** PUBLIC DISCLOSURE COPY **

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

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. A For the 2021 calendar year, or tax year beginning and ending

| B | Check if applicable | C Name of organization FOUNDATION FOR FOOD AND AGRICULTURE | | D Employer identific | cation number | | | |
|---------------|---------------------------|--|---------------|-------------------------------------|--|--|--|--|
| Х | Addres | s pagangar | | | | | | |
| | Name change | D. I. | | 47-1559027 | | | | |
| | Initial return | * | Room/suite | E Telephone number | | | | |
| | Final | 401 9TH STREET NW #730 | TTOOTH, SUITO | (202) 624-07 | | | | |
| | return/ termin ated | | | G Gross receipts \$ | 503,482,635. | | | |
| | Ameno | | | H(a) Is this a group re | | | | |
| | Applic | , | | for subordinates | | | | |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates included? | | | | |
| T- | Tax-exe | mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c | or 527 | 1 ` ′ | cluded? Yes No list. See instructions | | | |
| | | e: WWW.FOUNDATIONFAR.ORG | | H(c) Group exemption | | | | |
| | | organization: X Corporation Trust Association Other | L Year | | State of legal domicile; DC | | | |
| | art I | Summary | • | • | <u> </u> | | | |
| _ | 1 | Briefly describe the organization's mission or most significant activities: PIONEER | RING THE | NEXT FRONTIER OF | | | | |
| Governance | | FOOD AND AGRICULTURE RESEARCH. | | | | | | |
| na | 2 | Check this box if the organization discontinued its operations or dispos | ed of more | than 25% of its net ass | ets. | | | |
| Ne. | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 17 | | | |
| | | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 17 | | | |
| Se Se | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 40 | | | |
| ξį | 6 | Total number of volunteers (estimate if necessary) | | 6 | 17 | | | |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 7b | 0. | | | |
| | | | | Prior Year | Current Year | | | |
| <u>o</u> | 8 | Contributions and grants (Part VIII, line 1h) | | 87,357,657. | 97,514,243. | | | |
| eun | 9 | Program service revenue (Part VIII, line 2g) | | 140,523. | 0. | | | |
| Revenue | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 7,704,013. | 7,992,174. | | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 53,423. | 278,392. | | | |
| _ | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 95,255,616. | 105,784,809. | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 43,017,082. | 48,098,844. | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,979,863. | 4,809,894. | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | |
| ă X | . b | Total fundraising expenses (Part IX, column (D), line 25) | | 2 055 400 | 2 005 021 | | | |
| ш | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,855,408. | 3,205,831. | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 50,852,353. | 56,114,569. | | | |
| | _ | Revenue less expenses. Subtract line 18 from line 12 | | 44,403,263. | 49,670,240. | | | |
| Net Assets or | | 5 - L (D - L V - - - | Re | ginning of Current Year | End of Year | | | |
| SSE | 20 | Total assets (Part X, line 16) | | 447,012,723. 366,924,019. | 432,866,762. | | | |
| let A | 21 | Total liabilities (Part X, line 26) | | 80,088,704. | 140,411,788. | | | |
| P | 22 art II | Net assets or fund balances. Subtract line 21 from line 20 | | 00,000,704. | 140,411,700. | | | |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedules | and stateme | ents, and to the hest of my | knowledge and helief it is | | | |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | | · · · | knowledge and belief, it is | | | |
| truo | , 001100 | , and complete. Books and or property (other than others) to becode on an information of win | non proparor | nas any knowledge. | | | | |
| Sig | n | Signature of officer | | Date | | | | |
| Her | | SAHARAH MOON CHAPOTIN PH.D., EXECUTIVE DIRECTOR | | | | | | |
| | • | Type or print name and title | | | | | | |
| | | Print/Type preparer's name Preparer's signature | , [| Date Check | PTIN | | | |
| Paid | d | Print/Type preparer's name Preparer's signature Young ZHANG, CPA | hang 1 | 1/14/22 if self-employe | P01249785 | | | |
| | parer | Firm's name RSM US LLP | | Firm's EIN ▶ | 42-0714325 | | | |
| | Only | Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400 | 1 | | | | | |
| _ | _ | MCLEAN, VA 22102 | | Phone no. 703 | -336-6400 | | | |
| May | y the IF | S discuss this return with the preparer shown above? See instructions | | | X Yes No | | | |
| _ | _ | | | · | | | | |

Page 2

| | 990 (2021) RESEARCH | 47-1559027 | Page 2 |
|----------------|--|-------------------------|--------|
| Par | t III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | 🔲 |
| 1 | Briefly describe the organization's mission: FFAR BUILDS UNIQUE PARTNERSHIPS TO SUPPORT BOLD SCIENCE ADDRESSING | | |
| | TODAY'S FOOD AND AGRICULTURE CHALLENGES. | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | TT |
| | prior Form 990 or 990-EZ? | Yes | X No |
| 2 | If "Yes," describe these new services on Schedule O. | -2 \ | Y No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O. | s? tes | LA_ NO |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, | as measured by expenses | |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or | | nd |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$44,256,427. including grants of \$44,256,427.) (RETHE FOUNDATION FOR FOOD & AGRICULTURE RESEARCH (FFAR) BUILDS | evenue \$ | |
| | PUBLIC-PRIVATE PARTNERSHIPS TO SUPPORT AUDACIOUS SCIENCE. FFAR-FUNDED | | |
| | GRANTS, CO-CREATED WITH THE FOOD AND AGRICULTURE COMMUNITY, FILL | | |
| | CRITICAL RESEARCH GAPS, INCREASE PUBLIC AGRICULTURE RESEARCH AND | | |
| | COMPLEMENT THE U.S. DEPARTMENT OF AGRICULTURE'S RESEARCH AGENDA. FFAR | | |
| | FUNDS RESEARCH TARGETING URGENT FOOD AND AGRICULTURE TOPICS THAT HAVE | | |
| | BROAD IMPACTS. FFAR FOCUSES ON CORE CHALLENGE AREAS INCLUDING SOIL | | |
| | HEALTH, SUSTAINABLE WATER MANAGEMENT, NEXT GENERATION CROPS, ADVANCED | | |
| | ANIMAL SYSTEMS, HEALTH-AGRICULTURE NEXUS AND URBAN FOOD SYSTEMS. FFAR | | |
| | ADDRESSES THE CONNECTION BETWEEN AGRICULTURE AND SUSTAINABILITY THROUGH | | |
| | AGMISSION, A PARTNERSHIP TO REDUCE AGRICULTURAL GREENHOUSE GAS | | |
| | EMISSIONS TO NET ZERO. | | |
| 4b | (Code:) (Expenses \$3,842,417. including grants of \$3,842,417. | evenue \$ | |
| | IN ADDITION TO RESEARCH, FFAR SUPPORTS A DIVERSE, CREATIVE SCIENTIFIC | | |
| | WORKFORCE. FFAR'S SCIENTIFIC WORKFORCE DEVELOPMENT PROGRAMS RECOGNIZE | | |
| | SCIENTIFIC LEADERS, PROVIDE UNIQUE RESEARCH OPPORTUNITIES, SUPPORT | | |
| | YOUNG FACULTY AND INSPIRE THE NEXT GENERATION OF SCIENTISTS. | | |
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| | | | |
| | 4 000 160 | | |
| 4c | | evenue \$ | · |
| | OTHER PROGRAMS. | | |
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| | | | |
| | | | |
| | | | |
| <u></u> | Other program complete (December on Calactula C.) | | |
| 4d | Other program services (Describe on Schedule O.) | 1 | |
| | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 52,299,006. |) | |
| 4 e | Total program service expenses 52,299,006. | | |

47-1559027

Form 990 (2021) RESEARCH 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | 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 Rev. Proc. 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 | | X |
| 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 | | X |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | x |
| | Part VI | 11a | | |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 446 | | X |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | _ A |
| C | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11c | | x |
| Ч | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 | 110 | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | | 10 | | |
| - | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | 33 3 | | | |
| | 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 | | | ۱., |
| | 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, | | | • |
| 40 | 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 | 40 | | X |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | ├^ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 10 | | x |
| 20- | complete Schedule G, Part III | 19 20a | | X |
| 20a b | and the second s | 20a 20b | | |
| 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| -' | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | х | |
| | 3 | | | |

Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a Х **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 25 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a 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? Х **b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 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 Х excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. X 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. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

RESEARCH

Page 6 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| Sec | tion A. Governing Body and Management | | | Δ |
|-----|---|--------------|---------|---------|
| 000 | tion A. doverning body and management | | Yes | No |
| 10 | Enter the number of voting members of the governing body at the end of the tax year 17 | | 162 | INO |
| iu | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | | | | |
| | Enter the number of voting members medded on line 14, above, who are made creating | 1 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | Х |
| • | officer, director, trustee, or key employee? | 2 | | - 21 |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | х |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | Α |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | l _ | | v |
| | more members of the governing body? | 7a | | Х |
| р | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | l | | v |
| _ | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | _ | | v |
| 800 | organization's mailing address? f "Yes." provide the names and addresses on Schedule O | 9 | | Х |
| 360 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | ., | |
| 40- | Did the consolication have been been been been been as of the back. | 40- | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | Α |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 406 | | |
| 44- | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Х | |
| | | 11a | Α | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 40- | х | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Λ | |
| С | , | 40- | х | |
| 40 | on Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Λ | |
| 15 | 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? | 45- | х | |
| _ | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | 21 | |
| 16- | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| Ioa | | 160 | | Х |
| L | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 16a | | |
| b | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 4Ch | | |
| Sec | exempt status with respect to such arrangements? tion C. Disclosure | 16b | l | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)) | s Only) | availal | nle |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | orny) | avallal |)IC |
| | | | | |
| 19 | W Own website Another's website W 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 | l finan | rial | |
| 19 | statements available to the public during the tax year. | ı ııı lai li | Jiai | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| 20 | SAHARAH MOON CHAPOTIN PH.D (202) 624-0700 | | | |
| | 401 9TH STREET NW #730, WASHINGTON, DC 20004 | | | |

Form 990 (2021) RESEARCH 47-1559027 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 organizat (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|--|------------------------|--------------------------------|-----------------------|------------|--------------|------------------------------|--------------|-----------------|---------------------------------------|------------------------------|
| Name and title | Average | Position | | Reportable | Reportable | Estimated | | | | |
| rame and the | hours per | | not cl , unles | | | | compensation | | compensation | amount of |
| | week | offi | cer an | d a di | irecto | r/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | e e | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related | ıstee | truste | | e e | bens | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations below | ual tri | tional | | ploye | t com | _ | 1099-NEC) | | and related organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | Organizations |
| (1) DR. MARK KEENUM | 1.00 | = | = | 0 | × | Τ 0 | 4 | | | |
| CHAIRMAN | | х | | х | | | | 0. | 0. | 0. |
| (2) DR. KATHYRN BOOR | 1.00 | | | | | | | | | |
| VICE CHAIRMAN | | х | | х | | | | 0. | 0. | 0. |
| (3) DR. CHRIS MALLETT | 1.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (4) DR. DOUG BUHLER | 1.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (5) DR. ALTON THOMPSON | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (6) HON. DAN GLICKMAN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) MS. DANITA RODIBAUGH | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) DR. DEBBY DELMER | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0 . |
| (9) DR. MICHAEL R. LADISCH | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) DR. DOUG CAMERON | 1.00 | 1 | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) DR. JOHN LUMPKIN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) DR. JOANNE TORNOW | 1.00 | | | | | | | | | |
| BOARD MEMBER (EXOFFICIO) | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (13) DR. NANCY CREAMER | 1.00 | ł | | | | | | | | |
| BOARD MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (14) DR. PAM MARRONE | 1.00 | | | | | | | | _ | _ |
| BOARD MEMBER (15) DR. CARRIE CASTILLE | 1 00 | Х | \vdash | | | | | 0. | 0. | 0. |
| BOARD MEMBER (EXOFFICIO) | 1.00 | х | | | | | | 0. | 0. | ^ |
| (16) DR. STANLEY PRUISNER | 1.00 | ^ | \vdash | | | | | · · · | · · | 0. |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | _ |
| (17) DR. TERRY MCELWAIN | 1.00 | Λ | | | | | | 0. | · · · · · · · · · · · · · · · · · · · | 0. |
| BOARD MEMBER | 1.00 | х | | | | | | 0. | 0. | 0. |
| | | | | | | | | <u> </u> | <u> </u> | 990 (2021 |

132007 12-09-21 Form **990** (2021)

| Port VIII | | | | | | | | | 47-133902 | rage C |
|---|----------------------|--------------------------------------|-----------------|------------|--------------|------------------------------|---------|-------------------------|-------------------------------|--------------------|
| Part VII Section A. Officers, Directors, To | rustees, Key Em | oloy | ees, | and | l Hig | ghes | t C | ompensated Employee | | ı |
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | Position (do not check more than one | | Reportable | Reportable | Estimated | | | | |
| | hours per week | | , unle | | | | | compensation | compensation | amount of |
| | (list any | | T | | | Π | , | from the | from related organizations | other compensation |
| | hours for | direct | | | | _ | | organization | (W-2/1099-MISC/ | from the |
| | related | e 0 r | trustee | | | ısate | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | ndividual trustee or director | al tru | | yee | n be | | 1099-NEC) | , | and related |
| | below | idual | Institutional 1 | l la | sey employee | est co | er | | | organizations |
| | line) | Indiv | Instit | Officer | Key e | Highest compensated employee | Former | | | |
| (18) BEN NOBLE | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (19) HON. THOMAS J. VILSACK | 1.00 | | | | | | | | | |
| BOARD MEMBER (EXOFFICIO) | | Х | | | | | | 0. | 0. | 0. |
| (20) DR. CHAVONDA JACOBS-YOUNG | 1.00 | | | | | | | | | |
| BOARD MEMBER (EXOFFICIO) | | Х | | | | | | 0. | 0. | 0. |
| (21) HUBERT HAMER | 1.00 | | | | | | | | | |
| BOARD MEMBER (EXOFFICIO) | | Х | | | | | | 0. | 0. | 0. |
| (22) KRYSTA HARDEN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (23) HON. SONNY PERDUE | 1.00 | | | | | | | | | |
| BOARD MEMBER (EXOFFICIO) | | Х | | | | | | 0. | 0. | 0. |
| (24) DR. SARAH J ROCKEY | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 463,846. | 0. | 16,500. |
| (25) JULIA REYNES | 40.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | | | | Х | | | | 272,619. | 0. | 28,651. |
| (26) SERGIO FURMAN | 40.00 | | | | | | | | | |
| CHIEF DEVELOPMENT OFFICER | | | | Х | | | | 320,701. | 0. | 47,488. |
| 1b Subtotal | | | | | | | | 1,057,166. | 0. | 92,639. |
| c Total from continuation sheets to Part | VII, Section A | | | | | | | 979,431. | | 61,108. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,036,597. | 0. | 153,747. |
| 2 Total number of individuals (including bu | ut not limited to th | ose | liste | d ab | ove | e) wh | o re | ceived more than \$100. | 000 of reportable | |

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

Section B. Independent Contractors

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

| (A) | (B) | (C) |
|---|--|--------------|
| Name and business address | Description of services | Compensation |
| CLUTCH PERFORMANCE | | |
| 400 N 1ST AVENUE 525, MINNEAPOLIS, MN 55401 | CONSULTING | 339,358. |
| GRAHAM-PELTON CONSULTING | | |
| 39 BEECHWOOD ROAD, SUMMIT, NJ 07901 | CONSULTING | 276,000. |
| HIP CHECK LLC | | |
| 4422 E EARLL DRIVE, PHOENIX, AZ 85018 | WEBSITE SUPPORT | 255,890. |
| MORRISON FOERSTER | | |
| 555 MARKET STREET, LOS ANGELES, CA 90074 | LEGAL | 236,683. |
| CRYSTAL STRATEGIES | | |
| 1405 S FERN STREET, ARLINGTON, VA 22202 | CONSULTING | 168,000. |
| 2 Total number of independent contractors (including but not limited to | those listed above) who received more than | |
| \$100,000 of compensation from the organization | 9 | |
| | · | 200 |

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Form 990_ RESEARCH 47-1559027

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees: (continued). (A) | Form 990 RESEARCH | | | | | | | | | 47-15590 | 027 |
|--|---------------------------------------|----------------|--------|-------|-------|------|-------|----------|---------------------|-----------------|---------------|
| (27) JEFF ROSICHAN 40.00 (28) JUCYNAR AUSTYRA 40.00 (28) JEFF ROSICHAN 40.00 (29) KASHYRA CHOSEI STERCTOR OF STRATEGIC PARTNERSHIPS 30) JOHN REICH 40.00 (28) KASHYRA CHOSEI STERCTOR OF STRATEGIC PROGRAM DIRECTOR (28) JASHYRA CHOSEI STERCTOR OF STRATEGIC PROGRAM DIRECTOR (28) JASHYRA CHOSEI STERCTOR OF STRATEGIC PROGRAM DIRECTOR (29) JASHYRA CHOSEI STERCTOR OF STRATEGIC PROGRAM DIRECTOR (20) JASHYRA CHOSEI STRATEGIC PROGRAM DI | | ıstees, Key En | nplo | yee | s, aı | nd H | lighe | est (| Compensated Employe | es (continued) | |
| Name and title | | 1 | | | | | | | | , , | (F) |
| Nours Check all that apply) Compensation Co | | | | | | | | | | | |
| Per Week (ist any 10 10 10 10 10 10 10 1 | | | (cl | | | | | ly) | • | • | |
| Itist any Section Control or related Contro | | per | Ì | | | | Ė | <u> </u> | 1 | | other |
| 27 JEFF ROSICHAN | | week | | | | | yee | | the | organizations | compensation |
| 27 JEFF ROSICHAN | | (list any | ector | | | | 원 | | | (W-2/1099-MISC) | from the |
| 27 JEFF ROSICHAN | | hours for | rdire | | | | ted e | | (W-2/1099-MISC) | | organization |
| 27 JEFF ROSICHAN | | | stee (| ruste | | | en sa | | | | |
| 27 JEFF ROSICHAN | | 1 - | altru | nal t | | loye | moo | | | | organizations |
| 27 JEFF ROSICHAN | | | ividu | iğ İ | cer | em b | hest | mer | | | |
| X 228,997. 0. 13,085 12,055 | | line) | pul | su | JJ0 | Ke | Hig | For | | | |
| 228 LUCYNA KURTYKA | (27) JEFF ROSICHAN | 40.00 | | | | | | | | | |
| X 210,975 0 12,055 | CONSORTIUM DIRECTOR | | | | | | Х | | 228,997. | 0. | 13,085 |
| 129 KASHYAP CHOKSI | (28) LUCYNA KURTYKA | 40.00 | | | | | | | | | |
| X | SCIENTIFIC PROGRAM DIRECTOR | | | | | | Х | | 210,975. | 0. | 12,055 |
| 330) JOHN REICH 40.00 | (29) KASHYAP CHOKSI | 40.00 | | | | | | | | | |
| X | DIRECTOR OF STRATEGIC PARTNERSHIPS | | | | | | Х | | 184,115. | 0. | 20,293 |
| | (30) JOHN REICH | 40.00 | | | | | | | | | |
| SCIENTIFIC PROGRAM DIRECTOR X 176,785. 0. 15,675 | SCIENTIFIC PROGRAM DIRECTOR | | | | | | Х | | 178,559. | 0. | 0 |
| | (31) LAKISHA ODOM | 40.00 | | | | | | | | | |
| | SCIENTIFIC PROGRAM DIRECTOR | | | | | | Х | | 176,785. | 0. | 15,675 |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | Fotal to Part VII, Section A, line 1c | | | | | | | | 979,431. | | 61,108 |

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RESEARCH

/III Statement of Revenue

| | | Check if Schedule O c | ontains a | response o | or note to any line | e in this Part VIII | | | |
|--|-------------|---|--------------------------------------|-----------------------|--|---------------------|--|--------------------------------------|--|
| | | 0.000.000 | <u> </u> | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts | 2 a k | b Membership dues c Fundraising events d Related organizations e Government grants (contril f All other contributions, gifts, g similar amounts not included in li h Total. Add lines 1a-1f | outions) grants, and above nes 1a-1f | 1f 1g \$ | 75,332,739. 22,181,504. Business Code | 97,514,243. | | | Sections 312 - 314 |
| P | | f All other program service reg Total. Add lines 2a-2f | | | | | | | |
| | 3 4 5 | Investment income (includi other similar amounts) Income from investment of Royalties | tax-exen | npt bond p | roceeds | 6,729,806. | | | 6,729,806. |
| | 6 a | a Gross rentsb Less: rental expenses | 6a 6b 6c |) Real | (ii) Personal | | | | |
| ıue | 7 a | b Less: cost or other basis and sales expenses | 7a ³⁹⁸ , 9 | ecurities 960,194. | (ii) Other | | | | |
| ther Revenue | • | c Gain or (loss) | | ····· | > | 1,262,368. | | | 1,262,368. |
| Ò | | including \$ contributions reported on I Part IV, line 18 b Less: direct expenses c Net income or (loss) from for | ine 1c). S | 8a 8b | | | | | |
| | 9 a | a Gross income from gaming Part IV, line 19 b Less: direct expenses c Net income or (loss) from g | g activities | s. See 9a 9b | > | | | | |
| | ŀ | a Gross sales of inventory, le and allowances b Less: cost of goods sold c Net income or (loss) from s | | 10a 10b | | | | | |
| Miscellaneous Revenue | | a OTHER INCOME | | | Business Code 900099 | 278,392. | | | 278,392. |
| Misc | • | All other revenue Total. Add lines 11a-11d | | | | 278,392. | | | 0.070.75 |
| | 12 | Total revenue. See instruction | ns | | > | 105,784,809. | 0. | 0. | 8,270,566. |

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).

| 0001 | on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons | | | | |
|----------|--|----------------|--------------------------|---------------------------------|---------------------------------------|
| Do i | not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | · | | |
| | and domestic governments. See Part IV, line 21 | 46,832,192. | 46,832,192. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 1,266,652. | 1,266,652. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 2,028,698. | 1,435,378. | 272,619. | 320,701. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 2,124,503. | 874,656. | 699,511. | 550,336. |
| 8 | Pension plan accruals and contributions (include | 200 100 | 222 121 | | |
| | section 401(k) and 403(b) employer contributions) | 230,138. | 230,138. | | |
| 9 | Other employee benefits | 245,530. | 245,530. | | |
| 10 | Payroll taxes | 181,025. | 181,025. | | |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | 0.46 7.40 | 021 006 | 14 014 | |
| | Legal | 246,740. | 231,826. | 14,914. | 10.020 |
| | Accounting | 51,635. | 28,720. | 12,086. | 10,829. |
| | Lobbying | | | | |
| _ | Professional fundraising services. See Part IV, line 17 | 481,030. | | 481,030. | |
| f | Investment management fees | 401,030. | | 401,030. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 1 347 325 | 387,408. | 657,562. | 302,355. |
| 40 | column (A), amount, list line 11g expenses on Sch 0.) | 1,347,325. | 367,406. | 037,302. | 302,333. |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 257,416. | 143,176. | 60,253. | 53,987. |
| 14 | Information technology | 237, 410. | 143,170. | 00,233. | 33,307. |
| 15 16 | Royalties | 599,924. | 333,681. | 140,423. | 125,820. |
| 17 | Occupancy | 51,753. | 27,628. | 3,958. | 20,167. |
| 18 | Payments of travel or entertainment expenses | 01,700. | 27,020. | 5,255. | 20,207. |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 10,040. | | 10,000. | 40. |
| 20 | Interest | , , - , , | | , | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 97,762. | 54,376. | 22,883. | 20,503. |
| 24 | Other expenses. Itemize expenses not covered | | , | , | , , , , , , , , , , , , , , , , , , , |
| | above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | OTHER EXPENSES | 44,023. | 22,259. | 11,479. | 10,285. |
| b | DUES AND SUBSCRIPTIONS | 18,183. | 4,361. | 9,176. | 4,646. |
| С | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 56,114,569. | 52,299,006. | 2,395,894. | 1,419,669. |
| 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) | | | | 5 990 (2004) |
| | | | | | |

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| | tΧ | Balance Sneet | | | | |
|-----------------------------|----------|---|-------------------------|---------------------------------|--------------|-----------------|
| | | Check if Schedule O contains a response or note to | any line in this Part X | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 9,704,065. | 1 | 14,181,516. |
| | 2 | Savings and temporary cash investments | | 200,248. | 2 | 200,248. |
| | 3 | Pledges and grants receivable, net | | 118,287,926. | 3 | 131,500,526. |
| | 4 | Accounts receivable, net | | 4 | | |
| | 5 | Loans and other receivables from any current or forr | | | 7 | |
| | 3 | trustee, key employee, creator or founder, substantia | | | | |
| | | controlled entity or family member of any of these pe | · | | 5 | |
| | 6 | Loans and other receivables from other disqualified | | | | |
| | U | under section 4958(f)(1)), and persons described in s | | 6 | | |
| | 7 | Notes and loans receivable, net | | 7 | | |
| Assets | 8 | | | | 8 | |
| Ass | 9 | Inventories for sale or use Prepaid expenses and deferred charges | | | 9 | |
| 1 | | Land, buildings, and equipment: cost or other | | | 9 | |
| | iva | basis. Complete Part VI of Schedule D | ha | | | |
| | h | | | | 10c | |
| | 11 | | 318,678,897. | 11 | 286,842,885. | |
| | 12 | Investments - publicly traded securities | 310,070,037. | 12 | 200,012,003. | |
| | | | | 13 | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 14 | | |
| | 14 | Intangible assets Other coacts See Part IV line 11 | | 141,587. | 15 | 141,587. |
| | 15 | Other assets. See Part IV, line 11 | | 447,012,723. | 16 | 432,866,762. |
| - | 16 17 | Total assets. Add lines 1 through 15 (must equal lin | | 604,784. | 17 | 842,771. |
| | 18 | Accounts payable and accrued expenses | | 189,580,241. | 18 | 190,079,183. |
| | 19 | Grants payable | 103,300,211. | 19 | 130,073,103. | |
| | 20 | Deferred revenue | | 20 | | |
| | 21 | Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part | IV at Calaadiila D | | 21 | |
| | 22 | Loans and other payables to any current or former o | | | 21 | |
| Liabilities | 22 | trustee, key employee, creator or founder, substantia | | | | |
| i <u>i</u> | | controlled entity or family member of any of these pe | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelated | N-11 | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated thin | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payable | T I | | 24 | |
| | 23 | parties, and other liabilities not included on lines 17: | | | | |
| | | of Schedule D | 24). Complete Fait A | 176,738,994. | 25 | 101,533,020. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 366,924,019. | 26 | 292,454,974. |
| - | 20 | Organizations that follow FASB ASC 958, check h | nere X | ,, | 20 | |
| Se | | and complete lines 27, 28, 32, and 33. | | | | |
| ŭ | 27 | • | | 80,088,704. | 27 | 140,411,788. |
| 3ale | 28 | Net assets with donor restrictions | | , , | 28 | , , , |
| ğ | | Organizations that do not follow FASB ASC 958, o | | | 20 | |
| ᆵ | | and complete lines 29 through 33. | SHOOK HOLD | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipr | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated incom | T T | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | Г | 80,088,704. | 32 | 140,411,788. |
| Z | 33 | Total liabilities and net assets/fund balances | | 447,012,723. | 33 | 432,866,762. |

Form **990** (2021)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| Form | 990 (2021) RESEARCH | 47-155 | 9027 | Pag | ge 12 |
|------|---|-----------|---------|-------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 105 | ,784, | 809. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 56 | ,114, | 569. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 49 | ,670, | 240. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 80 | ,088, | 704. |
| 5 | Net unrealized gains (losses) on investments | 5 | 10 | ,652, | 844. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | coluṃn (B)) | 10 | 140 | ,411, | 788. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | Х |
| | | | | 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. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |

Form **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 FOUNDATION FOR FOOD AND AGRICULTURE

RESEARCH

Reason for Public Charity Status (All organizations must complete this part.) See instructions

| Pa | ırt I | Reason for Public C | Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions. | | |
|------|--------|---|---------------------------------------|--|-------------------------------------|---------------------------------|---------------------------------------|----------------------------|--|
| The | orgar | nization is not a private found | ation because it is: (I | For lines 1 through 12, c | heck only | one box.) | | | |
| 1 | | A church, convention of chi | urches, or associatio | on of churches described | in sectio | n 170(b)(1 | I)(A)(i). | | |
| 2 | \Box | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | |
| 3 | \Box | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | |
| 4 | 同 | A medical research organization | | | | | • | the hospital's name. | |
| • | | city, and state: | a opo.a.oa oo. | nganisansin man a nisepitan | | 0001.0 | | and noophan o name, | |
| 5 | | An organization operated for | or the benefit of a col | llege or university owned | l or operate | ed by a go | vernmental unit describe | ed in | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | X | An organization that norma | lly receives a substar | ntial part of its support fr | om a gove | ernmental | unit or from the general إ | oublic described in | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | | An agricultural research org | | | • | ed in conju | inction with a land-grant | college | |
| | | or university or a non-land-g | | | | - | | - | |
| | | university: | , 3 | , | | , , , | , | | |
| 10 | | An organization that norma | Ilv receives (1) more | than 33 1/3% of its supp | ort from c | ontribution | ns, membership fees, and | d aross receipts from | |
| | | activities related to its exem | | | | | | | |
| | | income and unrelated busin | | · | | | | • | |
| | | See section 509(a)(2). (Cor | | | | | , , | , | |
| 11 | | An organization organized a | • | ively to test for public sa | fetv. See | section 50 | 09(a)(4). | | |
| 12 | 一 | An organization organized a | • | | • | | | purposes of one or | |
| | | more publicly supported or | • | • | - | | | | |
| | | lines 12a through 12d that | | | | | | | |
| а | | Type I. A supporting orga | | | | | , , | aivina | |
| | | the supported organization | · · · · · · · · · · · · · · · · · · · | | • | - | | | |
| | | organization. You must o | | | , , | | | 11 3 | |
| b | , [| Type II. A supporting org | | | tion with its | s supporte | ed organization(s), by hav | vina | |
| | | control or management o | • | | | | | - | |
| | | organization(s). You mus | | | po.co. | | manage are eap | 33.134 | |
| c | | Type III functionally inte | | | in connect | ion with. | and functionally integrate | ed with | |
| | | its supported organization | | | | | | , | |
| d | ı [| Type III non-functionally | | | | | | zation(s) | |
| | | that is not functionally int | = | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | requirement (see instructi | | • , | • | | • | | |
| е | | Check this box if the orga | · | · · | | | | | |
| | | functionally integrated, or | | | | | 31 7 31 7 31 | | |
| f | Ent | er the number of supported o | | , 3 | 3 3 3 | | | | |
| c | | vide the following information | | d organization(s). | | | | | |
| | | (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed ng document? | (v) Amount of monetary | (vi) Amount of other | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) | |
| | | | | , | | | | | |
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| Tota | al_ | | | | | | | | |

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

(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 | ction A. Public Support | | | | | | |
|---------|--|-------------------|-----------------------|-----------------------|-----------------------|----------------------|--------------------|
| Cale | ndar 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.") | 48,931,465. | 35,748,812. | 45,324,505. | 87,357,657. | 97,514,243. | 314,876,682. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 48,931,465. | 35,748,812. | 45,324,505. | 87,357,657. | 97,514,243. | 314,876,682. |
| 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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 314,876,682. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 48,931,465. | 35,748,812. | 45,324,505. | 87,357,657. | 97,514,243. | 314,876,682. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 3,292,423. | 1,995,367. | 4,490,311. | 7,615,487. | 6,729,806. | 24,123,394. |
| 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.) | | 18,000. | 23,737. | 53,423. | 278,392. | 373,552. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 339,373,628. |
| | Gross receipts from related activities, | • | | | | 12 | 526,454. |
| 13 | First 5 years. If the Form 990 is for the | | rst, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) | . \square |
| <u></u> | organization, check this box and stor | | | | | | |
| | ction C. Computation of Publi | | | . (6) | | | 02.79 |
| | Public support percentage for 2021 (I | | | | | 14 | 92.78 % 91.32 % |
| | Public support percentage from 2020 | | | | | 15 | ,,, |
| 108 | 33 1/3% support test - 2021. If the containing and life is | | | | | | . 77 |
| | stop here. The organization qualifies | | ~ | | line 45 in 00 4/00/ | | |
| D | 33 1/3% support test - 2020. If the constitution was | | | | | | |
| 47~ | and stop here. The organization qual | | | | | | |
| 1/8 | 10% -facts-and-circumstances test | - | | | | | |
| | and if the organization meets the facts | | | | | _ | ▶ □ |
| J. | meets the facts-and-circumstances te | · · | • | | | 70. and line 15 is | |
| 0 | 10% -facts-and-circumstances test | _ | | | | | 1070 UI |
| | more, and if the organization meets the | | · | | • | | ▶□ |
| 10 | organization meets the facts-and-circu | | | | | | |
| 10 | Private foundation. If the organization | n did not theck a | | i, 100, 17a, 01 17b | , crieck triis box al | ia see iristructions | · ······· |

Page 2

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

RESEARCH

(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.)

| qualify under the tests listed b Section A. Public Support | elow, please comp | plete Part II.) | | | | |
|--|----------------------------|---------------------------|----------------------|---------------------|------------------------|-------------|
| Calendar 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.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the | ne organization's f | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organization | on, |
| check this box and stop here | | | | | | > |
| Section C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 Public support percentage for 2021 (I | ine 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2020 | | | | | 16 | % |
| Section D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 Investment income percentage for 20 |)21 (line 10c, colu | mn (f), divided by li | ine 13, column (f)) | | 17 | % |
| 18 Investment income percentage from | 2020 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2021. If the | organization did r | not check the box | on line 14, and line | e 15 is more than | 33 1/3%, and line 1 | 7 is not |
| more than 33 1/3%, check this box ar | nd stop here. The | organization quali | fies as a publicly s | upported organiza | ation | > |
| b 33 1/3% support tests - 2020. If the | organization did r | not check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | nd |
| line 18 is not more than 33 1/3%, che | ck this box and st | top here. The orga | nization qualifies a | as a publicly supp | orted organization | |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check th | nis box and see in | structions | > |

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| | | Voo | Na |
|-----|---------|--------|------|
| | | Yes | No |
| | | | |
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| ule | A (Forn | n 990) | 2021 |

2b

За

these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organi: | zations | | | | |
|---|--|-----------------|--------------------------|--------------------------------|--|--|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction | | | | | | | |
| | All other Type III non-functionally integrated supporting organizations mu | | • | <u> </u> | | | |
| Sect | ion 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 | | | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | | |
| а | Average monthly value of securities | 1a | | | | | |
| b | Average monthly cash balances | 1b | | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | | |
| е | Discount claimed for blockage or other factors | | | | | | |
| | (explain in detail in Part VI): | | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | | | |
| | see instructions). | 4 | | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | |
| Sect | ion 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-function | ally integrated | Type III supporting orga | unization (see | | | |
| | instructions) | , , | | • | | | |

Schedule A (Form 990) 2021

| | | | 100 | / | |
|----------|---|-------------------------------|---------------------------------------|----|---|
| Sect | on D - Distributions | | | | Current Year |
| _1_ | Amounts paid to supported organizations to accomplish exer | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne 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 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2021 | s | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| <u> </u> | From 2016 | | | | |
| b | From 2017 | | | | |
| С | From 2018 | | | | |
| d | From 2019 | | | | |
| е | 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 | | | | |
| с | 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: | | | | |
| <u>a</u> | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| С | Excess from 2019 | | | | |
| <u>d</u> | Excess from 2020 | | | | |
| е | Excess from 2021 | | | | |

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2018 AMOUNT: \$ 18,000. 2019 AMOUNT: \$ 23,737. 2020 AMOUNT: \$ 53,423. 2021 AMOUNT: \$ 278,392.

Schedule A (Form 990) 2021

Page 8

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

(Form 990)

➤ Attach to Form 990 or Form 990-PF.

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

Name of the organization
FOUNDATION FOR FOOD AND AGRICULTURE
RESEARCH
Employer identification number
47-1559027

| Organization type (check one): | | | | | | | | |
|--------------------------------|---|---|--|--|--|--|--|--|
| Filers of | ! | Section: | | | | | | |
| Form 99 | 0 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | | 527 political organization | | | | | | |
| Form 99 | 0-PF | 501(c)(3) exempt private foundation | | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | | |
| Note: Or | nly a section 501(c)(7 | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | | |
| General | Rule | | | | | | | |
| | - | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | | |
| Special | Rules | | | | | | | |
| X | sections 509(a)(1) a contributor, during | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II. | | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | | | |
| | year, contributions is checked, enter he purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| answer " | Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify hat it doesn't meet the filing requirements of Schedule B (Form 990). | | | | | | | |

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Name of organization
FOUNDATION FOR FOOD AND AGRICULTURE
RESEARCH
47-1559027

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. 2 | Name, address, and ZIP + 4 | \$5,000,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$5,000,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. 4 | Name, address, and ZIP + 4 | \$2,000,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | * | Person Payroll Complete Part II for noncash contributions. |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions \$ | Person Payroll Complete Part II for noncash contributions. |

Name of organization
FOUNDATION FOR FOOD AND AGRICULTURE
RESEARCH
47-1559027

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

\$

Employer identification number

Name of organization

| OUNDATIO | ON FOR FOOD AND AGRICULTURE | | | | | | | | |
|-----------------|--|---|---------------------|-------------------------------|-----------------------------|--|--|--|--|
| ESEARCH | | | | ()(=) (o) (10) H | 47-1559027 | | | | |
| Part III | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) | through (e) and the following | line entry. For ord | ganizations | | | | | |
| | completing Part III, enter the total of exclusively religious, of | charitable, etc., contributions of \$1, | 000 or less for the | e year. (Enter this info. onc | e.) > \$ | | | | |
| (a) No. | Use duplicate copies of Part III if additional s | space is needed. | T | | | | | | |
| from | (b) Purpose of gift | (c) Use of gift | : | (d) Desc | ription of how gift is held | | | | |
| Part I | | | | | | | | | |
| | | - | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| - | | | | | | | | | |
| | | (e) Transfer | of gift | | | | | | |
| | | | | | | | | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | Re | lationship of trai | nsferor to transferee | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | . | (d) Desc | ription of how gift is held | | | | |
| Part I | (b) i di pose di giit | (0) 000 01 gill | • | (4) 2000 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | (e) Transfer of gift | | | | | | | | |
| | | | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Re | lationship of trai | nsferor to transferee | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (a) No. from | (h) Duwa and of with | | | (d) Door | vintion of how wift in hold | | | | |
| Part I | (b) Purpose of gift | (c) Use of gift | | (u) Desc | ription of how gift is held | | | | |
| | | | | - | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | (e) Transfer | of gift | | | | | | |
| | /-/ | | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Re | lationship of trai | nsferor to transferee | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (a) No. from | (h) D | / > 11 5 151 | | () 5 | | | | | |
| Part I | (b) Purpose of gift | (c) Use of gift | | (a) Desc | ription of how gift is held | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Γ | | (e) Transfer | of gift | | | | | | |
| | | - * | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Re | lationship of trai | nsferor to transferee | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1 | - | | | | _ | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Inspection

OMB No. 1545-0047

Name of the organization

FOUNDATION FOR FOOD AND AGRICULTURE RESEARCH

Employer identification number 47-1559027

| | | (a) Donor advise | d funds | (b) Funds and other accounts |
|-----|---|-----------------------------|-----------------------|-------------------------------------|
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets he | ld in donor advised | funds |
| | are the organization's property, subject to the organization's ex | xclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for an | y other purpose co | nferring |
| | impermissible private benefit? | | | Yes No |
| Pa | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | | |
| | Preservation of land for public use (for example, recreation | on or education) | Preservation of a | historically important land area |
| | Protection of natural habitat | | Preservation of a | certified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | ed conservation contribu | ution in the form of | a conservation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Yea |
| а | Total number of conservation easements | | | 2a |
| b | Total acreage restricted by conservation easements | | | 2b |
| С | Number of conservation easements on a certified historic structure | cture included in (a) | | 2c |
| d | Number of conservation easements included in (c) acquired af | ter 7/25/06, and not on | a historic structure | |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, release | ased, extinguished, or to | erminated by the or | ganization during the tax |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation ease | ement is located | | |
| 5 | Does the organization have a written policy regarding the period | odic monitoring, inspect | ion, handling of | |
| | violations, and enforcement of the conservation easements it h | nolds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | andling of violations, an | d enforcing conser | vation easements during the year |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handli | ng of violations, and en | forcing conservation | n easements during the year |
| | ▶ \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | • | . , , | |
| | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | n easements in its reven | ue and expense sta | atement and |
| | balance sheet, and include, if applicable, the text of the footnot | te to the organization's | financial statement | ts that describes the |
| | organization's accounting for conservation easements. | | | |
| Pai | t III Organizations Maintaining Collections of | | asures, or Othe | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form S | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | , not to report in its reve | enue statement and | balance sheet works |
| | of art, historical treasures, or other similar assets held for publi | ic exhibition, education, | or research in furth | nerance of public |
| | service, provide in Part XIII the text of the footnote to its finance | | | |
| b | If the organization elected, as permitted under FASB ASC 958 | , to report in its revenue | statement and bal | ance sheet works of |
| | art, historical treasures, or other similar assets held for public e | exhibition, education, or | research in further | ance of public service, |
| | provide the following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| | | | | |
| 2 | If the organization received or held works of art, historical treas | sures, or other similar as | ssets for financial g | ain, provide |
| | the following amounts required to be reported under FASB AS | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | |
| h | Assets included in Form 990, Part X | | | • \$ |

| Par | t III | Organizations Maintaining C | ollections of Art | t, Historic | cal Tre | asures, or O | ther S | imilai | Assets | (continu | ed) |
|--------|--------|--|-------------------------------|----------------|-------------|---------------------|-------------------|--------------------|--------------|-------------|-------------|
| 3 | Using | g the organization's acquisition, accession | on, and other records | s, check an | y of the f | ollowing that ma | ke signi | ificant ι | use of its | | |
| | collec | ction items (check all that apply): | | | | | | | | | |
| а | | Public exhibition | d | Loa | n or exc | hange program | | | | | |
| b | | Scholarly research | е | Oth | er | | | | | | |
| С | | Preservation for future generations | | | | | | | | | |
| 4 | Provi | de a description of the organization's co | llections and explain | how they f | urther th | e organization's | exempt | purpos | se in Part | XIII. | |
| 5 | Durin | g the year, did the organization solicit or | r receive donations o | of art, histor | ical treas | sures, or other si | milar as | sets | | _ | |
| | | sold to raise funds rather than to be ma | | | | | | | | Yes | No |
| Par | t IV | Escrow and Custodial Arrang | | ete if the org | ganizatio | n answered "Yes | s" on Fo | rm 990 | , Part IV, I | ine 9, or | |
| | | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | |
| 1a | | e organization an agent, trustee, custodia | | | | | | | _ | , | |
| | | orm 990, Part X? | | | | | | | L | Yes | No |
| b | If "Y∈ | es," explain the arrangement in Part XIII a | and complete the foll | lowing table | e: | | | | | | |
| | | | | | | | | \vdash | | Amount | |
| С | _ | nning balance | | | | | | 1c | | | |
| d | | tions during the year | | | | | | 1d | | | |
| e | | butions during the year | | | | | | 1e | | | |
| f | | ng balance | | | | | | 1f | | 1,, | |
| | | he organization include an amount on Fo | | | | | | | | Yes | ∐ No |
| Par | | es," explain the arrangement in Part XIII. Endowment Funds. Complete it | | | | | | | | | |
| ı aı | LV | Endowment i dilds. Complete i | (a) Current year | (b) Prior | | (c) Two years ba | | Three v | ears back | (e) Four y | ears hack |
| 4. | Dogir | aning of year balance | (a) ourrent year | (6) 1 1101 | ycai | (C) Two years be | ion (u) | , 111100 y | Curs buck | (C) i oui y | - Caro back |
| | | nning of year balance | | | | | | | | | |
| b | | ributions | | | | | | | | | |
| 4 | | nvestment earnings, gains, and losses ts or scholarships | | | | | | | | | |
| d | | r expenditures for facilities | | | | | | | | | |
| е | | · | | | | | | | | | |
| f | - | orograms nistrative expenses | | | | | | | | | |
| | | of year balance | | | | | | | | | |
| g 2 | | de the estimated percentage of the curr | ent vear end halance | line 1a ca | olumn (a) |) pelq sc. | | | | | |
| a | | d designated or quasi-endowment | • | % | narriir (a) | , ricia as. | | | | | |
| b | | anent endowment | % | | | | | | | | |
| | | • | | | | | | | | | |
| _ | | percentages on lines 2a, 2b, and 2c shou | | | | | | | | | |
| За | | here endowment funds not in the posses | • | tion that are | e held ar | nd administered f | or the c | organiza | ation | | |
| | by: | · | · · | | | | | J | | Y | es No |
| | (i) L | Inrelated organizations | | | | | | | | 3a(i) | |
| | | Related organizations | | | | | | | | 3a(ii) | |
| b | If "Ye | es" on line 3a(ii), are the related organiza | tions listed as require | ed on Sche | dule R? | | | | | 3b | |
| 4 | | ribe in Part XIII the intended uses of the | | wment fund | s. | | | | | | |
| Par | t VI | │ Land, Buildings, and Equipm | | | | | | | | | |
| | | Complete if the organization answered | d "Yes" on Form 990 | , Part IV, lin | e 11a. S | ee Form 990, Pa | rt X, line | e 10. | | | |
| | | Description of property | (a) Cost or of basis (investm | | . , | or other (other) | (c) Accı depre | umulate ciation | ed | (d) Book | value |
| 1a | Land | | | | | | | | | | |
| | | ings | | | | | | | | | |
| | | ehold improvements | | | | | | | | | |
| d | | oment | | | | | | | | | |
| | Othe | r | | | | | | | | | |
| Γotal | . Add | lines 1a through 1e. (Column (d) must ed | gual Form 990. Part) | X column (l | 3) line 10 | Oc.) | | | • | | 0. |

47-1559027

RESEARCH

| Part VI | Investments - Other Securities. | | | <u></u> |
|------------|--|-----------------------------|--|----------------------|
| | Complete if the organization answered "Yes" of | on Form 990, Part IV, line | | |
| (a) Descr | iption of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end- | of-year market value |
| (1) Financ | cial derivatives | | | |
| (2) Closel | ly held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| <u>(E)</u> | | | | |
| (F) | | | | |
| (G) | | | + | |
| (H) | /h) sough a rual Forms 000 Don't V and /D) line 40 \ | | | |
| | (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| i ait vi | Complete if the organization answered "Yes" of | on Form 990 Part IV line | e 11c. See Form 990. Part X. line 13 | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end- | of-vear market value |
| (1) | (a) Becompaint of investment | (b) Book value | (c) meaned of valuation, each of the | or your market value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" of | on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15. | |
| | (a) I | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| <u>(7)</u> | | | | |
| (8) | | | | |
| (9) | / // / / / / / / / / / / / / / / / / / | 45) | | |
| Part X | lumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. | 15.) | | |
| raitx | Complete if the organization answered "Yes" of | on Form 990 Part IV line | e 11e or 11f See Form 990 Part X line 25 | |
| 1. | (a) Description of liability | 5111 5111 555, Fare 17, min | 1 1 2 2 1 1 1 1 2 2 2 1 2 1 1 1 2 2 2 2 | (b) Book value |
| | ederal income taxes | | | (b) Doon raide |
| | ONDITIONAL GRANT | | | 100,930,142. |
| | EFERRED RENT | | | 602,878. |
| (4) | | | | , |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Co | lumn (b) must equal Form 990, Part X, col. (B) line | 25.) | > | 101,533,020. |
| | | | | |

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

RESEARCH <u> Page</u> **4** Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 169,020,099. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 10,652,844 a Net unrealized gains (losses) on investments 2a 53,063,476 Donated services and use of facilities 2b Recoveries of prior year grants 2c С Other (Describe in Part XIII.) d 63,716,320. е Add lines 2a through 2d 2e 105,303,779. Subtract line 2e from line 1 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 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 481,030. 4c 105,784,809. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 108,697,015. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 53,063,476. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 2d 53,063,476. Add lines 2a through 2d 2e 55,633,539. Subtract line 2e from line 1 3 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 4a **b** Other (Describe in Part XIII.) 481,030. c Add lines 4a and 4b 4c 56,114,569. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES. LESS APPLICABLE DEDUCTIONS. IS SUBJECT TO INCOME TAXES. THE FOUNDATION HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2021 AND WAS DETERMINED TO NOT BE A PRIVATE FOUNDATION. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO CERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO

THE FINANCIAL STATEMENTS.

FOUNDATION FOR FOOD AND AGRICULTURE

| Schedule D (Form 990) 2021 RESEARCH | 47-1559027 | Page 5 |
|---|------------|---------------|
| Schedule D (Form 990) 2021 RESEARCH Part XIII Supplemental Information (continued) | | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | | |
| | | |
| REFUND OF PRIOR YEAR GRANT-UNH | | |
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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization FOUNDATION FOR FOOD AND AGRICULTURE

Employer identification number

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

| | Form 990, Part IV | 7, IINE 14b. | | | | |
|------|---|-----------------------|----------------------------|---|--|------------------------|
| 1 | For grantmakers. Does | the organization | maintain record | ds to substantiate the amount of its grar | nts and other assistance, | |
| | | | | he selection criteria used to award the \emptyset | | Yes No |
| | g, | g | | | | |
| 2 | For grantmakers Desc | rihe in Part V the | organization's r | procedures for monitoring the use of its | grants and other assistance outsi | de the |
| _ | United States. | inde iii i ait v tile | organization s p | brocedures for mornitoring the use of its | grants and other assistance outsi | de tile |
| • | | fallanda a Dad | I l'a a O table a a | | | |
| 3 | | | | n be duplicated if additional space is ne | | (f) Total |
| | (a) Region | (b) Number of offices | (c) Number of employees, | (d) Activities conducted in the region | (e) If activity listed in (d) | (f) Total expenditures |
| | | in the region | agents, and | (by type) (such as, fundraising, program services, investments, grants to | is a program service, describe specific type | for and |
| | | In the region | independent contractors | recipients located in the region) | of service(s) in the region | investments |
| | | | in the region | recipients located in the region) | or service(s) in the region | in the region |
| | | | | | | |
| | | | | | | |
| EURC | PE (INCLUDING | | | | | |
| ICEL | AND & GREENLAND) | 0 | 0 | GRANTS TO RECIPIENTS | | 1,266,652. |
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| | • | | ^ | | | 1 266 652 |
| | Subtotal | 0 | 0 | | | 1,266,652. |
| b | Total from continuation | | | | | |
| | sheets to Part I | 0 | 0 | | | 0. |
| С | Totals (add lines 3a | | | | | |

1,266,652.

RESEARCH 47-1559027 Schedule F (Form 990) 2021 Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--|---|--|---------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | EUROPE (INCLUDING | | | | | | |
| | | GREENLAND) | RESEARCH | 1,071,000. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH | 195 652 | WIRE TRANSFER | 0. | | |
| | | GREENHAND / | KEDEAKCII | 133,032. | WIRE TRANSPER | · · | | |
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| | | | ecognized as charities by the f | | | | | |
| exempt 501(c)(3) orga 3 Enter total number of | | | or counsel has provided a sect | | | | | 2 |

Schedule F (Form 990) 2021

RESEARCH 47-1559027 Schedule F (Form 990) 2021 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of cash disbursement (c) Number of (d) Amount of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Page 4

Schedule F (Form 990) 2021 Fart IV Foreign Forms

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THE FOUNDATION FOR FOOD AND AGRICULTURE ISSUES ITS GRANTS THROUGH A DIRECT FUND AND COMPETITIVE AWARD PROCESS. REQUESTS FOR AWARDS ARE ISSUED AND PROPOSALS ARE RECEIVED AND EVALUATED BY THE FOUNDATION FOR FOOD AND AGRICULTURE RESEARCH, EXPERT PEER REVIEWERS AND EXTERNAL ADVISORY COUNCILS. AFTER APPROVAL THE AWARD IS DOCUMENTED IN AN AWARD AGREEMENT WHICH REQUIRES CERTIFICATION OF THE MATCHING COMMITMENT OF THE RECIPIENT. DETAILED REPORTING REQUIREMENTS FOR THE AWARD. AND MONITORING REQUIREMENTS. THE AWARDS ARE EXECUTED AND PAYMENTS ARE MADE IN ACCORDANCE WITH THE PAYMENT SCHEDULE. ALL AWARDS INCLUDE PROVISIONS FOR ANNUAL PERFORMANCE AND FINANCIAL REPORTING. THESE REPORTS ARE REVIEWED BY SCIENTIFIC STAFF AND GRANTS MANAGEMENT TO MONITOR COMPLIANCE. ORGANIZATIONS OUTSIDE OF THE UNITED STATES ARE REVIEWED AGAINST THE FEDERAL LISTS TO ENSURE NO FUNDING IS GIVEN TO GROUP SUPPORTING TERRORIST ACTIVITIES. PART I, LINE 3:

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.

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.

2021
Open to Public Inspection

FOUNDATION FOR FOOD AND AGRICULTURE Name of the organization **Employer identification number** RESEARCH 47-1559027 Part I **General Information on Grants and Assistance** 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 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) AMERICAN ASSOCIATION OF VETERINARY MEDICAL COLLEGES - 901 7TH STREET 36-6144553 501(C)(3) NW - WASHINGTON, DC 20001 0 RESEARCH 140,000. BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 506 S. WRIGHT STREET - URBANA, IL 61801 37-6000511 501(C)(3) 0. RESEARCH 1,000,000 BOYCE THOMPSON INSTITUTE FOR PLANT RESEARCH, INC. - 533 TOWER ROAD ITHACA, NY 14853 13-1739923 501(C)(3) 189,794 0 RESEARCH COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY 84-6000545 501(C)(3) RESEARCH FORT COLLINS CO 80523 940 918 0. COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY 84-6000545 501(C)(3) 981,237. 0. RESEARCH FORT COLLINS, CO 80523 COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523 84-6000545 501(C)(3) 433 721 0 RESEARCH 39. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

2.

Page 1

| Part II Continuation of Grants and Other | Assistance to Do | mestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | rt II.) | r age |
|---|------------------|-------------------------------|--------------------------|----------------------------------|--|---|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| COLORADO STATE UNIVERSITY | | | | | | | |
| 2002 CAMPUS DELIVERY | | | | | | | |
| FORT COLLINS, CO 80523 | 84-6000545 | 501(C)(3) | 1,500,000. | 0. | | | RESEARCH |
| | 01 0000010 | | 1,000,000. | • | | | |
| COLORADO STATE UNIVERSITY | | | | | | | |
| 200 W. LAKE STREET | | | | | | | |
| FORT COLLINS, CO 80521 | 84-6000545 | 501(C)(3) | 444,444. | 0. | | | RESEARCH |
| - | | | | | | | |
| CORNELL UNIVERSITY | | | | | | | |
| 373 PINE TREE ROAD | | | | | | | |
| ITHACA, NY 14850-2820 | 14-6013200 | 501(C)(3) | 450,000. | 0. | | | RESEARCH |
| DAIRY SCIENCE INSTITUTE, INC. | | | | | | | |
| D/B/A DAIRY RESEARCH INSTITUTE - | | | | | | | |
| 10255 WEST HIGGINS ROAD, STE 900 - | | | | | | | |
| ROSEMONT, IL 60018 | 27-1756847 | 501(C)(3) | 10,000,000. | 0. | | | RESEARCH |
| | | | | | | | |
| DONALD DANFORTH PLANT SCIENCE | | | | | | | |
| CENTER - 975 N WARSON RD - | 24 4504604 | 504 (5) (2) | | | | | L |
| OLIVETTE, MO 63132 | 31-1584621 | 501(C)(3) | 999,956. | 0. | | | RESEARCH |
| FIELD TO MARKET: THE ALLIANCE FOR | | | | | | | |
| SUSTAINABLE AGRICULTURE - 777 N CAPITOL ST NE SUITE 802 - | | | | | | | |
| | 90-0885216 | 501/C\/3\ | 51,667. | 0. | | | RESEARCH |
| WASHINGTON, DC 20002 | 90-0883210 | 501(C)(3) | 31,007. | 0. | | | RESEARCH |
| KANSAS STATE UNIVERSITY | | | | | | | |
| 1601 VATTIER STREET | | | | | | | |
| MANHATTAN, KS 66506 | 48-0667209 | 501(C)(3) | 209,575. | 0. | | | RESEARCH |
| , | | | | | | | |
| KIRCHNER IMPACT FOUNDATION INC. | | | | | | | |
| 7643 GATE PARKWAY, SUITE 104-1105 | | | | | | | |
| JACKSONVILLE, FL 32256 | 47-2825936 | 501(C)(3) | 135,000. | 0. | | | RESEARCH |
| | | | | | | | |
| NOBLE RESEARCH INSTITUTE, INC. | | | | | | | |
| 2510 SAM NOBLE PARKWAY | | | | | | | |
| ARDMORE, OK 73401 | 73-0606209 | 501(C)(3) | 9,000,000. | 0. | | | RESEARCH |

Page 1

Schedule I (Form 990)

| Part II Continuation of Grants and Other | Assistance to Dor | mestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | rt II.) | 1 |
|--|-------------------|-------------------------------|--------------------------|--|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ORTH CAROLINA STATE UNIVERSITY | | | | | | | |
| ADMIN SERVICE III, SUITE 240 2601 | | | | | | | |
| OLF VILLAGE WAY - RALEIGH, NC | | | | | | | |
| 7695 | 56-6000756 | 501(C)(3) | 75,000. | 0. | | | RESEARCH |
| ORTH CAROLINA STATE UNIVERSITY | | | | | | | |
| DMIN SERVICE III, SUITE 240 2601 | | | | | | | |
| OLF VILLAGE WAY - RALEIGH, NC | | | | | | | |
| 7695 | 56-6000756 | 501(C)(3) | 449,988. | 0. | | | RESEARCH |
| NORTH CAROLINA STATE UNIVERSITY | | | | | | | |
| ADMIN SERVICE III, SUITE 240 2601 | | | | | | | |
| WOLF VILLAGE WAY - RALEIGH, NC | | | | | | | |
| 27695 | 56-6000756 | 501(C)(3) | 2,880,083. | 0. | | | RESEARCH |
| RGANIC FARMING RESEARCH | | | , , | | | | |
| OUNDATION - 303 POTRERO ST, | | | | | | | |
| UITE 29-203 - SANTA CRUZ, CA | | | | | | | |
| 95060 | 77-0252545 | 501(C)(3) | 66,000. | 0. | | | RESEARCH |
| | | | 11,111 | - • | | | |
| PIPESTONE RESEARCH, LLC. | | | | | | | |
| 1300 BOX 188, HWY 75 S | | | | | | | |
| PIPESTONE, MN 56164 | 35-2491093 | | 179,330. | 0. | | | RESEARCH |
| TIPESTONE, MM 30104 | 33-2491093 | | 179,550. | 0. | | | RESEARCH |
| PURDUE UNIVERSITY | | | | | | | |
| 155 S. GRANT STREET | | | | | | | |
| | 35-6002041 | E01/G\/2\ | 221 020 | 0. | | | RESEARCH |
| EST LAFAYETTE, IN 47907 | 35-6002041 | 501(C)(3) | 321,028. | 0. | | | RESEARCH |
| RF CATALYTIC CAPITAL INC | | | | | | | |
| | | | | | | | |
| 20 5TH AVENUE | 05 0450054 | 504 (5) (2) | | | | | |
| IEW YORK, NY 10018 | 85-2150251 | 501(C)(3) | 5,000,000. | 0. | | | RESEARCH |
| ACDAL EL TAYORT MATERIA | | | | | | | |
| ODALE INSTITUTE | | | | | | | |
| 11 SIEGFRIEDALE ROAD | | L | | | | | |
| CUTZTOWN, PA 19530 | 23-7206884 | 501(C)(3) | 997,455. | 0. | | | RESEARCH |
| | | | | | | | |
| SYNERGISTIC HAWAII AGRICULTURE | | | | | | | |
| OUNCIL - 190 KEAWE STREET, SUITE | | | | | | | |
| 25 - HILO, HI 96720 | 45-2865351 | 501(C)(6) | 150,000. | 0. | | | RESEARCH |

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation or assistance organization or government if applicable cash grant noncash non-cash assistance (book, FMV, assistance appraisal, other) TEXAS A&M AGRILIFE RESEARCH 400 HARVEY MITCHELL PKWY S, STE 300 COLLEGE STATION . TX 77845 74-6000537 501(C)(3) 250,000 0. RESEARCH TEXAS A&M AGRILIFE RESEARCH 400 HARVEY MITCHELL PKWY S, STE 300 COLLEGE STATION . TX 77845 74-6000537 501(C)(3) 768,738 0 RESEARCH TEXAS TECH UNIVERSITY 2500 BROADWAY LUBBOCK, TX 79409 75-6002622 501(C)(3) 200,000 0 RESEARCH THE ORGANIC CENTER 444 N. CAPITOL STREET NW 445A WASHINGTON , DC 20001 02-0626006 501(C)(3) 0 RESEARCH 600,000, THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ON BEHALF OF ITS DAVIS CAMPUS - 1850 RESEARCH PARK DR. 94-6036494 501(C)(3) SUITE 300 - DAVIS, CA 95616 0. RESEARCH 600,000 THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ON BEHALF OF ITS DAVIS CAMPUS - 1850 RESEARCH PARK DR. SUITE 300 - DAVIS, CA 95616 94-6036494 501(C)(3) RESEARCH 650,000 0. THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ON BEHALF OF ITS DAVIS CAMPUS - 1850 RESEARCH PARK DR. SUITE 300 - DAVIS CA 95616 94-6036494 501(C)(3) 999 999 0. RESEARCH THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ON BEHALF OF ITS DAVIS CAMPUS - 1850 RESEARCH PARK DR. SUITE 300 - DAVIS, CA 95616 94-6036494 501(C)(3) 422,976. 0. RESEARCH THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ON BEHALF OF ITS DAVIS CAMPUS - 1850 RESEARCH PARK DR. SUITE 300 - DAVIS, CA 95616 94-6036494 501(C)(3) 535 512. 0. RESEARCH

Page 1

91-6001108 501(C)(3)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) THE REGENTS OF THE UNIVERSITY OF MINNESOTA - 450 MCNAMARA ALUMNI CENTER, 200 OAK ST. SE -MINNEAPOLIS, MN 55455 41-6007513 501(C)(3) 1,997,454 0. RESEARCH UNIVERSITY CORPORATION AT MONTEREY BAY - 100 CAMPUS CENTER - SEASIDE CA 93955 80-0494808 501(C)(3) 450,000 0 RESEARCH UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES - 12201 RESEARCH PARKWAY, SUITE 501 -ORLANDO, FL 32826 59-2924021 501(C)(3) 450,000 0. RESEARCH UNIVERSITY OF DELAWARE 210 HULLIHEN HALL 51-6000297 501(C)(3) NEWARK, DE 19716 450,000, 0 RESEARCH UNIVERSITY OF GEORGIA RESEARCH FOUNDATION INC. - 310 EAST CAMPUS ROAD, TUCKER HALL 409 - ATHENS, 58-6001998 501(C)(3) GA 30602 0. RESEARCH 549,507. UNIVERSITY OF MARYLAND 7809 REGENTS DRIVE COLLEGE PARK, MD 20742 52-2197313 501(C)(3) 0. RESEARCH 739,000 USDA AGRICULTURAL RESEARCH SERVICE - 1600 SW 23RD DR -39-1362014 GOV 0. RESEARCH GAINESVILLE FL 32608 123 810. WASHINGTON STATE UNIVERSITY LIGHTY STUDENT SERVICES BUILDING ROOM 280 PO BOX 641060 - PULLMAN

450,000.

0.

Schedule I (Form 990)

RESEARCH

Page 1

WA 9916

Schedule I (Form 990)

Schedule I (Form 990) 2021 RESEARCH 47-1559027 Page 2

| Port III | Greats and Other Assistance to Demostic Individuals Complete if the organization answered "Yes" on Form 990, Part IV, line 22

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|----------------------------|---------------------------------------|---|---------------------------------------|
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| Part IV Supplemental Information. Provide the information re | quired in Part I, lin | ı e 2; Part III, columr | in (b); and any other ac | ı Iditional information. | |
| PART I, LINE 2: | | | | | |
| THE FOUNDATION FOR FOOD AND AGRICULTURE ISSUES IT: | S GRANTS THROU | JGH A DIRECT | | | |
| FUND AND COMPETITIVE AWARD PROCESS. REQUESTS FOR | AWARDS ARE IS | SSUED AND | | | |
| PROPOSALS ARE RECEIVED AND EVALUATED BY THE FOUND | ATION FOR FOOL |) AND | | | |
| AGRICULTURE RESEARCH, EXPERT PEER REVIEWERS AND E | | | | | |
| | | an councils. | | | |
| AFTER APPROVAL THE AWARD IS DOCUMENTED IN AN AWAR | D AGREEMENT WE | IICH REQUIRES | | | |
| CERTIFICATION OF THE MATCHING COMMITMENT OF THE R | ECIPIENT, DETA | AILED | | | |
| REPORTING REQUIREMENTS FOR THE AWARD, AND MONITOR. | ING REQUIREMEN | ITS. THE | | | |
| AWARDS ARE EXECUTED AND PAYMENTS ARE MADE IN ACCO | RDANCE WITH TH | IE PAYMENT | | | |

Schedule I (Form 990) 2021

FOUNDATION FOR FOOD AND AGRICULTURE

| Schedule I (Form 990) RESEARCH | 47-1559027 | Page 2 |
|---|------------|--------|
| Part IV Supplemental Information | | |
| SCHEDULE. ALL AWARDS INCLUDE PROVISIONS FOR ANNUAL PERFORMANCE AND | | |
| FINANCIAL REPORTING. THESE REPORTS ARE REVIEWED BY SCIENTIFIC STAFF AND | | |
| GRANTS MANAGEMENT TO MONITOR COMPLIANCE. ORGANIZATIONS OUTSIDE OF THE | | |
| UNITED STATES ARE REVIEWED AGAINST THE FEDERAL LISTS TO ENSURE NO FUNDING | | |
| S GIVEN TO GROUP SUPPORTING TERRORIST ACTIVITIES. | | |
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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.

➤ 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.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FOUNDATION FOR FOOD AND AGRICULTURE RESEARCH

Employer identification number 47-1559027

| Pa | art I Questions Regarding Compensation | | | | |
|----|---|---|-----|-----|----|
| | · | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the | he following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant | it information regarding these items. | | | |
| | First-class or charter travel | Housing allowance or residence for personal use | | | 1 |
| | 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) | | | |
| | | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follows | ow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above | ? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or a | allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regard | ding the items checked on line 1a? | 2 | | |
| | | | | | |
| 3 | Indicate which, if any, of the following the organization used to esta | ablish the compensation of the organization's | | | 1 |
| | CEO/Executive Director. Check all that apply. Do not check any box | | | | 1 |
| | establish compensation of the CEO/Executive Director, but explain | in Part III. | | | 1 |
| | X Compensation committee | Written employment contract | | | |
| | Independent compensation consultant | Compensation survey or study | | | 1 |
| | Form 990 of other organizations | Approval by the board or compensation committee | | | |
| | | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section | on A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | | |
| a | | | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified | | 4b | | X |
| С | Participate in or receive payment from an equity-based compensati | - | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the application | able amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations m | uust samplete lines E 0 | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the | - | | | |
| 3 | contingent on the revenues of: | rorganization pay or accrue any compensation | | | 1 |
| a | | | 5a | | х |
| | | | 5b | | Х |
| ~ | If "Yes" on line 5a or 5b, describe in Part III. | | 0.0 | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the | organization pay or accrue any compensation | | | |
| Ū | contingent on the net earnings of: | sergament pay or assists any componential. | | | |
| а | The organization? | | 6a | | х |
| | | | 6b | | 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, did the | organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | | 7 | | х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued | | | | |
| | initial contract exception described in Regulations section 53.4958 | | 8 | | х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable pre | | | | |
| | Regulations section 53.4958-6(c)? | | 9 | | |

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 RESEARCH 47-1559027 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 | I-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|------------------------------------|------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) DR. SARAH J ROCKEY | (i) | 388,846. | 75,000. | 0. | 16,500. | 0. | 480,346. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JULIA REYNES | (i) | 259,353. | 13,266. | 0. | 15,864. | 12,787. | 301,270. | 0. |
| CHIEF OPERATING OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) SERGIO FURMAN | (i) | 305,101. | 15,600. | 0. | 18,692. | 28,796. | 368,189. | 0. |
| CHIEF DEVELOPMENT OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) JEFF ROSICHAN | (i) | 218,077. | 10,920. | 0. | 13,085. | 0. | 242,082. | 0. |
| CONSORTIUM DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) LUCYNA KURTYKA | (i) | 200,914. | 10,061. | 0. | 12,055. | 0. | 223,030. | 0. |
| SCIENTIFIC PROGRAM DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) KASHYAP CHOKSI | (i) | 178,747. | 5,368. | 0. | 10,725. | 9,568. | 204,408. | 0. |
| DIRECTOR OF STRATEGIC PARTNERSHIPS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) JOHN REICH | (i) | 170,034. | 8,525. | 0. | 0. | 0. | 178,559. | 0. |
| SCIENTIFIC PROGRAM DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) LAKISHA ODOM | (i) | 168,260. | 8,525. | 0. | 10,194. | 5,481. | 192,460. | 0. |
| SCIENTIFIC PROGRAM DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FOUNDATION FOR FOOD AND AGRICULTURE RESEARCH

Employer identification number 47-1559027

FORM 990, PART VI, SECTION B, LINE 11B: REVIEW OF THE 990 WAS PERFORMED BY MANAGEMENT AND PRESENTED TO THE GOVERNING BODY BEFORE FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: AS REQUIRED BY THE FOUNDATION'S CONFLICT OF INTEREST POLICY, THE FOUNDATION'S BOARD CHAIR HAS TAKEN ACTION TO ENSURE THAT THE FOUNDATION'S BOARD MEMBERS FOLLOW THE POLICY AND RELATED PROCEDURES. FOR INSTANCE, THE BOARD CHAIR HAS REQUIRED THAT ALL BOARD MEMBERS SIGN A "STATEMENT OF ANNUAL COMPLIANCE" AFFIRMING THAT THE MEMBERS UNDERSTAND AND AGREE TO COMPLY WITH THE POLICY, THAT THEY DO NOT HAVE ANY ACTUAL OR APPARENT CONFLICTS OF INTEREST THAT THEY HAVE NOT DISCLOSED TO THE FOUNDATION, AND THAT THEY WILL PROMPTLY REPORT ANY POTENTIAL CONFLICTS OF INTEREST TO THE BOARD CHAIR OR EXECUTIVE DIRECTOR, AS APPLICABLE, FORM 990, PART VI, SECTION B, LINE 15: TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION, THE FOUNDATION USES SEVERAL TOOLS: (1) THE BOARD OF DIRECTORS REVIEW AND APPROVE THE EXECUTIVE DIRECTORS COMPENSATION ARRANGEMENT EACH YEAR. (2) THE EXECUTIVE COMMITTEE DETERMINES THOSE EMPLOYEES' SALARIES ARE CONSISTENT WITH OTHER EMPLOYEES IN SIMILAR ORGANIZATIONS, AS WELL AS THE FEDERAL GOVERNMENT. FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY