### \*\* 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) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



AI	For the	2022 calendar year, or tax year beginning and e	ending										
B	Check if applicable	C Name of organization FOUNDATION FOR FOOD AND AGRICULTURE		D Employer identif	ication number								
	Addre: chang	38											
	Name			47-1559027	,								
	Initial return												
	Final return/	401 9TH STREET NW #730	i i o o i i i, o di i o	(202) 624-0									
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	304,110,013.								
	Ameno return			H(a) Is this a group	return								
	Applic tion	F Name and address of principal officer: SANAKAN MOON CHAPOTIN FID		for subordinate									
	pendir	<sup>9</sup> SAME AS C ABOVE		H(b) Are all subordinates									
1	Tax-exe	empt status: 🗴 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	If "No," attach	a list. See instructions								
	Websit			H(c) Group exempti	on number								
		organization: X Corporation Trust Association Other	L Year of	of formation: 2014	M State of legal domicile: DC								
Pa	art I	Summary											
đ	1	Briefly describe the organization's mission or most significant activities:	NG THE	NEXT FRONTIER OF	,								
Ŭ		FOOD AND AGRICULTURE RESEARCH.											
Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	1								
Ň	3												
ය ග	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ $											
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)											
Activities &	6	Total number of volunteers (estimate if necessary)											
Act	7a			<u>7</u> a									
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11											
				Prior Year	Current Year								
ne	8	Contributions and grants (Part VIII, line 1h)		97,514,243.									
Revenue	9	Program service revenue (Part VIII, line 2g)		7,992,174,									
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		278,392	, ,								
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		105,784,809.									
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		48,098,844									
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,050,011									
	45	Benefits paid to or for members (Part IX, column (A), line 4)		4,809,894.									
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		1,005,051									
en er	h	Total fundraising expenses (Part IX, column (D), line 25) 1,974,4		-									
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,205,831,	4,703,006.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		56,114,569	, ,								
		Revenue less expenses. Subtract line 18 from line 12		49,670,240									
or or				ginning of Current Year	, ,								
ets (	20	Total assets (Part X, line 16)		432,866,762,									
Assets	21	Total liabilities (Part X, line 26)		292,454,974.									
Net,	1	Net assets or fund balances. Subtract line 21 from line 20		140,411,788.	, ,								
		Signatura Black		, ,	, , ,								

Part II | Signature Block

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

Sign	Signature of officer			Date						
Here	SAHARAH MOON CHAPOTIN PHD, EXECUTIVE	DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	AMANDA E. WATERHOUSE	(imande E. Waterhouse	11/15/23	self-employed	P02014004					
Preparer	Firm's name RSM US LLP			Firm's EIN 42	2-0714325					
Use Only	Firm's address 230 N ELM ST, STE 1100									
	GREENSBORO, NC 27401			Phone no.336-2	272-4551					
May the I	RS discuss this return with the preparer shown ab	ove? See instructions			X Yes	No				
232001 12-1	3-22 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.			Form <b>990</b>	(2022)				

	FOUNDATION FOR FOOD AND AGRICULTURE		
	1990 (2022) RESEARCH	47-1559027	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
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	_	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
5	If "Yes," describe these changes on Schedule O.	····· L	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expr	nses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.	the total experi	
4a		\$	)
	THE FOUNDATION FOR FOOD & AGRICULTURE RESEARCH (FFAR) BUILDS		,
	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		
4	EMISSIONS.           (Code:) (Expenses \$4,381,528. including grants of \$4,381,528. ) (Revenue \$4,381,528. ]		
4b	(Code:) (Expenses \$4, 501, 525. including grants of \$4, 501, 525. ) (Revenue \$ IN ADDITION TO RESEARCH, FFAR SUPPORTS A DIVERSE, CREATIVE SCIENTIFIC	5	)
	WORKFORCE. FFAR'S SCIENTIFIC WORKFORCE DEVELOPMENT PROGRAMS RECOGNIZE		
	SCIENTIFIC LEADERS, PROVIDE UNIQUE RESEARCH OPPORTUNITES, SUPPORT YOUNG		
	FACULTY AND INSPIRE THE NEXT GENERATION OF SCIENTISTS.		
4c	(Code:) (Expenses \$5,594,652. including grants of \$) (Revenue \$	÷ ‡	)
	OTHER PROGRAMS		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 51,846,843.		

	990 (2022) RESEARCH 47-15590	27	Р	age <b>3</b>
Pa	t 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
U		11c		x
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u		114		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	x	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>			<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	v	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	1
<i></i>	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
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		v	1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		<u>.</u> .
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		Ι.
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form **990** (2022)

Form	1990 (2022) RESEARCH 47-1559	027	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1	
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		1	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		1	
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	25		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		

 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form		47-1559027		P	age <b>5</b>
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	47			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	H	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		0.0		
iu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
h	If "Yes," enter the name of the foreign country		ти		
D D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR	<u></u>			
Fo			5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	H	5a 5b		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	·····	50 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		<b>A</b> -		х
	any contributions that were not tax deductible as charitable contributions?	······ –	6a		~
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).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	· · · –	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	····· –	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	·····  -	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е			7e		X
f			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
-	sponsoring organization have excess business holdings at any time during the year?	·····	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	····· ⊢	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	·····	9b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	E	40		
а	<b>o i i i</b>	·····  -	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand				
		F	14a		X
			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	·····  -	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	·····  -	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	L	17		
	lf "Yes." complete Form 6069.				

FOUNDATION	FOR	FOOD	AND	AGRICULTURE

Form	990 (2022) RESEARCH 47-1559		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No"	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management		-	
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	.8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	.8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	<u>8a</u>	X X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		1
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be 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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

 SAHARAH MOON CHAPOTIN PH.D. - (202) 624-0700

 401 9TH STREET NW #730, WASHINGTON, DC 20004

Form 990 (2022) RESEARCH	47-1559027	Page 7
Part VII Compensation of Officers, Directors, T	rustees, Key Employees, Highest Compensated	
<ul> <li>Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors         <ul> <li>Check if Schedule O contains a response or note to any line in this Part VII</li> </ul> </li> <li>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</li> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization         <ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation root in columns (D), (E), and (F) if no compensation was paid.</li> <li>List all of the organization's current key employees, if any. See the instructions for definition of "key employee."             <ul> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)</li> </ul> </li> </ul></li></ul>		
Check if Schedule O contains a response or note to	o any line in this Part VII	
Section A. Officers, Directors, Trustees, Key Employees, a	and Highest Compensated Employees	
<ul> <li>List all of the organization's current officers, directors, true</li> </ul>	ustees (whether individuals or organizations), regardless of amount of comp	•
• List the organization's five current highest compensated e		

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

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

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

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

FOUNDATION FOR FOOD AND AGRICULTURE

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition more		one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week						,	from the	from related	other
	(list any hours for	Individual trustee or director				-		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)		and related
	below	vidua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	pul	lns	Offi	Key	em em	For			
(1) JULIA REYNES	40.00									
INTERIM EXECUTIVE DIRECTOR				х				379,616.	0.	35,780.
(2) SERGIO FURMAN	40.00									
CHIEF DEVELOPMENT OFFICER				х				343,563.	0.	46,093.
(3) JEFFERY ROSICHAN	40.00									
CONSORTIA DIRECTOR						х		256,213.	0.	14,803.
(4) SARAH ROCKEY, PH.D.	40.00									
EXECUTIVE DIRECTOR (THRU 02/22)				х				213,250.	0.	4,649.
(5) LAKISHA ODOM	40.00							100.000		10.000
SCIENTIFIC PROGRAM DIRECTOR	10.00				<u> </u>	х		190,936.	0.	16,968.
(6) KASHYAP CHOKSI	40.00							106.001		44 205
DIRECTOR OF SCIENIFIC PARTNERSHIPS	10.00					х		196,321.	0.	11,325.
(7) SARAH GOLDBERG	40.00							100 505		40.550
DIRECTOR OF COMMUNICATIONS AND LEGIS	40.00					X		192,625.	0.	10,572.
(8) JOHN REICH	40.00							104.000		
SCIENTIFC PROGRAM DIRECTOR	10.00					X		194,030.	0.	0.
(9) SAHARAH MOON CHAPOTIN, PH.D.	40.00							160 500	0	0.465
EXECUTIVE DIRECTOR	1 00			X				162,580.	0.	8,465.
(10) DR. MARK KEENUM	1.00								0.	0
CHAIRMAN (11) DR. DOUG BUHLER	1 00	X		X				0.	0.	0.
	1.00	x		v				0.	0.	0
VICE CHAIRMAN (12) DR. CHRIS MALLETT	1.00	~		Х				0.	0.	0.
TREASURER	1.00	x		x				0.	0.	0
(13) MS. DANITA RODIBAUGH	1.00	^		^	<u> </u>			· · ·	0.	0.
SECRETARY	1.00	x		x				0.	0.	0.
(14) DR. KATHYRN BOOR	1.00	<u>л</u>		<u>л</u>				·.	۰.	
BOARD MEMBER	1.00	x						0.	0.	0.
(15) DR. DOUG CAMERON	1.00							· · ·	0.	<u> </u>
BOARD MEMBER	L	x						0.	0.	0.
(16) DR. NANCY CREAMER	1.00									<u>.</u>
BOARD MEMBER		x						0.	0.	0.
(17) DAVID DONNAN	1.00							`.	· · ·	<u> </u>
BOARD MEMBER		x						0.	0.	0.
	I	L	L	L	L	L				- 000 (

r and and and the	<b>s, Key Emr</b> <b>(B)</b> Average nours per week	(do		(0		ghes	t Co					
Name and title     r       Image: Name and title	Average nours per		1		C)				(			
(18) HON. DAN GLICKMAN         BOARD MEMBER         (19) MS. KRISTA HARDEN         BOARD MEMBER         (20) DR. DENISE HEARD         BOARD MEMBER         (21) DR. VENKATA KISHORE         BOARD MEMBER		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		(F) stimate nount other	
BOARD MEMBER         (19) MS. KRISTA HARDEN         BOARD MEMBER         (20) DR. DENISE HEARD         BOARD MEMBER         (21) DR. VENKATA KISHORE         BOARD MEMBER	(list any hours for related ganizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org an	pensa rom the anizati d relate anizatio	e ion ed
(19) MS. KRISTA HARDEN       BOARD MEMBER       (20) DR. DENISE HEARD       BOARD MEMBER       (21) DR. VENKATA KISHORE       BOARD MEMBER	1.00											
BOARD MEMBER (20) DR. DENISE HEARD BOARD MEMBER (21) DR. VENKATA KISHORE BOARD MEMBER		х						Ο.	0.			٥.
(20) DR. DENISE HEARD         BOARD MEMBER         (21) DR. VENKATA KISHORE         BOARD MEMBER	1.00	x						0 .	0.			Ο.
(21) DR. VENKATA KISHORE	1.00							- •				
BOARD MEMBER		х						Ο.	0.			Ο.
	1.00											
(22) DR. MICHAEL R. LADISCH		х						Ο.	0.			Ο.
	1.00											
BOARD MEMBER	1 00	х						0.	0.			0.
(23) DR. CAROYLN LAWRENCE-DILL	1.00	x						0.	0.			0.
(24) DR. JOHN LUMPKIN	1.00							••	••			
BOARD MEMBER		х						Ο.	0.			Ο.
(25) DR. SIMON MALCOMBER	1.00											
BOARD MEMBER		х						Ο.	0.			0.
(26) DR. PAM MARRONE	1.00											
BOARD MEMBER		х						Ο.	0.			0.
1b Subtotal								2,129,134.	٥.		148,	655.
c Total from continuation sheets to Part VII, Se	ection A						.	٥.	0.			٥.
d Total (add lines 1b and 1c)								2,129,134.	0.		148,	655.
2 Total number of individuals (including but not li	imited to th	ose	liste	d ab	ove	) wh	o reo	ceived more than \$100,0	000 of reportable			
compensation from the organization												18
									1		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, dire			•	•	-		Ŭ	• •				
line 1a? If "Yes," complete Schedule J for such										3		X
4 For any individual listed on line 1a, is the sum of and related organizations greater than \$150,00	of roportable											

 5
 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

 rendered to the organization? If "Yes," complete Schedule J for such person
 5

 Section B. Independent Contractors
 5

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) Name and business address	(B) Description of services	<b>(C)</b> Compensation
HIP CHECK		
4422 E EARLL DR, PHOENIX, AZ 85018	CONSULTING	359,957.
GRAHAM-PELTON CONSULTING		
39 BEECHWOOD ROAD, SUMMIT, NJ 07801	CONSULTING	219,000.
KOYA LEADERSHIP PARTNERS		
PO BOX 279, NEWBURYPORT, MA 01950	CONSULTING	217,924.
MORRISON FOERSTER		
PO BOX 742335, LOS ANGELES, CA 90074	LEGAL	182,579.
CRYSTAL STRATEGIES, LLC		
1405 S FERM ST, ARLINGTON, VA 22202	CONSULTING	168,000.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than 10	
\$100,000 of compensation from the organization	τu	

Х

47	-1	5	59	0	2	7

Form 990 RESEARCH	on roop map	110	ni c						47-15590	27
Part VII Section A. Officers, Directors, Tru	Istees Kev Fr	nnlo	Vee	5. 2	nd F	liah	ast (	Compensated Employ		_ ·
(A)	(B)		yee		n <u>a r</u> C)	ngin	551 (	(D)	(E)	(F)
Name and title	Average hours	Average				app	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DR. TERRY MCELWAIN	1.00									
BOARD MEMBER		х						0.	0.	0.
(28) DR. DONALD NKRUMAH	1.00									
BOARD MEMBER	1.00	х						0.	0.	0.
(29) BEN NOBLE	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(30) DR. STANLEY PRUISNER	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(31) DR. ALTON THOMPSON	1.00								_	0
BOARD MEMBER	1 00	X						0.	0.	0.
(32) DR. DIONNE TOOMBS	1.00							0	•	0
BOARD MEMBER (EXOFFICIO)	1 00	Х			<u> </u>			0.	0.	0.
(33) HON. THOMAS J. VILSACK	1.00	x						0.	0.	0
BOARD MEMBER (EXOFFICIO) (34) DR. CHAVONDA JACOBS-YOUNG	1 00	~						0.	U.	0.
BOARD MEMBER (EXOFFICIO)	1.00	x						0.	0.	0
(35) DR. JOANNE TORNOW	1.00	^				-		<b>0.</b>	0.	0.
BOARD MEMBER (EXOFFICIO)	1.00	x						0.	0.	0.
		-								
		1								
Total to Part VII, Section A, line 1c										

Form										47-155902	Page S
Pa	rt V	111	Statement of Re	ven	iue						
			Check if Schedule O	cont	ains a re	sponse	or note to any line			(0)	
								(A) Totol rovenue	(B) Related or exempt	(C) Unrelated	( <b>D)</b> Revenue excluded
								Total revenue		business revenue	
											sections 512 - 514
ស ស	1	а	Federated campaigns		-	la					
ani			Membership dues			lb					
Ω <sup>Ξ</sup> Β			Fundraising events			lc					
rts,			Related organizations			Id					
ia i			Government grants (conti			le	88,325,887.				
Sins			All other contributions, gifts,		· · -						
Contributions, Gifts, Grants and Other Similar Amounts		'		-	-	If	7,129,113.				
ēĐ			similar amounts not included				,125,115.				
out		-	Noncash contributions included in			lg \$		05 455 000			
ອັ ບ		h	Total. Add lines 1a-1f					95,455,000.			
							Business Code				
e	2	а									
Program Service Revenue		b									
enu Senu		С									
an eve		d									
рg В		е									
ב		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (inclue								
			other similar amounts)	•			· .	5,398,637.			5,398,637
	4		Income from investment of								
	5		Royalties			•	1				
	·					Real	(ii) Personal				
	6	~	Gross rents	6a			(				
				6b							
			Less: rental expenses								
			Rental income or (loss)	6c							
			Net rental income or (loss	s) <u></u>			(ii) Other				
	7	а	Gross amount from sales of	_		curities	(ii) Other				
			assets other than inventory	7a	203,25	6,376.					
		b	Less: cost or other basis								
an			and sales expenses			3,607.					
Revenue		С	Gain or (loss)	7c	2,42	2,769.					
_		d	Net gain or (loss)			·····		2,422,769.			2,422,769
Other	8	а	Gross income from fundraisi	ing ev	vents (no	t					
ð			including \$			of					
			contributions reported on	ı line	1c). See	,					
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from								
	9	а	Gross income from gamir	na ac	tivities.	See 🗌					
			Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from			·····					
						//////////////////////////////////////					
	10	a	Gross sales of inventory,			10a	J I				
		L.	and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sale	s of inve	ntory					
n							Business Code				
e c	11	а									l
evenue:		b									<b> </b>
even		с									ļ
Miscellaneous Revenue		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					103,276,406.	0.	٥.	7,821,406.

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Part IX Statement of Functional Expenses

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

0000	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		oxponoco	general expenses	experieee
•	and domestic governments. See Part IV, line 21	39,490,125.	39,490,125.		
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	6,762,066.	6,762,066.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	2,268,004.	1,118,185.	591,592.	558,227.
6	Compensation not included above to disgualified				· · ·
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,796,220.	1,688,876.	521,622.	585,722.
8	Pension plan accruals and contributions (include	. ,	. ,		<u> </u>
-	section 401(k) and 403(b) employer contributions)	248,957.	137,995.	54,726.	56,236.
9	Other employee benefits	572,703.	317,445.	125,891.	129,367.
10	Payroll taxes				i
11	Fees for services (nonemployees):				
	Management				
	Legal	243,179.	241,633.	1,546.	
	Accounting	55,998.		55,998.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	349,820.		349,820.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A), amount, list line 11g expenses on Sch O.)	2,568,691.	1,350,618.	898,488.	319,585.
12	Advertising and promotion				
13	Office expenses				
14	Information technology	458,518.	254,153.	100,791.	103,574.
15	Royalties				
16	Occupancy	184,279.	102,144.	40,508.	41,627.
17	Travel	689,241.	305,038.	236,935.	147,268.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	111,026.	61,541.	24,406.	25,079.
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	25,422.	13,828.	5,718.	5,876.
b	DUES AND SUBSCRIPTIONS	16,832.	3,196.	11,710.	1,926.
с					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	56,841,081.	51,846,843.	3,019,751.	1,974,487.
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)				
				·	<b>– 000</b> (2000)

RESEARCH

Form 990 (2022)
Part X Balance Sheet

rai	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing			14,049,48
	2	Savings and temporary cash investments			200,24
	3	Pledges and grants receivable, net		. 3	124,214,51
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, direction	ector,		
		trustee, key employee, creator or founder, substantial contributor,	or 35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as de	fined		
		under section 4958(f)(1)), and persons described in section 4958(c		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
<b>č</b>	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	286,842,885	• 11	209,784,633
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		• 15	634,60
	16	Total assets. Add lines 1 through 15 (must equal line 33)		• 16	348,883,47
	17	Accounts payable and accrued expenses		• 17	687,42
	18	Grants payable	190,079,183	· 18	183,203,79
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule		21	
s	22	Loans and other payables to any current or former officer, director			
Liabilities		trustee, key employee, creator or founder, substantial contributor,	or 35%		
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related the	hird		
		parties, and other liabilities not included on lines 17-24). Complete	Part X		
		of Schedule D	101,533,020	· 25	13,674,986
	26	Total liabilities. Add lines 17 through 25	202 454 074	· 26	197,566,200
		Organizations that follow FASB ASC 958, check here			
ŝ		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	140,411,788	· 27	151,317,273
Bal	28	Net assets with donor restrictions		28	
p		Organizations that do not follow FASB ASC 958, check here			
Ľ		and complete lines 29 through 33.			
۶.	29	Capital stock or trust principal, or current funds		29	
Set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other fun		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		_	151,317,273
-	33	Total liabilities and net assets/fund balances			348,883,479

Form 990 (2022)

	FOUNDATION FOR FOOD AND AGRICULTURE				
Form	990 (2022) RESEARCH	47-155	9027	Pao	<sub>ge</sub> 12
	t XI Reconciliation of Net Assets			T dg	<u>jo :</u>
	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	103	,276,4	406.
2	Total expenses (must equal Part IX, column (A), line 25)	2	56	,841,	081.
3	Revenue less expenses. Subtract line 2 from line 1	3	46	,435,3	325.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	140	,411,'	788.
5	Net unrealized gains (losses) on investments	5	- 35 ,	,529,8	840.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	151	,317,3	273.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000 /	

Form **990** (2022)

(Form 9	DULE A 90) of the Treasury enue Service	Co	omplete if the organ 494 At	rity Status an ization is a section 501 47(a)(1) nonexempt chan ttach to Form 990 or Fo Form990 for instruction	(c)(3) orga ritable tru rm 990-E	anization o Ist. Z.	or a section		OMB No. 1545-0047 <b>2022</b> Open to Public Inspection
Name of	the organizati	on FOUNDA	TION FOR FOOD A	ND AGRICULTURE				Employer	identification number
		RESEAR							47-1559027
Part I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
1   2   3   4	A church, co A school des A hospital or A medical res city, and stat	nvention of chu cribed in <b>secti</b> a cooperative search organiza e:	urches, or associatio ion 170(b)(1)(A)(ii). ( hospital service orga ation operated in cor	For lines 1 through 12, cf n of churches described Attach Schedule E (Form anization described in se njunction with a hospital lege or university owned	in sectio 990).) ection 170 described	n 170(b)(1 (b)(1)(A)(ii in sectio	i). n 170(b)(1)(A		
5	-	-		lege of university owned	or operation	eu by a go	veninentaru		
6 7 X 8 9	A federal, sta An organizati <b>section 170(</b> A community An agricultur or university	te, or local gov on that normal <b>b)(1)(A)(vi).</b> (Co trust describe al research org	Ily receives a substar omplete Part II.) ed in <b>section 170(b)(</b> ganization described	nental unit described in s ntial part of its support fr (1)(A)(vi). (Complete Part in section 170(b)(1)(A)(i ulture (see instructions).	om a gove II.) <b>x)</b> operate	ernmental i	unit or from th Inction with a	land-grant	college
	university:								
10	activities rela income and u See <b>section</b>	ted to its exem inrelated busir <b>509(a)(2).</b> (Cor	npt functions, subject ness taxable income mplete Part III.)	than 33 1/3% of its supp t to certain exceptions; a (less section 511 tax) fro vely to test for public saf	nd (2) no i m busines	more than sses acqui	33 1/3% of it red by the org	s support fi	rom gross investment
12 a	more publicly lines 12a thro <b>Type I.</b> A s the suppor	v supported orgough 12d that or upporting orga ted organization	ganizations describe describes the type of anization operated, su	vely for the benefit of, to d in section 509(a)(1) o f supporting organization upervised, or controlled l gularly appoint or elect a ections A and B.	and compoy its supp	509(a)(2). plete lines ported orga	See <b>section</b> 12e, 12f, and anization(s), t	<b>509(a)(3).</b> ( 12g. ypically by g	Check the box on
b	control or r	nanagement o	•	or controlled in connect anization vested in the sa Sections A and C.			0		•
с	Type III fu	nctionally inte	grated. A supporting	g organization operated i ). You must complete F				lly integrate	ed with,
d [	Type III no that is not t requirement	n-functionally functionally intentionally intentionally intentionally intentionally intentional intentional intentional intention in the second secon	r integrated. A supp egrated. The organiz ions). You must con	orting organization operation generally must sati nplete Part IV, Sections	ated in cor sfy a distri <b>A and D,</b>	nnection with the second se	vith its suppor quirement and <b>V.</b>	l an attentiv	
e 🗌	functionally	integrated, or	Type III non-functior	written determination fror nally integrated supportir	ng organiza	ation.		п, туре п	[]
<b>g</b> Pro	vide the follow (i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organizatior		,, <u></u> , ,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)
				above (see instructions))					
Total									

FOUNDATION	FOR	FOOD	AND	AGRICULTURE

	YOUNDATION FOR	FOOD AND AGRIC	COLTORE			
Schedule A (Form 990) 2022 I Part II Support Schedule for	RESEARCH	Described in (	Saatiana 170/k		47-1559	rage
(Complete only if you check fails to qualify under the tes	ed the box on line 5	, 7, or 8 of Part I or	r if the organization			
Section A. Public Support						-
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	35,748,812.	45,324,505.	87,357,657.	97,514,243.	96,323,719.	362,268,93
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
<b>3</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3	35,748,812.	45,324,505.	87,357,657.	97,514,243.	96,323,719.	362,268,93
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)						
						362,268,93
6 Public support. Subtract line 5 from line 4. Section B. Total Support						502,200,95
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	35,748,812.	45,324,505.	87,357,657.	97,514,243.	96,323,719.	362,268,93
8 Gross income from interest,	· · ·	. ,	. ,	. ,	. ,	. ,
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources	1,995,367.	4,490,311.	7,615,487.	6,729,806.	5,398,637.	26,229,60
9 Net income from unrelated business						
activities, whether or not the						
·						1

	business is regularly carried on
10	Other income. Do not include gain
	or loss from the sale of capital
	assets (Explain in Part VI.)

	<b>N I</b>	/	
11	Total support.	Add lines 7 through 10	

12	Gross receipts from related activities, etc. (see instructions)	12	431,954.
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 5	01(c)(	3)
	organization, check this box and stop here		
Se	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	93.16 %
15	Public support percentage from 2021 Schedule A, Part II, line 14	15	92.78 %
16a	33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	nore, c	heck this box and
	stop here. The organization qualifies as a publicly supported organization		X

23,737.

278,392.

53,423.

b 33 1/3% support test - 2021. If the organization did not check a box on line 13	3 or 16a, and line 15 is 33 1/3% or more, check this box
and stop here. The organization qualifies as a publicly supported organization	

18,000.

17a 10% - facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b	0 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
		_

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

373,552.

388,872,096.

FOUNDATION	FOR	FOOD	AND	AGRICULTURE

# Schedule A (Form 990) 2022 RESEARCH 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) = 0 + 0	(1) = 0 + 0	(0) =0=0	(4) = 0 = 1	(0/ =0==	(.) - 0
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
Ċ	Add lines 10a and 10b						
11							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
<u> </u>		- Current Dev					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021	1	1			16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 $1/3\%$ , check this box ar	-	-				
Ľ	<b>33 1/3% support tests - 2021.</b> If the	-					
~~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	<u>in ala not check a l</u>	oox on line 14, 19a	a, or 190, check th	its pox and see ins	ITUCTIONS	

Yes

No

## Schedule A (Form 990) 2022 RESEA

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

### Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

	FOUNDATION FOR FOOD AND AGRICULTURE			
Sche	edule A (Form 990) 2022 RESEARCH	47-1559027	Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi	cers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	-		1	1

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

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

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

С		The organization supported a g	governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	--------------------------------	----------------------	---	--

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

3

2a

2b

3a

Yes No

FOUNDATION	FOR	FOOD	AND	AGRICUL	TURE
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Sch	edule A (Form 990) 2022 RESEARCH			47-1559027 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
Sec	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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

FOUNDATION 1	FOR	FOOD	AND	AGRICUL	TURE
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	rt V Type III Non-Functionally Integrated 509		nizations (continue	<u> </u>	
ect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	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 2022 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) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D.			_	
•	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
'					
0	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
Q	Excess from 2019 Excess from 2020				
~					

Schedule A (Form 990) 2022

e Excess from 2022

FOUNDATION FOR FOOD AND AGRICULTURE		
Schedule A (Form 990) 2022 RESEARCH		age <b>8</b>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	, lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,	,
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.		
2022 AMOUNT: \$ 0.		

### \*\* PUBLIC DISCLOSURE COPY \*\*

FOUNDATION FOR FOOD AND AGRICULTURE

RESEARCH

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

47-1559027

Department of the Treasury Internal Revenue Service
Name of the organization

**Schedule B** 

(Form 990)

Filers of:	Section:
Form 990 or 990-EZ	$\overline{X}$ 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
For an organization	ation filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
For an organize property) from	
For an organiz property) from Special Rules X For an organiz sections 509(a contributor, du	
<ul> <li>For an organize property) from</li> <li>Special Rules</li> <li>X For an organize sections 509(a contributor, du or (ii) Form 990</li> </ul>	any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ring the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) Form 990, Part VIII, line 1h;
property) from Special Rules X For an organiz: sections 509(a contributor, du or (ii) Form 990 For an organiz: contributor, du literary, or edu	any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ring the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) Form 990, Part VIII, line 1h; -EZ, line 1. Complete Parts I and II.
<ul> <li>For an organizer property) from</li> <li>Special Rules</li> <li>X For an organizer sections 509(a contributor, du or (ii) Form 990</li> <li>For an organizer contributor, du literary, or eduer "N/A" in column</li> <li>For an organizer for an organizer section or ganizer sections</li> </ul>	any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ring the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) Form 990, Part VIII, line 1h; •EZ, line 1. Complete Parts I and II. ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering n (b) instead of the contributor name and address), II, and III. ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one cational burgoses in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the
<ul> <li>For an organization property) from</li> <li>Special Rules</li> <li>For an organization sections 509(a contributor, du or (ii) Form 990</li> <li>For an organization contributor, du literary, or eduation relation of the section of the sec</li></ul>	any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ring the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) Form 990, Part VIII, line 1h; -EZ, line 1. Complete Parts I and II. ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

**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 that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

	3 (Form 990) (2022)	· · · · · · · · · · · · · · · · · · ·	Page <b>2</b>
	rganization ON FOR FOOD AND AGRICULTURE		Employer identification number
RESEARCH			47-1559027
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	
		\$88,325,3	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
2	Name, address, and ZIP + 4	Total contribution          \$	Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	ganization DN FOR FOOD AND AGRICULTURE	E	mployer identification numb
ESEARCH	ON FOR FOOD AND AGRICULTURE		47-1559027
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule	B (Form 990) (2022)		Page
Name of o	organization		Employer identification number
FOUNDATI	ION FOR FOOD AND AGRICULTURE		
RESEARCH			47-1559027
Part III	from any one contributor. Complete columns (a)	through (e) and the following line e	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations
	completing Part III, enter the total of exclusively religious, o	haritable, etc., contributions of <b>\$1,000 o</b>	or less for the year. (Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additional s		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>			
		(e) Transfer of g	gift
	Transferee's name, address, a	ad $7IP \pm 4$	Relationship of transferor to transferee
(a) Na			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of g	gift
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of g	gift
			<b>-</b>
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(	(0) 000 01 g.10	(u)
		(e) Transfer of g	gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

50	HEDULE D		Supplementa	al Financial	SI	tatements			Ī	OMB No. 15	45-0047
	n 990)		Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered	'Yes	s" on Form 990,				202	22
	ment of the Treasury		A	Attach to Form 990.						Open to Inspection	
-	al Revenue Service e of the organization	on	Go to www.irs.gov/Form99 FOUNDATION FOR FOOD AND AGE RESEARCH		<u>10 tr</u>	ne latest information.	Employer identification numb 47-1559027				
Pa	rt I Organiza	atio	ns Maintaining Donor Advise	d Funds or Othe	er S	imilar Funds or A		oun			e
			swered "Yes" on Form 990, Part IV, lir					•••••			6
				(a) Donor ad	lvise	ed funds	(b)	) Fund	ds and	d other accou	nts
1	Total number at er	nd of	f year								
2			ntributions to (during year)								
3	Aggregate value of	f gra	ants from (during year)								
4	Aggregate value at	t end	d of year								
5	•		form all donors and donor advisors in	•						_	
			property, subject to the organization's							Yes	No
6	U U		form all grantees, donors, and donor a	•	Ũ						
			s and not for the benefit of the donor o					•			
Pa	impermissible priva		penefit? On Easements. Complete if the or	nanization answered	"Ye	s" on Form 990 Part I	V li	ne 7		Yes	No
1			ation easements held by the organizati			3 011 0111 000, 1 211	v, 11	ne 7.			
•			and for public use (for example, recrea	· · ·	<u> </u>	Preservation of a his	stori	callv i	mpor	tant land area	
	Protection o					Preservation of a ce		-			
	Preservation	n of c	open space								
2	Complete lines 2a	thro	ough 2d if the organization held a quali	fied conservation cor	ntrib	ution in the form of a d	cons	ervat	ion ea	sement on th	e last
	day of the tax year	r.							Held a	at the End of the	e Tax Year
а	Total number of co	onse	rvation easements				L	2a			
b	•							2b			
С			on easements on a certified historic str				.  _	2c			
d			on easements included in (c) acquired a	after July 25,2006, ar	nd no	ot on a					
							L	2d			
3		vatio	on easements modified, transferred, re	leased, extinguished,	or t	erminated by the orga	iniza	ation o	during	the tax	
4	year	who	 re property subject to conservation eas	comont is located							
4 5			have a written policy regarding the per		nect	tion, handling of					
U	0		ement of the conservation easements in	5, j						Yes	No
6			urs devoted to monitoring, inspecting,								
				Ū.		C C					
7	Amount of expens	ies ir	ncurred in monitoring, inspecting, hand	dling of violations, an	d en	forcing conservation e	ease	ment	s duri	ng the year	
8	Does each conser	vatio	on easement reported on line 2(d) abov	ve satisfy the requirer	nent	ts of section 170(h)(4)(	B)(i)				
	and section 170(h)		,,,,							Yes	No
9			ow the organization reports conservati								
			lude, if applicable, the text of the footr	note to the organizati	on's	financial statements	that	desci	ribes t	he	
Pa			ting for conservation easements. ns Maintaining Collections of	f Art, Historical	Tre	asures, or Other	Sir	nilar	Ass	ets	
			organization answered "Yes" on Form				0	mai	/ 100		
<b>1</b> a			cted, as permitted under FASB ASC 95		reve	enue statement and b	alan	ce sh	eet w	orks	
iu	8		res, or other similar assets held for pul	, 1						onto	
			t XIII the text of the footnote to its final					с с. р			
b			ted, as permitted under FASB ASC 95				ce s	heet	works	of	
	-		s, or other similar assets held for public								
	provide the followi	ng a	mounts relating to these items:								
	(i) Revenue inclue	ded	on Form 990, Part VIII, line 1					\$	\$		
	(ii) Assets include							\$	\$		
2			eived or held works of art, historical tre				ı, pr	ovide			
	-		required to be reported under FASB A	-							
			Form 990, Part VIII, line 1						§		
			m 990, Part X						) Roha	dule D (Form	000\ 0000
IHA	FOR PROPERTY OF READER	ean	CHOU ACT NOTICE. SEE THE INSTRUCTION	STOLEOLUI MMU.					acine/	ILLE D LEORM	っつし アロンン

FOUNDATION 1	FOR	FOOD	AND	AGRICUL	TURE
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	dule D (Form 990) 2022 RESEARCH						47-155		Pa	ge <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Othe	er Si	mila	<sup>r</sup> Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	signifi	icant ι	ise of its			
	collection items (check all that apply):									
а	Public exhibition	c		change program						
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit o			•				7		i.
Der	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par	gements. Complet	ete if the organizati	on answered "Yes" o	n For	m 990	, Part IV, I	ine 9, or		
па	Is the organization an agent, trustee, custodi									
	on Form 990, Part X?						L	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:		ſ			Amount		
_	Designing holes of				ŀ	4.		Amount		
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e 1f				
	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.				-		L			NU
Par										
	Complete	(a) Current year	(b) Prior year	(c) Two years back		Three \	ears back	(e) Four	vears b	back
<b>1</b> a	Beginning of year balance							( )		
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1a. column (a	a)) held as:						
	Board designated or quasi-endowment		%	.,,						
	Permanent endowment	%								
с	Term endowment	 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administered for t	he					
	organization by:							[	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a.	See Form 990, Part X	(, line	10.				
	Description of property	<b>(a)</b> Cost or c basis (investr	• • •			mulate iation	ed	( <b>d)</b> Book	value	
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. <i>(Column (d) must e</i>		X. column (B), line	10c.)						Ο.

Schedule D (Form 990) 2022 RESEARCH			47-1559027	Page <b>3</b>
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				<u>.</u>
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	and-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15		
	Description		(b) Book	value
	2000			
(1) (2)				
(3)				
(3)(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)			
Part X Other Liabilities.			•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.	
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) CONDITIONAL GRANT			12,	693,919.
(3) LEASE LIABILITY				981,067.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Column (b) must equal Form 000, Part V, col. (P) lin	2.25		13	674,986.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

FOUNDATION FOR FOOD AND AGRICULTUR	NDATION F	FOR FOOD	AND	AGRICULTUR
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	FOUNDATION FOR FOOD AND AGRICULTURE				
Sche	dule D (Form 990) 2022 RESEARCH			47-15	59027 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per Re <sup>-</sup>	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	149,668,782.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-35,529,840.		
b	Donated services and use of facilities	2b	82,272,036.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	46,742,196.
3	Subtract line 2e from line 1			3	102,926,586.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	349,820.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	349,820.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	103,276,406.
Par	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	138,763,297.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	82,272,036.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	82,272,036.
3	Subtract line 2e from line 1			3	56,491,261.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	349,820.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	349,820.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.	)	<u></u>	5	56,841,081.
Par	t 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:

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.

(Form 990) Statement of Activities Outside the United State Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, complete if the organization answereed "Yes" on Form 990, Part IV,						OMB No. 1545-0047		
Department of the Treasury		-	Attach to Form 990.			Open to Public		
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest in	formation.		Inspection		
Name of the organization FOUNDATION FOR FOOD AN	D AGRICULTUR	Е			Employer id	dentification number		
RESEARCH					47-1559027			
<b>Part I</b> General Info Form 990, Part I		ctivities Out	side the United States. Complete	te if the orgar	ization answe	red "Yes" on		
		n maintain record	ds to substantiate the amount of its gran	ts and other	assistance.			
•	•		he selection criteria used to award the g		-	X Yes No		
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	e outside the		
			n be duplicated if additional space is ne					
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	<ul> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	is a pro describe	vity listed in (d gram service, e specific type (s) in the regio	expenditures for and investments		
EUROPE (INCLUDING								
ICELAND & GREENLAND)								
- ALBANIA, ANDORRA,								
AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS			662,066.		
EAST ASIA AND THE						1 000 000		
PACIFIC	0	0	GRANTS TO RECIPIENTS			1,000,000.		
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS			5,000,000.		
	0	<u> </u>				5,000,000.		
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS			100,000.		
<b>3 a</b> Subtotal	0	0				6,762,066.		
<b>b</b> Total from continuation						0,102,000.		
sheets to Part I	0	о				0.		
c Totals (add lines 3a								
and 3b)	0	0				6,762,066.		

**Statement of Activities Outside the United States** 

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

RESEARCH

47-1559027

Schedule F (Form 990) 2022

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	RESEARCH	162,500.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	499 566.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESEARCH	5,000,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESEARCH	100 000	WIRE TRANSFER	0.		
		DODIN AMERICA	RESERICE	100,000.	WIKE INANSPER	0.		
		EAST ASIA AND THE						
		PACIFIC	RESEARCH	1,000,000.	WIRE TRANSFER	0.		
2 Enter total number of I	recipient organization	l hs listed above that are r	ecognized as charities by the f		 recognized as a tay			
			or counsel has provided a sect					5
			·					0

FOUNDATION FOR FOOD AND AGRI	CULTURE
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RESEARCH

47-1559027

### Schedule F (Form 990) 2022 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. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2022

Page 3

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

	FOUNDATION FOR FOOD AND AGRICULTURE		
<u>Sche</u> du	Ile F (Form 990) 2022 RESEARCH	47-1559027	Page 4
Part			
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) 2022 RESEARCH 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 GROUPS 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	Gov	rants and Oth /ernments, ar ete if the organizatio	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047 <b>2022</b> Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of the organization FOUNDATION FOR RESEARCH	R FOOD AND AGR	ICULTURE					Employer identification numbe 47-1559027
Part I General Information on Grants an	nd Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> <li>Part II</li> <li>Grants and Other Assistance to I recipient that received more than \$</li> </ol>	tance? cedures for monito Domestic Organiza	pring the use of grant ations and Domestic	funds in the United	States. complete if the orga			X Yes N
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN ASSOCIATION OF VETERINARY MEDICAL COLLEGES – 901 7TH STREET NW – WASHINGTON, DC 20001	36-6144553		136,500.	0.			RESEARCH
AMERICAN SOCIETY OF AGRONOMY CROP AND SOIL SCIENCE - 5585 GUILFORD ROAD - MADISON, WI 53711	39-0808552		100,000.	0.			RESEARCH
ARIZONA STATE UNIVERSITY 300 E UNIVERSITY DRIVE TEMPE, AZ 85281	86-6051042		1,550,000.	0.			RESEARCH
AUDIOT 311 FERST DRIVE NW SANTA CRUZ, CA 95062	84-2655200		300,000.	0.			RESEARCH
BIOTECH NATURALE 640 SW SUNDANCE CT PULLMAN, WA 99163	84-3425228		75,000.	0.			RESEARCH
CASE WESTERN UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992		999,991.	0.			RESEARCH
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>	0 0		e line 1 table				4:

Schedule I (Form 990) 2022

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

Schedule I	(Form 990)	RESEARCH
Concadio I		

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	9 1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMSON UNIVERSITY							
230 KAPPA STREET							
CLEMSON, SC 29634	57-6000254		1,146,923.	0.			RESEARCH
COLD SPRING HARBOR LABORATORY 1 BUNGTOWN ROAD							
COLD SPRING HARBOR, NY 11724	11-2013303		750,000.	0.			RESEARCH
CORNELL 373 PINE TREE ROAD							
ITHACA, NY 14850	14-6013200		1,571,000.	0.			RESEARCH
GENVAX 2502 S LOOP DRIVE SUITE 5446							
AMES, IA 50010	86-2613060		145,000.	0.			RESEARCH
GEORGIA TECH UNIVERSITY 311 FERST DRIVE NW							
ATLANTA, GA 30318	58-6002023		50,000.	0.			RESEARCH
ILLINOIS CORN GROWERS ASSOCIATION 14129 CAROLE DRIVE							
BLOOMINGTON, IL 61705	37-0983416		79,967.	0.			RESEARCH
KANSAS STATE UNIVERSITY 1601 VATTIER STREET							
MANHATTAN, KS 66506	48-0667209		475,000.	0.			RESEARCH
MISSISSIPPI STATE UNIVERSITY 301 RESEARCH BLVD							
STARKVILLE, MS 39759	64-0410581		645,391.	0.			RESEARCH
MONTANA STATE UNIVERSITY 309 MONTANA HALL							
BOZEMAN, MT 59717	81-6010045		449,697.	0.			RESEARCH

Schedule I	(Form 990)	RESEARCH
Concadio I		

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 organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
JATIVE AMERICAN AGRICULTURE FUND								
3500 N COLLEGE AVE SUITE B3								
FAYETTEVILLE, AR 72703	83-1326044		2,500,000.	٥.			RESEARCH	
NEW MEXICO STATE UNIVERSITY								
1050 STEWART ST								
LAS CRUCES, NM 88003	85-6000401		970,931.	٥.			RESEARCH	
NORTH CAROLINA STATE UNIVERSITY								
2601 WOLF VILLAGE WAY								
RALEIGH, NC 27695	56-6000756		701,627.	0.			RESEARCH	
			,					
NORTH DAKOTA STATE UNIVERSITY								
1735 RESEARCH PARK DRIVE								
FARGO, ND 58102	45-6002439		450,000.	٥.			RESEARCH	
OHIO STATE UNIVERSITY								
901 WOODY HAYES DRIVE								
COLUMBUS, OH 43210	31-6025986		5,250,001.	٥.			RESEARCH	
PURDUE UNIVERSITY								
155 S GRANT STREET	25 6000041		F00 017					
WEST LAFAYETTE, IN 47907	35-6002041		589,817.	0.			RESEARCH	
RF CATALYTIC CAPITAL								
420 5TH AVENUE								
NEW YORK, NY 10018	85-2150251		2,500,000.	٥.			RESEARCH	
,			, ,					
SASYA INC								
1000 WESTGATE DRIVE								
ST PAUL, MN 55114	46-5460016		653,035.	0.			RESEARCH	
SENSIT								
720 OLIVE DR SUITE B			100.000	_				
DAVIS, CA 95616	47-5583931		100,000.	0.			RESEARCH	

Schedule I (Form 990) RESEARCH

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	I
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSTAINABLE FOOD CENTER 2921 E 17TH STREET AUSTIN, TX 78702	74-2441468		12,839.	0.			RESEARCH
SWINE HEALTH INFORMATION CENTER INC - 809 WHEELER STREET - AMES, IA 50010	47-3408746		1,150,000.	0.			RESEARCH
SYRACUSE UNIVERSITY 543 WHITE HALL FALK COLLEGE SYRACUSE, NY 13244	73-4491527		446,474.	0.			RESEARCH
TENNESSEE STATE UNIVERSITY 3500 JOHN A MERRITT BLVD NASHVILLE, TN 37209	74-6000537		338,039.	0.			RESEARCH
TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PARKWAY S COLLEGE STATION, TX 77845	74-6000537		488,339.	0.			RESEARCH
TEXAS TECH UNIVERSITY 2625 MEMORIAL CIRCLE LUBBOCK, TX 79409	75-6002622		222,400.	0.			RESEARCH
THE LAND INSTITUTE 2440 E WATER WELL ROAD SALINA, KS 67401	48-0842156		966,273.	0.			RESEARCH
THE NATURE CONSERVANCY 4245 FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	53-0242652		170,333.	0.			RESEARCH
TRUST IN FOOD 8725 ROSEHILL ROAD SUITE 200 LENEXA, KS 66215	23-0569850		15,000.	0.			RESEARCH

Schedule I	(Form 990)	) RESEARCH
	1 01111 000	

Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUSKEEGEE UNIVERSITY							
1200 W MONTGOMERY RAOD							
TUSKEGEE INSTITUTE, AL 36087	63-0288878		1,000,000.	0.			RESEARCH
INTER COVREAN ROARD							
UNITED SOYBEAN BOARD 16305 SWINGLEY RIDGE ROAD SUITE 15	h						
CHESTERFIELD, MO 63017	43-1592277		2,000,000.	0.			RESEARCH
,							
UNIVERSITY OF CALIFORNIA BERKELEY							
1608 FOURTH STREET							
BERKELEY, CA 94720	94-6002123		62,498.	0.			RESEARCH
INTUEDCIMY OF CALIFORNIA DAVID							
UNIVERSITY OF CALIFORNIA DAVIS 1850 RESEARCH PARK DR SUITE 300							
DAVIS, CA 95616	94-6036494		3,307,680.	0.			RESEARCH
				••			
UNIVERSITY OF FLORIDA							
207 GRINTER HALL							
GAINESVILLE, FL 32611	59-6002052		2,285,485.	0.			RESEARCH
UNIVERSITY OF KENTUCKY							
500 SOUTH LIMESTONE	61-6033693		456 525	0.			RESEARCH
LEXINGTON, KY 40526	01-0032032		456,535.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS							
100 VENTURE WAY							
HADLEY, MA 01035	54-2084125		430,485.	0.			RESEARCH
UNIVERSITY OF MINNESOTA							
200 OAK STREET SE				-			
MINNEAPOLIS, MN 55455	41-6007513		149,748.	0.			RESEARCH
UNIVERSITY OF PENNSLYVANIA							
3451 WALNUT STREET							
PHILADELPHIA, PA 19104	23-1352685		127,703.	0.			RESEARCH

Schedule I (Form 990) RESEARCH
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Part II Continuation of Grants and Othe	er Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JNIVERSITY OF TENNESSEE							
2621 MORGAN CIRCLE DRIVE							
KNOXVILLE, TN 37996	62-6001636		758,136.	0.			RESEARCH
USDA							
1400 INDEPENDENCE AVE SW							
WASHINGTON, DC 20250	72-0564834		1,035,700.	٥.			RESEARCH
WASHINGTON STATE UNIVERSITY PO BOX 641060							
PULLMAN, WA 99164	91-6001108		999,736.	0.			RESEARCH
WEST TEXAS A&M UNIVERSITY 2501 4TH AVENUE CANYON, TX 79016	75-6031405		266,748.	0.			RESEARCH
	/5 0051405		200,740.				
WORLD VISION 34834 WEYERHAEUSER WAY							
FEDERAL WAY, WA 98001	95-1922279		300,000.	0.			RESEARCH

FOUNDATION	FOR	FOOD	AND	AGRICULTURE	
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Schedule I (Form 990) 2022 RESEARCH

#### 47-1559027

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
W Cumplemental Information Dravida the information					

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

PART I, LINE 2:

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

Schedule I (Form 990)

Part IV Supplemental Information

SCHEDULE. ALL AWARDS INCLUDE PROVISIONS FOR ANNUAL PERFORMANCE AND

RESEARCH

### 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 GROUPS SUPPORTING TERRORIST ACTIVITIES.

SCHEDU	JLE J	Compensation Information	1	OMB No. 15	45-0047	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest	2022			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZUZZ		
Department of t	the Treasury	Attach to Form 990.		Open to I		
nternal Revenu		Go to www.irs.gov/Form990 for instructions and the latest information.		Inspec		
Name of the	e organizatior		Employer id		n number	
David	<b>O</b>	RESEARCH	47-1	559027		
Part I	Questions	s Regarding Compensation				
<b>1</b> - 01 1			000		Yes No	
		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	, ,	ine 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Fravel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	pending account Personal services (such as maid, chauffer	ir, chet)			
h Kanu						
		on line 1a are checked, did the organization follow a written policy regarding payment or		46		
		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
		require substantiation prior to reimbursing or allowing expenses incurred by all directors, s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
trustee	es, and onicer	s, including the GEO/Executive Director, regarding the items checked on line Ta?				
	to which if on	v of the following the examination used to establish the compensation of the examination's				
		y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Executive Director, but explain in Part III				
	•	tion of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	-					
L≏_] F	-orm 990 of of	her organizations	ommittee			
	a tha waar did	any parson listed on Farm 000. Dort VII. Costion A line to with respect to the filing				
		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-		ated organization:		10	x	
		e payment or change-of-control payment?		41	x	
		eive payment from a supplemental nonqualified retirement plan?			x	
	•	erve payment from an equity-based compensation arrangement?		40		
11 163	s to any or in	$e^{4a^{2}}$ , list the persons and provide the applicable amounts for each item in Part III.				
Only s	section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
-		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	igent on the re		41			
	•			5a	x	
	alated organize	ation?		5a 5b	x	
		ation? r 5b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
		et earnings of:				
	0	5		6a	x	
	alated organize	ation?			x	
		ation? r 6b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7	x	
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
				8	x	
		d the organization also follow the rebuttable presumption procedure described in 53.4958-6(c)?		. 9		
negula		53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		j y j ule J (Form		

RESEARCH

Schedule J (Form 990) 2022

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Page **2** 

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-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) JULIA REYNES	(i)	367,616.	12,000.	0.	22,428.	13,352.	415,396.	0.	
INTERIM EXECUTIVE DIRECTOR	(ii)	0.	0.	٥.	0.	0.	0.	0.	
(2) SERGIO FURMAN	(i)	332,786.	10,777.	٥.	20,286.	25,807.	389,656.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	٥.	0.	0.	0.	0.	
(3) JEFFERY ROSICHAN	(i)	246,717.	9,496.	٥.	14,803.	0.	271,016.	0.	
CONSORTIA DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) SARAH ROCKEY, PH.D.	(i)	138,250.	75,000.	0.	4,649.	0.	217,899.	0.	
EXECUTIVE DIRECTOR (THRU 02/22)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) LAKISHA ODOM	(i)	183,523.	7,413.	0.	11,086.	5,882.	207,904.	0.	
SCIENTIFIC PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) KASHYAP CHOKSI	(i)	188,755.	7,566.	0.	11,325.	0.	207,646.	0.	
DIRECTOR OF SCIENIFIC PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) SARAH GOLDBERG	(i)	185,274.	7,351.	0.	10,572.	0.	203,197.	0.	
DIRECTOR OF COMMUNICATIONS AND LEGIS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) JOHN REICH	(i)	184,763.	9,267.	0.	0.	0.	194,030.	0.	
SCIENTIFC PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) SAHARAH MOON CHAPOTIN, PH.D.	(i)	162,580.	0.	0.	5,746.	2,719.	171,045.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
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	(i)								
	(ii)								

Schedule J (Form 990) 2022

RESEARCH

47-1559027

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Part III Supplemental Information

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

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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



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

RESEARCH

FOUNDATION FOR FOOD AND AGRICULTURE

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 OFFICERS OF THE BOARD OF DIRECTORS REVIEW AND APPROVE THE EXECUTIVE

DIRECTORS COMPENSATION ARRANGEMENT EACH YEAR.

(2) THE FOUNDATION DETERMINES THAT KEY 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

lame of the organization		Employer identification association
	FOUNDATION FOR FOOD AND AGRICULTURE RESEARCH	Employer identification number 47-1559027
ND FINANCIAL STATEM	MENTS AVAILABLE TO THE PUBLIC ON OUR WEBSITE AND UPON	
EQUEST FOR THE SAME	E PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	