A, restment Incomfor 2021 (line 10c,	30,574. 1,471,185. on's first, second, Percentage n (f), divided by li Part III, line 15. ne Percentage column (f), divided	33. 33. 1,883,982. third, fourth, or f	19. 19. 2,114,529. ifth tax year as a	6. 1,991,303. section 501(c)(3)	0. 159. 0. 30,574. 9,350,017.
10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from thousestment income percentage investment income percentage in the properties of th	1,889,018. for the organization stop here blic Support For 2021 (line 8, column 2020 Schedule A, restment Incompose for 2021 (line 10c, from 2020 Schedule 2020 Sche	30,574. 1,471,185. on's first, second, Percentage n (f), divided by li Part III, line 15. ne Percentage column (f), divid	33. 33. 1,883,982. third, fourth, or f ne 13, column (f) ed by line 13, column (f)	19. 19. 2,114,529. ifth tax year as a	6. 1,991,303. section 501(c)(3)	0. 159. 0. 30,574. 9,350,017.
10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,889,018. for the organization stop here blic Support For 2021 (line 8, column 2020 Schedule A, restment Incompose for 2021 (line 10c, from 2020 Schedule A, the organization of the the organization of the the stop and stop and stop and stop the stop and sto	30,574. 1,471,185. on's first, second, Percentage n (f), divided by li Part III, line 15. ne Percentage column (f), divid lile A, Part III, line lid not check the phere. The organ	1,883,982. third, fourth, or f	19. 19. 2,114,529. ifth tax year as a umn (f)) d line 15 is more as a publicly supp	6. 1,991,303. section 501(c)(3)	0. 159. 0. 30,574. 9,350,017. 61.44 % 52.50 % 0.00 % 0.00 % d line 17 X
10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,889,018. for the organization stop here blic Support F 021 (line 8, column 2020 Schedule A, restment Incompose for 2021 (line 10c, from 2020 Schedule A) the organization of the or	30,574. 1,471,185. on's first, second, recentage n (f), divided by li Part III, line 15. ne Percentage column (f), divid lile A, Part III, line fid not check the phere. The organ lid not check a bo and stop here. The	1,883,982. third, fourth, or function 13, column (f) ed by line 13, column (f) box on line 14, and ization qualifies and a column (f) control 14, and ization qualifies and a column (f)	19. 19. 2,114,529. ifth tax year as a umn (f). d line 15 is more as a publicly suppose 19a, and line 1 ialifies as a public.	6. 1,991,303. section 501(c)(3)	159. 0. 159. 0. 30,574. 9,350,017. 61.44 % 52.50 % 0.00 % 0.00 % 0.00 % d line 17
10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,889,018. for the organization stop here blic Support F 021 (line 8, column 2020 Schedule A, restment Incompose for 2021 (line 10c, from 2020 Schedule A) the organization of the or	30,574. 1,471,185. on's first, second, recentage n (f), divided by li Part III, line 15. ne Percentage column (f), divid lile A, Part III, line fid not check the phere. The organ lid not check a bo and stop here. The	1,883,982. third, fourth, or fourth, f	19. 19. 2,114,529. ifth tax year as a umn (f). d line 15 is more as a publicly suppose 19a, and line 1 ialifies as a public.	6. 1, 991, 303. section 501(c)(3) 15 16 17 18 than 33-1/3%, an orted organization 6 is more than 33-ly supported organization see instructions.	159. 0. 159. 0. 30,574. 9,350,017. 61.44 % 52.50 % 0.00 % 0.00 % 0.00 % d line 17

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.	1		
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	2		
	described in section 509(a)(1) or (2).			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	За		
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.	3b		
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.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
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.	4c		
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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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.	9a		
	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.	9b		
C	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
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)? If 'Yes,' answer line 10b below.	10a		
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.)	10b		

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Par	t IV	Supporting Organizations (continued)			
11	∐ac t	the exampleation accounted a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		joverning body of a supported organization?	11a		
b	A fan	mily member of a person described on line 11a above?	11b		
		6 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 l	B. Type I Supporting Organizations		1	1
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
•	or mo office orgar than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
	durin	ng the tax year.	1		
2	that o	he organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such stiff carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
1	Did #	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	orgar	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_	14/				
2	orgar	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion l	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) .			
а	ı∏т	The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	\equiv	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instri	uction	s).
2	Activi	ities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
а	suppo orgai	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
b	more	he activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did th	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
t	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

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Pa	t V Type III Non-Functionally integrated 509(a)(3) Supporting Orga	anızatı	ions					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain ir t complete Sections A	n Part VI). See through E.				
Sec	ection A — Adjusted Net Income (A) Prior Year (B) Current Year (optional)							
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
ŀ	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
	Total (add lines 1a, 1b, and 1c)	1d						
•	Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
_ 7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sec	tion C — Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization				

BAA Schedule A (Form 990) 2021

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	tion D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8					
9	Distributable amount for 2021 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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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.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE		2021		2020	 2019	 2018	2017	
OTHER INCOME		_		 	 	\$ 30,574.	 	
	TOTAL	\$	0.	\$ 0.	\$ 0.	\$ 30,574.	\$ (<u>).</u>

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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				46-23	62098	
Par	t Organizations Maintaining Dono	or Advised Funds or Other	Similar Fun	ds or Accounts.		
	Complete if the organization answ	wered 'Yes' on Form 990, F	Part IV, line	6.		
		(a) Donor advised fun	ids	(b) Funds and	other acc	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the as organization's exclusive legal co	sets held in do	nor advised funds	Yes	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing tof the donor or donor advisor, o	that grant fund r for any other	s can be used only purpose conferring	Yes	No
Par	t II Conservation Easements.			<u>'</u>		
	Complete if the organization answ	wered 'Yes' on Form 990, F	Part IV, line	7.		
1	Purpose(s) of conservation easements held by	y the organization (check all that	apply).			
	Preservation of land for public use (for examp	ple, recreation or education)	Preservation	on of a historically im	portant lar	nd area
	Protection of natural habitat		Preservation	on of a certified histor	ric structur	re
	Preservation of open space					
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contrib	ution in the form			
	Takal assessment as a factor of a second state o				e End of th	ne Tax Year
	Total number of conservation easements					
	 Total acreage restricted by conservation easer Number of conservation easements on a certifier 					
			• •	<u> </u>		
	Number of conservation easements included in structure listed in the National Register			2d		
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, or	terminated by th	e organization during t	he	
4	Number of states where property subject to conse			-		
5	Does the organization have a written policy re				Yes	No
6	and enforcement of the conservation easemer Staff and volunteer hours devoted to monitoring, i			<u>L</u>		
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and er	nforcing conserv	ation easements durinç	g the year	
	' 	a line 20d) above estisfy the very		diam 170/h)//1//D)/i)		
0	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?			-	Yes	No
	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote t conservation easements.	to the organization's financial sta	tements that de	escribes the organiza	tion's acco	ounting for
Par	Organizations Maintaining Colle Complete if the organization answ	wered 'Yes' on Form 990, F	easures, or Part IV, line	Other Similar As 8.	sets.	
1 a	If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education	ı, or research ir	atement and balance n furtherance of public	sheet worl c service,	ks of art, provide in
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or re	search in further	rance of public service,	, provide th	f art, e
	(i) Revenue included on Form 990, Part VIII,					
	(ii) Assets included in Form 990, Part X \dots					
2	If the organization received or held works of art, hamounts required to be reported under FASB	ASC 958 relating to these items:			-	
	Revenue included on Form 990, Part VIII, line					
t	Assets included in Form 990, Part X			▶\$	<u> </u>	

Part III Organizations Maintaining Colle	ections of Art, Histo	ricai Treasures, or	Other Similar Ass	sets (continuea)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check ar	ny of the following that m	ake significant use of its	collection
a Public exhibition	d Loan o	or exchange program		
b Scholarly research	e Other			
c Preservation for future generations				
Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's	s exempt purpose in	
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the or	rganization's collection?	?	Yes No
Part IV Escrow and Custodial Arranger line 9, or reported an amount on	nents. Complete if the Form 990, Part X,	he organization ans line 21.	swered 'Yes' on Fo	orm 990, Part IV,
1 a Is the organization an agent, trustee, custodia	an or other intermediary	for contributions or othe	er assets not included	
on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XIII a				Yes No
				Amount
c Beginning balance			1c	
d Additions during the year			1 d	
e Distributions during the year			1 e	
f Ending balance			1f	
2a Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	nation has been provide	d on Part XIII	<u> </u>
Part V Endowment Funds. Complete if	the organization an	swered 'Yes' on Fo	rm 990, Part IV, li	ne 10.
(a) Current				(e) Four years back
1 a Beginning of year balance				
b Contributions				
• Not investment earnings, gains				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities				
and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the curre	ent year end balance (lin	e 1g, column (a)) held	as:	•
a Board designated or quasi-endowment ►	%			
b Permanent endowment ►	<u> </u>			
c Term endowment ► %				
The percentages on lines 2a, 2b, and 2c should 6	egual 100%.			
	•			
3a Are there endowment funds not in the possessior organization by:	n of the organization that a	re held and administered	for the	Yes No
(i) Unrelated organizations				3a(i)
(ii) Related organizations				3a(ii)
b If 'Yes' on line 3a(ii), are the related organizations.				3b
4 Describe in Part XIII the intended uses of the	·			. 30
	-	int iunus.		
Part VI Land, Buildings, and Equipmen		n 000 Dart IV/ 15	11a Cas Farrer 00	10 Dort V 11 10
Complete if the organization ans		· · · · · · · · · · · · · · · · · · ·	11a. See Form 99	
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
1 - Land	(investment)	`basis (other)	depreciation	
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		7,106.	7,036.	70.
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part \overline{X} , o	column (B), line 10c.)	▶	70.

BAA Schedule D (Form 990) 2021

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Complete if the organization answered Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (Q) Description of investments — (G) Method of valuation: Cost or ord-d-year market value (P) Financial derivatives. (G) Closely held equity interests. (G) Closely held equity	Part VII		Other Securities.		N/A	
(2) Closely held equity interests. (3) Other (4) (5) (6) (7) (7) (8) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		•				
(2) Other (3) Other (4) (5) Other (4) (6) (7) Other (4) (7) Other (4) (8) Other (5) Ot			• , , , , , , , , , , , , , , , , , , ,	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
(3) Other (4) (5) (6) (7) (7) (8) (9) Part XI (7) Column (8) Inter 12) (9) Description of investment (1) (1) (1) Description of investment (1) Description (1) Descr						
(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		y held equity interes	ts			
(G)						
(c) (d) (e) (f) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(A)					
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(E) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						
(G)	(D)					
(c)						
(d) Total. (Column (d) must equal Form 500, Part X, column (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 (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g						
Total. (Column (b) must equal Farm 990, Part X, column (6) line 12.). Total. (Column (b) must equal Farm 990, Part X, column (6) line 12.).						
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) Part VIII Investments						
Investments - Program Related.			90 Part X column (R) line 12)			
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 (d) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). ► N/A 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 (c) Book value (d) Book value (e) Book value (f) Federal income taxes (g) Google Income taxes (h) Book value					N/A	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) (a) Description (b) Book value (c) (3) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	raitviii	Complete if the	e organization answered	l 'Yes' on Form 990), Part IV, line 11c. See Form 9	
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(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). Part X Other Liabilities. (b) Book value (c) Book value (d) Column (b) must equal Form 990, Part X, column (B) line 25.). Part X Other Liability (b) Book value (a) Description of liability (b) Book value (b) Book value (c) Liability					.,	
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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			OO Dowl V and were CDV I' OF Y			
						liability for upports:

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,991,303.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	1,991,303.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,991,303.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Returr	1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,001,848.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses. 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	2,001,848.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 c	0.001.010
5 Lotal expenses, and lines 3 and 4c. (This must equal form 990, Part I, line 18.)	5	2,001,848.

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FASB ASC 740 FOOTNOTE

Part XIII Supplemental Information.

WE HAVE EVALUATED THE TAX POSITIONS AND RELATED INCOME TAX CONTINGENCIES AND DO NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

BAA Schedule D (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization						Employer identific	ation number			
ARMER VETERAN COALITION 46-2362098										
Part I General Information on Grants and Assistance										
the selection criteria used to award t	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
Part II Grants and Other Assista	nce to Domestic	Organizations	and Domestic Gove	ernments. Comple	te if the organiza	tion answered 'Y	es' on			
Form 990, Part IV, line 21										
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			
(1) CENTER FOR LAND BASED LEARNIN 40140 BEST RANCH RD WOODLAND, CA 95776	68-0472121	501 (C) (3)	82,051.	0.			AG PATHWAYS APPRENTICESHIP			
(2) PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, IN 47907	35-6002041	501 (C) (3)	60,000.	0.			AGRICULTURE PROJECTS			
(3)										
<u>(4)</u>										
(5)										
(6)										
<u>(7)</u> 										
(8)										
2 Enter total number of section 501(c)3 Enter total number of other organizar		-					2 0			

7

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
1 FELLOWSHIPS	63	221,156.	125,714.	FMV	GIFT CARDS AND SMALL TRACTORS					
2 STIPENDS	14	71,033.								
3 TUITION	19	102,500.								
4										
5										
•										

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

BAA Schedule I (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number 46-2362098 FARMER VETERAN COALITION Part I Questions Regarding Compensation

· ai	Questions regulating compensation		1	Ves	N-		
1 =	a Check the appropriate box(es) if the organization provided any of t	he following to or for a person listed on Form 990. Part		Yes	No		
	a Check the appropriate box(es) if the organization provided any of to VII, Section A, line 1a. Complete Part III to provide any relevation.	ant information regarding these items.					
	First-class or charter travel	Housing allowance or residence for personal use					
	Travel for companions	Payments for business use of personal residence					
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees					
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)					
Ŀ	b If any of the boxes on line 1a are checked, did the organization foll	low a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain						
2	Did the organization require substantiation prior to reimbursin	g or allowing expenses incurred by all directors					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
3	Indicate which, if any, of the following the organization used to esta Executive Director. Check all that apply. Do not check any box establish compensation of the CEO/Executive Director, but ex	ndicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ xecutive Director. Check all that apply. Do not check any boxes for methods used by a related organization to stablish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee	X Written employment contract					
	Independent compensation consultant	Compensation survey or study					
	X Form 990 of other organizations	X Approval by the board or compensation committee					
	_						
4	During the year, did any person listed on Form 990, Part VII, sorganization or a related organization:	Section A, line 1a, with respect to the filing					
	a Receive a severance payment or change-of-control payment?	.	4 a 4 b		X		
	b Participate in or receive payment from a supplemental nonqualified retirement plan?						
C	c Participate in or receive payment from an equity-based compensation arrangement?						
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did th contingent on the revenues of:	e organization pay or accrue any compensation					
a	a The organization?		5 a		Х		
Ł	b Any related organization?		5 b		Х		
	If 'Yes' on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did th contingent on the net earnings of:	e organization pay or accrue any compensation					
	a The organization?		6 a		Х		
b	b Any related organization?		6 b		Х		
	If 'Yes' on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, of payments not described on lines 5 and 6? If 'Yes,' describe in	did the organization provide any nonfixed	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accounts	crued pursuant to a contract that was subject					
	to the initial contract exception described in Regulations section of 'Yes,' describe in Part III	on 53 4958-4(a)(3)?	8		Х		
0	If 'Yes' on line 8, did the organization also follow the rebuttable pre	'	-				
9	section 53.4958-6(c)?	esumption procedure described in Regulations	9				

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

Schedule J (Form 990) 2021

46-2362098

Page 2

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation					(E) Total of	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
JEANETTE LOMBARDO (i	147,955.	0.	0.	4,513.	15,557.	168,025.	0.
1 EXECUTIVE DIR.		0.	0.	$\overline{0}$.	0.	0.	0.
(i)						
(i				L			
3 (i							
(i				L		L	
4 (i							
(i				L		L	
5 (i							
(i				_		_	
6 (i							
							
7 (i							
				+			
8 (i							
9		 		 			
9 (i							
10 (i				+		 	
(i)							
11 (i	<u> </u>			+		+	
12 (i				 		 	
(i							
13 (i				†		†	1
14 (i				†		†	1
(i							
15 (i				†		†	1
16 (i		+		†		†	1

BAA

TEEA4102L 10/27/21

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 FARMER VETERAN COALITION 46-2362098 Page 3

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

FARMER VETERAN COALITION

► Attach to Form 990.

Employer identification number 46-2362098

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(c lethod of c ash contrib	determir	
1	Art — Works of art							
2	Art — Historical treasures							
3	Art – Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles		1	75,714.	FMV			
7	Boats and planes							
8	Intellectual property							-
9	Securities – Publicly traded							-
10	Securities - Closely held stock							-
11	Securities – Partnership, LLC, or trust interests .							-
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles							
19	Food inventory.							
20	Drugs and medical supplies	-						
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							-
25	Other ► (GIFT CARDS)	Х	1	50,000.	REDI	EEMABL	E VAL	UE
26	Other • ()			, , , , , , , , , , , , , , , , , , , ,				
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part V, Done				29			
		0 7 101111011100	90				Yes	No
30 <i>a</i>	a During the year, did the organization receive by contr it must hold for at least three years from the date for exempt purposes for the entire holding period	of the initial	contribution, and which	ch isn't required to be u	sed	30 a	100	X
ŀ	f 'Yes,' describe the arrangement in Part II.					354		- 11
	Does the organization have a gift acceptance pol	icy that requi	res the review of any r	nonstandard contributio	ns?	31		X
32a	a Does the organization hire or use third parties or	related organ	nizations to solicit, pro	cess, or sell noncash		32 a		Y

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

b If 'Yes,' describe in Part II.

describe in Part II.

Schedule M (Form 990) 2021

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

46-2362098

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 11/4/21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZ I

Open to Public Inspection

Employer identification number

46-2362098

Department of the Treasury Internal Revenue Service

FARMER VETERAN COALITION

FARMER VEIERAN COALITION

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

WE CULTIVATE A NEW GENERATION OF FARMERS AND FOOD LEADERS, AND DEVELOP VIABLE EMPLOYMENT AND MEANINGFUL CAREERS THROUGH THE COLLABORATION OF THE FARMING AND MILITARY COMMUNITIES. WE BELIEVE THAT VETERANS POSSESS THE UNIQUE SKILLS AND CHARACTER NEEDED TO STRENGTHEN RURAL COMMUNITIES AND CREATE SUSTAINABLE FOOD SYSTEMS. WE BELIEVE THAT AGRICULTURE OFFERS PURPOSE, OPPORTUNITY, AND PHYSICAL AND PSYCHOLOGICAL BENEFITS.

FARMER VETERAN COALITION WAS FORMED TO HELP AT-RISK VETERANS AS THEY RE-ENTER

CIVILIAN SOCIETY BY CONNECTING THEM WITH MEANINGFUL AND STABLE CAREER OPPORTUNITIES

IN THE AGRICULTURAL SECTOR, AND TO HELP VETERANS WHO ARE SUFFERING FROM PARTICULARLY

SEVERE COMBAT-RELATED INJURIES TO LOCATE SERVICES AND THERAPY OPTIONS THAT WILL

ENABLE THEM TO THRIVE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS PROVIDED TO THE PRESIDENT AS WELL AS THE TOP MANAGEMENT OFFICIALS. EACH PERSON REVIEWS AND APPROVES THE FORMS. THE PREPARER DOES NOT FILE THE FORMS UNTIL THE SIGNED 8879-EO HAS BEEN RECEIVED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS ANNUALLY DISCLOSE AND REAFFIRM THE CONFLICT OF INTEREST POLICY. IF A CONFLICT EXISTS THE INDIVIDUAL IS INSTRUCTED TO NOTIFY THE BOARD IMMEDIATELY. THE BOARD WILL THEN REVIEW THE CONFLICT AND DETERMINE THE BEST COURSE OF ACTION. THESE ACTION RANGE FROM REQUESTING THE MEMBER TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON ISSURES RELATED TO THE CONFLICT TO REQUESTING THE INDIVIDUAL TO STEP DOWN.

Schedule O (Form 990) 2021 Page 2

Name of the organization	Employer identification number
FARMER VETERAN COALITION	46-2362098

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF DIRECTORS DOES AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND APPROVAL BY THE BOARD OF DIRECTORS.