2020

990

**PUBLIC** 

**DISCLOSURE** 

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Form **990** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

А	רטו נוופ	e 2020 calendar year, or tax year beginning and ending	<u>                                     </u>	
В	Check if applicable	SOCIALLI KESPONSIBLE AGRICULIORE	D Employer identif	fication number
L	Addred chang  Name chang		20-86881	122
F	chang Initial return	Doing business as  Number and street (or P.0. box if mail is not delivered to street address)  Room/s		
	return Final return/	1120 маситистом атт	Suite E Telephone numb	
	termin ated		G Gross receipts \$	1,426,810.
	Ameno		H(a) Is this a group	
	Applic	F Name and address of principal officer: SHERRI DUGGER	for subordinate	
	pendir	SAME AS C ABOVE	H(b) Are all subordinates	
		empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or □		a list. See instructions
		e: > WWW.SRAPROJECT.ORG	H(c) Group exempti	
K	Form of	· · · · · · · · · · · · · · · · · · ·	Year of formation: 2007	<b>M</b> State of legal domicile: $\mathbf{DE}$
P	art I	Summary		
ė	1	Briefly describe the organization's mission or most significant activities: INFORMS,	EDUCATES & I	EMPOWERS THE
Activities & Governance	1	PUBLIC TO PROTECT FROM THE DAMAGING IMPACTS		
/ern	1	Check this box  if the organization discontinued its operations or disposed of	I	
်			3	
જ		Number of independent voting members of the governing body (Part VI, line 1b)		
ties	1	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		
Ĭţ		Total number of volunteers (estimate if necessary)		
A		Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11		`\
_	D	Net differenced business taxable income from Form 990-1, Part 1, line 11	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,690,568	
	9	Program service revenue (Part VIII, line 2g)	0.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,208	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,365	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,701,141	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,104	490.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	769,325	810,814.
Expenses	16a		0 .	0.
xbe	b	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  79,290.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	633,027	476,631.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,439,456	
	19	Revenue less expenses. Subtract line 18 from line 12	261,685	<del>                                     </del>
Net Assets or Find Balances			Beginning of Current Year	
Sset	20	Total assets (Part X, line 16)	484,504	
et A	21	Total liabilities (Part X, line 26)	49,712	-
	22 art II	Net assets or fund balances. Subtract line 21 from line 20	434,792	573,557.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	ataments, and to the hest of r	ny knowledge and helief it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		ily kilowieuge allu bellet, it is
iiuc	, 001100	t, and complete. Declaration of proparer (office than officer) is based on an information of which pro	Jaici ilas ally kilowicage.	
Sig	ın	Signature of officer	Date	
He		SHERRI DUGGER, EXECUTIVE DIRECTOR		
110		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d		05/04/21 if self-emplo	oyed
Pre	parer	Firm's name ALDRICH CPAS AND ADVISORS, LLP	Firm's EIN	
Use	Only	Firm's address 7676 HAZARD CENTER DRIVE, STE 1300		
_		SAN DIEGO, CA 92108	Phone no. ( 6	519) 810-4940
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO CONDUCT CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES DESIGNED
	TO FOSTER THE PRODUCTION OF FOOD IN A MANNER THAT IS ECONOMICALLY
	VIABLE AND ENVIRONMENTALLY SOUND AND PROVIDES FOR HEALTHY AND HUMANELY
	RAISED PRODUCTS.
	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
•	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	770 111 400
44	IN 2020, SRAP HELD MORE THAN 50 PUBLIC EDUCATIONAL MEETINGS ON TOPICS
	SUCH AS RURAL FOOD PRODUCTION AND POLLUTION ISSUES WHICH WERE ATTENDED
	BY NEARLY 3,000 PEOPLE. THE ORGANIZATION ALSO HOSTED A 4-DAY ONLINE
	EDUCATIONAL SUMMIT WHICH WAS ATTENDED BY OVER 300 PEOPLE AND INCLUDED
	PANEL DISCUSSIONS ON TOPICS LIKE COMMUNITY EMPOWERMENT, CONSTITUTIONAL
	RIGHTS TO CLEAN AIR AND WATER, AND REGENERATIVE AGRICULTURE. AND, OUR
	WATER RANGERS PROGRAM HELD 5 TRAININGS IN WHICH NEARLY 50 RURAL
	CITIZENS WERE TAUGHT TO MONITOR THEIR LOCAL WATERWAYS.
4b	(Code:         ) (Expenses \$) (Revenue \$)
	/ (Listerland of the land of t
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 772,111.
	Form <b>990</b> (2020)

#### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			3,7
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			- V
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		- V
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		Α.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		22
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- V
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20~	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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# SOCIALLY RESPONSIBLE AGRICULTURE

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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			3,7
	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	00		x
0.4	Schedule J	23		_^
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	e		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No," go to line 25a		-	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$\vdash$
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	$\vdash$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		$\vdash$
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<del></del>
b	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<del></del>
	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		х
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% contro	lled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			~
07	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	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	1
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	აგ	_ 42	
. 4	Check if Schedule O contains a response or note to any line in this Part V			
	Shook in Contouring Contouring a recipolise of flote to drift fill of all v		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	15	.03	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
_				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	t i statemente riogaranig etner me i mige ana rax compilance (committee)		Vac	No						
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No						
Zu	filed for the calendar year ending with or within the year covered by this return 2a 15									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х						
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		37						
	any contributions that were not tax deductible as charitable contributions?	6a		_X_						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>.</u>								
-	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		Х						
a		7a 7b								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75								
·	to file Form 8282?	7с		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е										
f	Did the organization, during the year, pay premiums, directly, on a personal benefit contract?	7f		X						
g										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:  Gross income from members or chareholders									
	Gross income from members or shareholders									
D	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand			X						
	l4a Did the organization receive any payments for indoor tanning services during the tax year?									
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77						
	excess parachute payment(s) during the year?	15		X						
40	If "Yes," see instructions and file Form 4720, Schedule N.	4.5		v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

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

	Check if Schedule O contains a response or note to any line in this Part VI				X		
Sec	tion A. Governing Body and Management						
		1 1	_	Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>				
	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	<u>5</u>				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	ne direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х		
6	Did the organization have members or stockholders?		6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	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		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?		8a	Х			
b	Each committee with authority to act on behalf of the governing body?		8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F						
		,		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such						
	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 bo		11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a							
b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						
	in 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 approve						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'						
а	The organization's CEO, Executive Director, or top management official		15a	Х			
	Other officers or key employees of the organization		15b		Х		
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a					
	taxable entity during the year?		16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organisms.						
	exempt status with respect to such arrangements?		16b				
Sec	tion C. Disclosure		1.0.0				
17	List the states with which a copy of this Form 990 is required to be filed ▶OR						
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	/) avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.	(-55.5551(0)	. , - 5.11	, ,			
		n on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	,	and fina	ncial			
	statements available to the public during the tax year.		mia				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records					
	SHERRI DUGGER - 503-362-8303						
	1120 WASHINGTON AVE SUITE 200. GOLDEN. CO 80401						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title  Average hours per week (list any hours for related organizations below line)  (1) SHERRI DUGGER  EXECUTIVE DIRECTOR  (2) TERRY SPENCE  EXECUTIVE DIRECTOR  (3) NANCY UTESCH  PRESIDENT  (4) DON STULL  TREASURER  (5) MONICA BROOKS  (5) MONICA BROOKS  (7) ROBERT MARTIN  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations line)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours per week (list any hours per week (list any h	(A)	(B)			((	C)			(D)	(E)	(F)
(1) SHERRI DUGGER EXECUTIVE DIRECTOR  (2) TERRY SPENCE EXECUTIVE DIRECTOR  (3) NANCY UTESCH PRESIDENT  (4) DON STULL TREASURER  (5) MONICA BROOKS SECRETARY  (6) ALOMA DEW DIRECTOR  (7) ROBERT MARTIN  (X) TA3,526.  (3) 73,526.  (4) 0. 274.  (43,750.  0. 413.  (43,750.  0. 0.  0. 0.  413.  0. 0.  0.	Name and title	Average hours per	box	, unle	Pos heck ss pe	ition more erson i	is bot	h an	compensation	compensation	Estimated amount of
X		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	0	from the organization and related
(2) TERRY SPENCE       40.00         EXECUTIVE DIRECTOR       X       43,750.       0.       413.         (3) NANCY UTESCH       1.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.         (4) DON STULL       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (5) MONICA BROOKS       1.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (6) ALOMA DEW       1.00       X       0.       0.       0.       0.       0.         (7) ROBERT MARTIN       1.00       0.       0.       0.       0.       0.       0.		40.00							F0 F06	•	0.7.4
X					X				73,526.	0.	274.
1.00		40.00								_	
X   X   0. 0. 0.	EXECUTIVE DIRECTOR				Х				43,750.	0.	413.
(4) DON STULL     1.00       TREASURER     X       (5) MONICA BROOKS     1.00       SECRETARY     X       (6) ALOMA DEW     1.00       DIRECTOR     X       (7) ROBERT MARTIN     1.00	(3) NANCY UTESCH	1.00							_	_	_
TREASURER   X X   X   0. 0. 0.   0.   0.       0.     0.     0.     0.     0.     0.     0.     0.     0.       0.     0.     0.     0.     0.     0.     0.       0.     0.     0.     0.     0.       0.     0.       0.       0.	PRESIDENT		X		Х				0.	0.	0.
(5) MONICA BROOKS         1.00           SECRETARY         X         X         0.         0.         0.           (6) ALOMA DEW         1.00         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (7) ROBERT MARTIN         1.00         0.	(4) DON STULL	1.00									
X   X   0. 0. 0.   0.   (6) ALOMA DEW   1.00	TREASURER		X		Х				0.	0.	0.
(6) ALOMA DEW	(5) MONICA BROOKS	1.00									
DIRECTOR X 0. 0. 0. (7) ROBERT MARTIN 1.00	SECRETARY		X		X				0.	0.	0.
(7) ROBERT MARTIN 1.00	(6) ALOMA DEW	1.00									
	DIRECTOR		X						0.	0.	0.
DIRECTOR X 0. 0. 0.	(7) ROBERT MARTIN	1.00									
	DIRECTOR		Х						0.	0.	0.
			L	L		L	L	L			

Pan	Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	timate	ed
		hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation compensation			amount of		
		week (list any	$\vdash$				Ji / iruS	(ee)	from	from related			other	
		hours for	Individual trustee or director						the	organizations			pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	<sup>()</sup>		om the anizati	
		organizations	ruste	Institutional trustee		ee ee	mpen		(** 27 1033 141100)			•	d relat	
		below	dualt	utions	_	Key employee	est co oyee	er					nizati	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
											$\dashv$			
			$\mathbf{I}$											
					$\vdash$	$\vdash$	$\vdash$				$\dashv$			
			1											
			-											
											$\dashv$			
			1											
											$\neg$			
								L	117 276					87.
	Subtotal								117,276.		0.		0	0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								117,276.		0.		6	87.
	Total number of individuals (including but n									000 of reportable				0 / •
	compensation from the organization	or minicou to ti	1000		Ju u		o,			,ooo or roportable	•			0
													Yes	No
	Did the organization list any former officer,		-	-		•		_		•				
	line 1a? If "Yes," complete Schedule J for s											3		_X
	For any individual listed on line 1a, is the su			-					•	the organization				37
	and related organizations greater than \$150			•								4		X
	Did any person listed on line 1a receive or a											_		Х
	rendered to the organization? If "Yes," comion B. Independent Contractors	piete Scriedui	e J i	Or Si	ucn	pers	SOII .					5		- 21
	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	pensa	ation f	rom	
	the organization. Report compensation for	-												
	(A)								(B)			(C		
	Name and business	address	N	INC	€			$\dashv$	Description of s	ervices		ompei	nsatio	n
								$\dashv$						
								$\neg$						
								$\dashv$						
2	Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	ster	d above) who received m	nore than				
	\$100,000 of compensation from the organia						0							
												Form !	9 <b>90</b> (2	2020)

20-8688122 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,425,497 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1,425,497. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 686. 686. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a ADMIN FEE FISCAL PARTN 900099 600. 600. b SHIRT SALES 900099 27. 27.

12 032009 12-23-20

С

1,313.

1,426,810.

627.

e Total. Add lines 11a-11d ...

**Total revenue.** See instructions

d All other revenue

#### Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a responsion 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	400	400		
	and domestic governments. See Part IV, line 21	490.	490.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	44- 44-			4 - 44
	trustees, and key employees	117,962.	8,106.	92,162.	17,694
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	577,565.	357,987.	184,728.	34,850
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	60,929.	32,070.	24,256.	4,603
0	Payroll taxes	54,358.	28,611.	21,640.	4,107
1	Fees for services (nonemployees):				
а	Management				
b		9,850.		9,850.	
С	Accounting	13,284.		13,284.	
	Lobbying				
е	D ( ' 1( 1 ' ' ' ' O D ' ' ' ' ' ' ' ' ' '				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	345,615.	311,147.	19,446.	15,022
12	Advertising and promotion	929.	484.		445
13	Office expenses	29,957.	2,963.	26,569.	425
14	Information technology				
15	Royalties				
16	Occupancy	11,515.		11,515.	
17	Travel	15,440.	8,127.	6,147.	1,166
8	Payments of travel or entertainment expenses	,	•	•	•
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,232.	3,232.		
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,482.	1,833.	1,386.	263
23		5,181.	1,040.	3,992.	149
.3	Insurance Other expenses. Itemize expenses not covered	3,1011	2,0200	3,3321	
-	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.)				
_	DITTO AND CHIDGOD TRUTONG F	28,589.	11,576.	17,013.	C
a	REPAIRS AND MAINTENENCE	7,171.	3,775.	2,855.	541
D C	MICCELL ADMONG DADDMCDC	1,358.	0.	1,358.	241
C	MD 3 TNITNO	824.	670.	129.	25
d		204.	070.	204.	۷.
. е		1,287,935.	772,111.	436,534.	79,290
25	Total functional expenses. Add lines 1 through 24e	1,401,333.	114,111	400,004.	13,430
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)				Earm <b>990</b> (202

Form **990** (2020)

Part X | Balance Sheet

Part	^	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	347,625.	1	370,565		
	2	Savings and temporary cash investments			70,871.	2	167,661
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ន	7	Notes and loans receivable, net			60,000.	7	60,000
Assets	8	Inventories for sale or use				8	
<	9	Prepaid expenses and deferred charges			209.	9	1,081
-	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	26,901.			
	b	Less: accumulated depreciation		13,145.	5,799.	10c	13,756
-	11	Investments - publicly traded securities				11	
-	12	Investments - other securities. See Part IV, lin	e 11			12	
-	13	Investments - program-related. See Part IV, lii		13			
-	14	Intangible assets			14		
-	15	Other assets. See Part IV, line 11			15		
-	16	Total assets. Add lines 1 through 15 (must e			484,504.	16	613,063
Τ.	17	Accounts payable and accrued expenses			49,712.	17	39,506
-	18	Grants payable				18	
-	19	Deferred revenue		19			
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Comple				21	
2 2	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				22	
ء ا ت	23	Secured mortgages and notes payable to un		<b></b>		23	
2	24	Unsecured notes and loans payable to unrela				24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lii					
		of Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			49,712.	26	39,506
		Organizations that follow FASB ASC 958, o					
မွ်		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			371,243.	27	551,680
B 2	28	Net assets with donor restrictions			63,549.	28	21,877
		Organizations that do not follow FASB ASC					
[		and complete lines 29 through 33.					
0 2	29	Capital stock or trust principal, or current fun	ds			29	
as S	30	Paid-in or capital surplus, or land, building, or				30	
AS S	31	Retained earnings, endowment, accumulated				31	
*	32	Total net assets or fund balances		<b></b>	434,792.	32	573,557
	33	Total liabilities and net assets/fund balances			484,504.	33	613,063

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,42	6,8	10.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,28	7,9 8,8				
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8		-1	10.			
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	57	3,5	57.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2b		X			
	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:							
	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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?	_	За		X			
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990 (	2020)			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Name of the organization PROJECT INC 20-8688122 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

360	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1302083.	1685192.	1502404.	1690568.	1425497.	7605744.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1302083.	1685192.	1502404.	1690568.	1425497.	7605744.
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)						154,384.
6	Public support. Subtract line 5 from line 4.						7451360.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1302083.	1685192.	1502404.	1690568.	1425497.	7605744.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	127.	2,234.	818.	208.	686.	4,073.
9	Net income from unrelated business		, -				,
·	activities, whether or not the						
	business is regularly carried on				3,898.		3,898.
10	Other income. Do not include gain				, , , , ,		,
	or loss from the sale of capital						
	assets (Explain in Part VI.)			591.	467.	627.	1,685.
11	<b>Total support.</b> Add lines 7 through 10						7615400.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	<b>First 5 years.</b> If the Form 990 is for the	•	,				
	organization, check this box and <b>stop</b>	-			-		
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (I			column (f))		14	97.85 %
15	Public support percentage from 2019					15	97.72 %
16a	33 1/3% support test - 2020. If the d					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2019. If the d						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			<b>&gt;</b>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circle	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s ▶□

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(u) 2010	(5) 2011	(0) 2010	(4) 2010	(0) 2020	(i) rotar
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,					1	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inner under eastion 510						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities					1	
Э							
	furnished by a governmental unit to the organization without charge						
•	• • • • • • • • • • • • • • • • • • • •						
	Total. Add lines 1 through 5			+		+	
78	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons 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						
8	Public support. (Subtract line 7c from line 6.)						
					1,0040	1 () 2000	(0 =
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6					+	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			-		-	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
44	Add lines 10a and 10b					-	
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Public						
15	Public support percentage for 2020 (lin	ne 8, column (f), o	divided by line 13,	column (f))		15	<u>%</u>
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage	!			
17	Investment income percentage for 202					17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the o	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	d <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	<b>&gt;</b>
b	33 1/3% support tests - 2019. If the o	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 $1/3\%$ , chec	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
3b		
3c		
- 55		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
46.		
10b m 990 or		2020

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		·		Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effecti	ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
•		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	-	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		IN how providing such benefit carried out the purposes of the supported organization(s) that operated, vised, or controlled the supporting organization.	2		
Sec		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		100	140
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's protect organizations played in this regard.	•		
Sec		E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	ipported 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 t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e 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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ılly integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

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	t t Type in Non-Tunetionally integrated occ	(a)(c) capper g c. g	Continued	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s 3	3
4	Amounts paid to acquire exempt-use assets		4	·
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )	5	5
6	Other distributions (describe in Part VI). See instructions.		- 6	5
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	<u>'</u>
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2020 from Section C, line 6		9	)
10	Line 8 amount divided by line 9 amount		10	)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

#### SOCIALLY RESPONSIBLE AGRICULTURE

Schedule A (Form 990 or 990-EZ) 2020 PROJECT INC 20-8688122 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Part VI line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

SOCIALLY RESPONSIBLE AGRICULTURE PROJECT INC

Employer identification number

20-8688122

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	, 0	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \left\frac{1}{2} \left\f
but it <b>m</b> u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
SOCIALLY RESPONSIBLE AGRICULTURE
PROJECT INC

Employer identification number

20-8688122

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1	Name, audress, and ZiF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	rumo, adarece, and En TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
	runio, addi 653, and £if ± ∓	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOCIALLY RESPONSIBLE AGRICULTURE PROJECT INC

Employer identification number

20-8688122

Part II Nonc	cash Property (see instructions). Use duplicate copies of P	rart 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
_		<u> </u>	
(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
		<u> </u>	

Name of organization
SOCIALLY RESPONSIBLE AGRICULTURE
PROJECT INC

Employer identification number

20-8688122

Part III	Exclusively religious, charitable, etc., contribut	ions to organizations describe	d in section 5	01(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	through (e) and the following li	ne entry. For or	rganizations le year (Enterthic info. once ) \$
	Use duplicate copies of Part III if additional	space is needed.	oo or less for an	C your (Enter this line, once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Parti				
F		(e) Transfer of	of gift	
		(o) Transfer (	or gire	
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
	, ,			·
(a) No. from	(h) Dumana a st sitt	(a) Han of with		(al) Description of how wift in hold
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	of gift	
L	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
( ) ) )				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	( ) 1			
		() = (		
		(e) Transfer of	of gift	
	Transferse's name address of	- J 7ID . 1	Da	lationahin of two polaron to two polaron
H	Transferee's name, address, a	10 ZIP + 4	ne	elationship of transferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
1 di Ci				
		(e) Transfer of	of gift	
		(5)	J	
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
Ī	,,			·

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization SOCIALL	Y RESPONSIBLE AGR	ICULTURE.		Employer identification number
	PROJECT				20-8688122
Pa	art I-A Complete if the org	ganization is exempt unde	r section 501(c) o	or is a section 5	27 organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa	tures			
		ganization is exempt unde	. , ,	•	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955		. • \$
	Enter the amount of any excise tax				
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.	<del> </del>	=0.4/ \	<del> </del>	5047 1/01
		ganization is exempt unde			
	Enter the amount directly expended		·		. • \$
2	Enter the amount of the filing organ		•		<b>.</b>
	exempt function activities				. • \$
3	Total exempt function expenditures		•		
	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses and er made payments. For each organiza		•	•	• •
	contributions received that were pr	•	0 0		•
	political action committee (PAC). If			•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ento	n's contributions received and
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

20-8688122 Page 2

Part II	-A Complete if the org	ganization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	election under
A Check	if the filing organizate expenses, and sha	ation belongs to an affi re of excess lobbying a ation checked box A ar	expenditures).	n Part IV each affiliated	group member's nar	me, address, EIN,
<u>B</u> chock	Limi	its on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
b Tot c Tot d Oth e Tot f Lot If th Not Ove	tal lobbying expenditures to inflatal lobbying expenditures to inflatal lobbying expenditures (add I ner exempt purpose expenditure by the exampt purpose expenditure by the exampt purpose expenditure by the exampt on line 1e, column (a) of the exampt on line 1e, column (a) of the expenditure of the exampt on line 1e, column (a) of the exampt on line 1e, column (b) of the exampt	uence a legislative boodines 1a and 1b)	dy (direct lobbying)  d) e following table in bot bying nontaxable am the amount on line 1e. 00 plus 15% of the exce 00 plus 5% of the exce	h columns.  ount is:  eess over \$500,000.  ess over \$1,000,000.		
g Gra h Sul i Sul	er \$17,000,000  assroots nontaxable amount (er btract line 1g from line 1a. If zer btract line 1f from line 1c. If zer here is an amount other than ze	ro or less, enter -0-				
-	oorting section 4911 tax for this	year? 4-Year Ave	eraging Period Under	Section 501(h) have to complete all (		Yes No
		Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
(or	Calendar year r fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) Total
				1-0 100		

222,333. 185,945. 153,139. 561,417. 2a Lobbying nontaxable amount **b** Lobbying ceiling amount 842,126. (150% of line 2a, column(e)) 267. 800. 1,490. 2,557. c Total lobbying expenditures 55,583. 46,486. 38,285. 140,354. d Grassroots nontaxable amount e Grassroots ceiling amount 210,531. (150% of line 2d, column (e))

321

267.

Schedule C (Form 990 or 990-EZ) 2020

588.

f Grassroots lobbying expenditures

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

or ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b	9)
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	
	Were substantially all (90% or more) dues received nondeductible by members?		1		
1				_	_
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
1 2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	ne prior yea	2 17? 3 1(5), or se		
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior yea on 501(c) "No" OF	2 3 (5), or se R (b) Par		e 3,
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1 2 a b c 3 4 5 Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set he organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)  Taxable amount of lobbying and political expenditures (See instructions)  te the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group citions); and Part II-B, line 1. Also, complete this part for any additional information.	ne prior yea on 501(c) "No" OF cal cess political plist); Part I	2 3 (5), or set (b) Part 2 2 2 3 3 4 5 5 I-A, lines 1	and 2 (See	
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1 2 a b c 3 4 5 Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded she organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)  The detendescriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group citions); and Part II-B, line 1. Also, complete this part for any additional information.  The III-B, LINE 1, LOBBYING ACTIVITIES:	ne prior yea on 501(c) "No" OF cal cess political plist); Part I	2 3 (5), or set (b) Part 2 2 2 3 3 4 5 5 I-A, lines 1	and 2 (See	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SOCIALLY RESPONSIBLE AGRICULTURE PROJECT INC

**Employer identification number** 20-8688122

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-		
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	-	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put	· · · · · · · · · · · · · · · · · · ·	·
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		•
h	Assets included in Form 990, Part X		\$

032051 12-01-20

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

Schedule D (Form 990) 2020

a Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tens (check all that apply):  a □ Public exhibition  b □ Scholarly research  c □ Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization so collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization of receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Fart IV ■ Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If Yes, "explain the arrangement in Part XIII and complete the following table:  C Beginning balance  1c		t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures, o	or Oth	er Sim	ilar Asse	<b>ts</b> (continu	ied)
a Public axhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization and programation solicition of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1c	3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Scrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X? 13 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV III and complete the following table:  C Beginning balance  1		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b I'Yes, "explain the arrangement in Part XIII and complete the following table:  C Beginning balance  1c Amount 1c Amount 1c Amount 1c Beginning balance  1 Distributions during the year 1 Ending balance 1 Ending balance 1 Ending balance 2 Distributions during the year 1 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. One plete if the explanation has been provided on Part XIII  Part V Endowment Funds. One plete if the explanation has been provided on Part XIII  Part V Endowment I Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment I Part XIII and the part Yes on Form 990, Part IV, line 10.  1a Beginning of year balance 2 Provide the estimated percentage of the current year deplace (line 1g, column (a)) held as: a Board designated or quasive provides and programs by: The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment I Part XIII and 2 provides a required on Schedule R?  5 The percentages on lines 2a, 2b, and 2c should equal 100%.  5 The Percentages on lines 2a, 2b, and 2c should equal 100%.  5 The Percentages on line	а	Public exhibition	d		Loan or exc	hange progra	am				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	е		Other						
So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	С										
Describe   Describe   Table   Describe   Table   Describe   Desc	4	Provide a description of the organization's col	lections and explain	n how th	ney further t	he organizati	ion's exe	empt pui	rpose in Par	t XIII.	
Each   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Ves	5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er simila	r assets	;		
Teported an amount on Form 990, Part X, line 21.  Tal Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Dif "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  C Beginning balance  d Additions during the year  E Ending balance  Distributions during the year  E Ending balance  If I  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  Di I"Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10.  Beginning of year balance  C Net investment earnings, gains, and losses  G Grants or scholarships  C Net investment earnings, gains, and losses  G Other expenditures for facilities  and programs  f Administrative expenses  g End of year balance  Permendowment    96  C Term endowment    96  C Term endowment    96  Permanent endowment    96  Permanent endowment    96  Permanent endowment    96  Permanent endowment    96  C Term endowment    96  C Term endowment    96  C Term endowment    96  D Hermanent endowment    96  Permanent endowment    96  C Term endowment    96  C Term endowment    96  D Hermanent endowment    96  D Hermanent endowment    96  C Term endowment    96  D Hermanent endowment    97  Tes No  3a(i)    3a(i)    3a(i)    3a(i)    3a(i)    40  D Hert VI    D He		to be sold to raise funds rather than to be mai	ntained as part of t	he orga	nization's co	ollection?				Yes	☐ No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai									line 9, or	
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   C		reported an amount on Form 990, Part	X, line 21.								
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount	1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	ns or other as	sets no	t include	ed		
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount										Yes	☐ No
c Beginning balance   1d	b										
d Additions during the year  E Distributions during the year  E Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Grants or scholarships  c Net investment earnings, gains, and losses of Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment   9%  C Term endowment   9%  C Term endowment   9%  C Term endowment   9%  C Term endowment   10 Unrelated organizations  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  5 If "Yes" on line 32(i), are the related organization is sendowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization newered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Basis (investment)  Basis (investment)  Basis (investment)    Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value			•							Amount	
d Additions during the year  E Distributions during the year  E Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Grants or scholarships  c Net investment earnings, gains, and losses of Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment   9%  C Term endowment   9%  C Term endowment   9%  C Term endowment   9%  C Term endowment   10 Unrelated organizations  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  5 If "Yes" on line 32(i), are the related organization is sendowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization newered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Basis (investment)  Basis (investment)  Basis (investment)    Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value	С	Beginning balance						1c	:		
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Part V											
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Contributions											
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	_										
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Call Description of property   Call Description	2a									Yes	No
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Can Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back		•									
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back											
1a Beginning of year balance			i						e years back	(e) Four y	ears back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance	,	,				,		, ,	
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		Г									
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	·	· I									
g End of year balance	f										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶											
a Board designated or quasi-endowment ▶	_	_	ent year end halanc	e (line 1	a column (	a)) held as:					
b Permanent endowment											
c Term endowment ▶											
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other (b) Cost or other (c) Accumulated depreciation		·									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation	C										
by:  (i) Unrelated organizations  (ii) Related organizations  3a(ii)   3a(i)   3a(ii)   3a(ii	20		•	ation the	at ara bald a	and administr	rad for	tha araa	nization		
(i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation	Sa		Sion of the organiza	ation the	at are rielu a	iliu auliliiliste	ered for	irie orga	HIZALIOH	Г	/oo No
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation		· · · · · · · · · · · · · · · · · · ·					res No				
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation											-+-
Describe in Part XIII the intended uses of the organization's endowment funds.  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  (c) Accumulated depreciation		(ii) Related organizations			۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰					Sa(II)	-
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation				wment	tunas.						
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value	ı aı			) Dort I	/ line 11e (	Can Farm 000	Dod V	line 10			
basis (investment) basis (other) depreciation			<u> </u>			i				(-1) D1-	
		Description of property	1 ' '							( <b>a</b> ) Book	value
Ta Land		Land	<del> </del>	neni)	Dasis	(Other)	de	preciatio	JI I		
b Buildings											
c Leasehold improvements					າ	6 901		12	1/5	1 2	756
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e Other		e Other 13 756					756				

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Schedule D (Form 990) 2020 PROJECT INC			20-8688122 <sub>Page</sub>
Part VII Investments - Other Securities.	5 000 D 1 N / I'	141 O E 000 D 1 V II 10	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	and of year market value
	(b) Book value	(c) Method of Valuation. Cost of	end-or-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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

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..

Schedule D (Form 990) 2020

(5) (6) (7) (8)

Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
h	Other (Describe in Dort VIII.)	4b		
	Other (Describe in Part XIII.)			
	Add lines <b>4a</b> and <b>4b</b>			
с <u>5</u>	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			
5 <b>Pa</b>	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.		5	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  At XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	rt IV, lines 1b and 2b;	5	,
5 Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.	rt IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  At XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	rt IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  At XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	rt IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  At XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	rt IV, lines 1b and 2b;	5	,
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#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

SOCIALLY RESPONSIBLE AGRICULTURE PROJECT INC

**Employer identification number** 20-8688122

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 AND RELATED SCHEDULES ARE REVIEWED BY THE PRESIDENT AND THEN SENT TO ALL DIRECTORS FOR THEIR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS TAKEN STEPS TO ESTABLISH A FORMAL POLICY AND TO INSTITUTE PROCEDURES FOR ANNUAL MONITORING OF BOARD MEMBERS ADHERENCE TO THE POLICY. THE BOARD IS NOW REQUIRED TO DISCLOSE ANNUALLY ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. BOARD MEMBERS ARE REQUIRED TO FORMALLY THAT THEY DID NOT PARTICIPATE ACKNOWLEDGE ON AN ANNUAL BASIS, IN WRITING, IN ANY CONFLICTING ACTIVITIES AND THAT THEY ARE FOLLOWING ESTABLISHED ORGANIZATION POLICIES.

FORM 990, PART VI, SECTION B, LINE 15A:

REVIEW AND APPROVAL OF COMPENSATION IS DONE BY BOARD OF DIRECTORS.

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

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

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

EXPERT SERVICES:

21,951. PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES 2,439.

TOTAL EXPENSES 24,390.

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

Schedule O (Form 990 or 990-EZ) 2020

0.

FUNDRAISING EXPENSES

Name of the organization SOCIALLY RESPONSIBLE AGRICULTURE PROJECT INC	Employer identification number 20-8688122
CONSULTANT FEE:	
PROGRAM SERVICE EXPENSES	286,807
MANAGEMENT AND GENERAL EXPENSES	15,200.
FUNDRAISING EXPENSES	14,679.
TOTAL EXPENSES	316,686
BANK AND SERVICE EES:	
PROGRAM SERVICE EXPENSES	168.
MANAGEMENT AND GENERAL EXPENSES	127.
FUNDRAISING EXPENSES	24.
TOTAL EXPENSES	319.
PAYROLL SERVICE FEE:	
PROGRAM SERVICE EXPENSES	2,221.
MANAGEMENT AND GENERAL EXPENSES	1,680.
FUNDRAISING EXPENSES	319.
TOTAL EXPENSES	4,220
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	345,615.