

# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 49-15-74 | Return of Organization Exempt From Income Tax

Form **990** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2022 calendar year, or tax year beginning and	enaing		
<b>3</b> C	heck if	C Name of organization		D Employer identific	cation number
X	Addre				
	Name chang	Doing business as		47-45763	50
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	]Final return/	210 HALL ROAD		877-464-	4966
	termin ated			G Gross receipts \$	676,824.
	Ameno	HIMROD, NI 14842		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: NATHANTEL SALFETER		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
J۷	Vebsit	e: WWW.SWEETFARM.ORG		H(c) Group exemption	n number
K F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2015 N	1 State of legal domicile: CA
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: SWEET	r farm	IS THE FIRS	ST EVER
낕		CLIMATE SANCTUARY. FOUNDED IN 2016 AS A I			
a	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
١ĕ	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
တ္တ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			27
ij		Total number of volunteers (estimate if necessary)		_	50
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
۸		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
اه	8	Contributions and grants (Part VIII, line 1h)		500,114.	570,645.
ž	9	Program service revenue (Part VIII, line 2g)		196,405.	56,419.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-94,563.	131.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,891.	3,487.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		607,847.	630,682.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
g	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		549,858.	539,332.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē		Total fundraising expenses (Part IX, column (D), line 25)	78.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		389,814.	747,119.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		939,672.	1,286,451.
	19	Revenue less expenses. Subtract line 18 from line 12		-331,825.	-655,769.
58			Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		896,350.	301,588.
BES	21	Total liabilities (Part X, line 26)		166,287.	115,230.
		Net assets or fund balances. Subtract line 21 from line 20		730,063.	186,358.
Pa	rt II	Signature Block			
Jnde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sigr	1	Signature of officer		Date	
Here	е	NATHANIEL SALPETER, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		ANTHONY SCINTO ANTHONY SCINTO		1/15/23 self-employ	
rep	arer	Firm's name MENGEL, METZGER, BARR & CO. LLP		Firm's EIN 1	6-1092347
Jse	Only	Firm's address 100 CHESTNUT STREET, SUITE 1200			
		ROCHESTER, NY 14604		Phone no. 58	5-423-1860
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	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:
	SWEET FARM FOUNDATION IS A 501(C)(3) NONPROFIT CLIMATE SANCTUARY IN
	UPSTATE NEW YORK. BY JOINING CLIMATE EDUCATION, REGENERATIVE
	AGRICULTURE, FARM ANIMAL RESCUE, AND THE SUSTAINABLE TECHNOLOGY THAT IS DISRUPTING AGRICULTURE AND FOOD PRODUCTION, SWEET FARM IS
	·
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	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 X No
3	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.
7	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.
 4а	(Code: ) (Expenses \$ 1,075,209 · including grants of \$ ) (Revenue \$ 59,906 · )
··u	SWEET FARM, ESTABLISHED IN 2016, INITIALLY BEGAN AS A FARM ANIMAL
	SANCTUARY. ALMOST IMMEDIATELY, IT BECAME CLEAR THAT OUR FOOD AND
	CLIMATE SYSTEMS ARE SO DEEPLY INTERTWINED THAT THEIR STORIES CANNOT BE
	TOLD INDIVIDUALLY. TO DRIVE TRANSFORMATIVE CHANGE, OUR CO-FOUNDERS
	REALIZED IT WAS ESSENTIAL TO CONSIDER ALL ASPECTS OF OUR FOOD SYSTEM
	AND ITS TIES TO ENERGY, WASTE AND MATERIAL SYSTEMS. BY 2017, SWEET FARM
	HAD EXPANDED ITS INITIATIVES TO ENCOMPASS REGENERATIVE AGRICULTURE AND
	TECH & INNOVATION, DRIVING IMPACT FROM LOCAL TO GLOBAL SCALES. AS THE
	FIRST CLIMATE SANCTUARY, OUR FOCUS REMAINS ROOTED IN FOSTERING
	CLIMATE-CONSCIOUSNESS AND AMPLIFYING IMPACT THROUGH HOLISTIC,
	SYSTEMS-BASED APPROACHES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,075,209.

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# Form 990 (2022) SWEET FARM FOUNDATION 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		<del></del>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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		X
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		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	u		<u></u>
	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	175		
10	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	13		<del></del>
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		<sub>v</sub>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا		<sub>V</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

# Form 990 (2022) SWEET FARM FOUNDATE Part IV Checklist of Required Schedules (continued)

	(sontinues)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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			1
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		v
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV  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	25		<u> </u>
00	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? <i>If</i> "Yes," <i>complete</i>	<del>                                     </del>		<del></del>
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			igspace
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	900	(0000)
232004	¥ 12-13-22	⊢orm	<b>J</b> JU	(2022)

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

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	27								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X					
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 authors.	ority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	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	ınts (FBAR).								
5a			5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization									
	any contributions that were not tax deductible as charitable contributions?	i i	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	•								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).		_		37					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	· · · · · ·	7a		X					
b		and a d	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re	•	<b>-</b> -		х					
	to file Form 8282?		7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	•	7.		Х					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control.		7e 7f		X					
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7g		- 25					
9 h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		7h							
Ŭ			8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the annual in a consideration made and to the distributions and an action 40000		9a							
b	Did the annual in a second in the second in		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	а								
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
_	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	. 1								
	organization is licensed to issue qualified health plans 13									
	Enter the amount of reserves on hand	C	44-		Х					
			14a							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		14b							
15	excess parachute payment(s) during the year?		15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.		ıə		-22					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	nme?	16		Х					
.0	If "Yes," complete Form 4720, Schedule O.		10							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activiti	es								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									
	/ Iphare and access									

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							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 9							
	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 9							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>						
~	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
a h	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 reached at the	- 00						
3	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 Revenue Code.)							
	This Section B requests information about policies not required by the internal nevertie Gode.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	Х					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120						
·	on Schedule O how this was done	12c		Х				
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>						
15	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		X				
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.55						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
100		16a		Х				
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104						
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
		16b						
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filedCA , NY							
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))	only)	availal	ole				
.5	for public inspection. Indicate how you made these available. Check all that apply.	only)	avandi					
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	rial					
13	statements available to the public during the tax year.	a miail	Jai					
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
20	NATHANIEL SALPETER - 877-464-4966							
	210 HALL ROAD, HIMROD, NY 14842							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organizat		orga	niza			nper	sate		irector, or trustee.	Г
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per		, unle cer ar					compensation	compensation	amount of
	week		T			T	100,	from	from related	other
	(list any hours for	direct	8			_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	n be		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) NINA JONGERIUS	25.00								_	_
EXEC DIRECTOR THRU 9/22				Х				73,423.	0.	0.
(2) ANNA SWEET	20.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(3) RIDHIMA AHUJA	2.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(4) NATHANIEL SALPETER	25.00									
EXEC DIRECTOR AS OF 9/22				Х				0.	0.	0.
(5) CATRINA N. NORTH	2.00	l								
BOARD MEMBER	4 00	Х		Х				0.	0.	0.
(6) JONATHAN AZOFF	4.00	l		l						
SECRETARY		Х		Х				0.	0.	0.
(7) KENNETH BIRDWELL	2.00	l								
BOARD MEMBER	4 00	Х						0.	0.	0.
(8) BUNNY ROSENBERG	4.00	l								
PRESIDENT		Х		Х				0.	0.	0.
(9) DANIEL ENGELHARDT	2.00									
BOARD MEMBER	2 00	Х						0.	0.	0.
(10) STEVE GRIFFIN	2.00	٠,								
BOARD MEMBER	2 00	Х			_			0.	0.	0.
(11) EMMA MATTHEW	2.00	٠,								_
BOARD MEMBER		Х						0.	0.	0.
		-								
-										
		-								
		-								
		-								
		1								
-					$\vdash$					
		1								
		<u> </u>	<u> </u>	I	I	<u> </u>	l	<u> </u>	<u>l</u>	000

	990 (2022) <b>SWEET FA</b> F									47-457	6350 Page <b>8</b>
Par	Section A. Onicers, Directors, Trus		loy	ees,			ghes	t C		'	(5)
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Web employee Highest compensate of the provided in the			than c s both	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	Estimated amount of other compensation from the organization and related organizations	
											1
											1
1b	Subtotal								73,423.	0	
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								73,423.	0	
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for so	•		•	•	•		_		•	Yes No
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	е со	mpe	ensa	tion	and	oth	er compensation from t	ne organization	4 X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	sati	on fr	om a	any	unre	late	ed organization or individ	lual for services	5 X
	ion B. Independent Contractors	-									
1	Complete this table for your five highest conthe organization. Report compensation for t	•	•						the organization's tax y	•	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	(C) Compensation
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	to t	thos 0		ted	above) who received mo	ore than	
											Form <b>990</b> (2022)

Form 990 (2022) SWEET F Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a	20 056				
ir Ou		Membership dues 1b	32,976.				
A, C	(	Fundraising events <b>1c</b>	411.				
# Z	(	Related organizations 1d					
s, Eij	6	Government grants (contributions) 1e					
e is		All other contributions, gifts, grants, and					
e E			537,258.				
Ĕξ	,	Noncash contributions included in lines 1a-1f	12,581.				
Ν		Total. Add lines 1a-1f		570,645.			
0 10	- '	Total: Add lines 1a-11	Business Code	37070131			
	_	MEEDING DEVENUE		33,368.	22 260		
<u>6</u>	2 a MEETING REVENUE 712130			33,368.			
Program Service Revenue	t	PRIVATE TOUR	712130	23,051.	23,051.		
S c	(						
ev	•						
<u> </u>	•						
<u>P</u>	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		56,419.			
	3	Investment income (including dividends, interes		-			
		other similar amounts)		1,386.			1,386.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties(i) Real	(ii) Personal				
	_		(II) Fersorial				
		Gross rents 6a					
		Less: rental expenses 6b					
	(	Rental income or (loss) 6c					
	•	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 42,901.					
	k	Less: cost or other basis					
ē		and sales expenses	2,145.				
eu		Gain or (loss) 7c 890.	-2,145.				
ě	,	Net gain or (loss)		-1,255.			-1,255.
her Revenue		Gross income from fundraising events (not					
	0 6	including \$ 411. of					
δ							
		contributions reported on line 1c). See	_				
		Part IV, line 18	0.				
		Less: direct expenses 8b	0.	0			
		Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses 9b					
	(	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	5,473.				
	ŀ	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	-	3,487.	3,487.		
		met meetine of (less) from sales of inventory	Business Code	3 / 2 3 7 3	0 / 20 / 1		
sn	44.		Buomedo Couc				
e e	11 a						
Miscellaneous Revenue	k						
3ev	(						
Mis	(	All other revenue					
$\perp$	•	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u></u>	630,682.	59,906.	0.	131.

232009 12-13-22

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 73,423. 73,423. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 371,483. 332,141. 39,342. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 15,906. 39,183. 23,277. Other employee benefits 9 55,243. 41,068. 14,175. 10 Payroll taxes Fees for services (nonemployees): Management Legal 6,000. 6,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 11,286. 73,463. 62,177. column (A), amount, list line 11g expenses on Sch O.) 20,523. 20,523. Advertising and promotion 12 10,518. 6,178. 662. 3,678. Office expenses 13 16,608. 16,608. Information technology 14 15 Royalties 7,238. 7,210. 28. 16 Occupancy 11,276. 9,997. 1,279. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,230. 2,096. 134. Conferences, conventions, and meetings 19 3,634. 3,634. 20 Payments to affiliates 21 1,385. 31,108. 29,723. Depreciation, depletion, and amortization 22  $16,\overline{060}$ 45,925. 29,865. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 393,478. 299,315. 94,163. MOVING EXPENSE 94,376. SUPPLIES AND EQUIPMENT 92,959. 1,417. REPAIRS & MAINTENANCE 20,841. 20,756. 85.  $5,\overline{451}$ d MISCELLANEOUS 5,451. 4.450. 4,259. 191. e All other expenses 1,286,451. 1,075,209. 207,564. 3,678. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)

Part X | Balance Sheet

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	18,341.	1	94,465		
	2	Savings and temporary cash investments		682,324.	2	7,344	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4	5,858	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	ontributor, or 35%				
		controlled entity or family member of any of the	ns		5		
	6	Loans and other receivables from other disqua	lified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
ış	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10,481.	8	13,928
₹	9	Prepaid expenses and deferred charges			1,739.	9	5,888
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	178,021.			
	b	Less: accumulated depreciation		45,479.	72,657.	10c	132,542 41,563
	11	Investments - publicly traded securities			110,808.	11	41,563
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1	006 250	15	201 500	
	16	Total assets. Add lines 1 through 15 (must eq			896,350.	16	301,588
	17	Accounts payable and accrued expenses		1		17	27,237
	18	Grants payable	140 004	18	0		
	19	Deferred revenue			140,094.	19	U
	20	Tax-exempt bond liabilities		1		20	
	21	Escrow or custodial account liability. Complete				21	
<u>e</u>	22	Loans and other payables to any current or for					
<u> </u>		trustee, key employee, creator or founder, sub-					
Liabilities	00	controlled entity or family member of any of the	-	: F	26,193.	22	87,993
	23	Secured mortgages and notes payable to unre			20,195.		01,993
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
			-	· ·		25	
	26	Total liabilities. Add lines 17 through 25			166,287.	26	115,230
$\dashv$	20	Organizations that follow FASB ASC 958, ch			100,207	20	113,230
Se		and complete lines 27, 28, 32, and 33.	con nore				
Ě	27	Net assets without donor restrictions				27	
39	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC					
ᆵᅵ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current fund	S		0.	29	0
ets	30	Paid-in or capital surplus, or land, building, or e			0.	30	0
Ass	31	Retained earnings, endowment, accumulated i			0.	31	-543,705
Net Assets or Fund Balances	32	Total net assets or fund balances			730,063.	32	186,358
				·····	896,350.	33	301,588

Pai	t 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	63 1,28	0,6				
2	Total expenses (must equal Part IX, column (A), line 25)  2							
3	Revenue less expenses. Subtract line 2 from line 1	3	-65					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	73	0,0	<u>63.</u>			
5	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	13	7,5	<del>18.</del>			
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	18	6,3	58.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u>.</u>	3b					
			Form	990	(2022)			

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

t.
Open to Public Inspection

Name of the organization

SWEET FARM FOUNDATION

Employer identification number 47-4576350

OMB No. 1545-0047

Pa	rt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.				
The	organ	ization is not a private found	ation because it is: (f	For lines 1 through 12. c	heck only	one box.)					
1		A church, convention of ch	,	,	,	,	ινανί)				
_	H					// 170(D)(	· /(~/(·)·				
2	H	A school described in <b>sect</b> i		•		VI VAVAV	···				
3	=	A hospital or a cooperative					•				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	Ħ	An organization that norma	-					nublic described in			
•	ш	section 170(b)(1)(A)(vi). (C	•	itiai part of its support if	om a gove	JiiiiiCiitai	unit of from the general p	public described in			
_				(4)(A)(-1) (Olate D							
8	$\mathbb{H}$	A community trust describe									
9	Ш	An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college			
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or			
		university:									
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.			
		See section 509(a)(2). (Cor		,			, ,	,			
11		An organization organized a	. ,	valy to test for public sa	faty Saa	section 50	10(a)(4)				
	H							numaces of one or			
12	ш	An organization organized a	•	•	•		•	•			
		more publicly supported or	-					check the box on			
		lines 12a through 12d that	* *			-					
а			anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	/ing			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted			
		organization(s). You mus			•						
С		Type III functionally inte	-		in connect	tion with a	and functionally integrate	ed with			
		its supported organization	-				• •				
4		7		·				zation(a)			
d		☐ Type III non-functionally					· · · · · · · · · · · · · · · · · · ·				
		that is not functionally int		• ,	•		•	veness			
		requirement (see instructi	•	•	•						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.			-		
f	Ente	er the number of supported o	organizations						-		
g		vide the following information			L (iv) le the era	nization listed		T	_		
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
									-		
									-		
									-		
							1				

Schedule A (Form 990) 2022 SWEET FARM FOUNDATION 47-4576350 Page 2

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	_			on failed to qualify u		•
	fails to qualify under the tests			-			9
Se	ction A. Public Support		<u> </u>				
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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							
5							
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	<u> </u>					
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	•			•	. , . ,	
Se	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	a 33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ı			
k	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
178	a 10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te						
k	o 10% -facts-and-circumstances test	-		• • •	-	17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						

Schedule A (Form 990) 2022

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

#### 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	elow, please comp	iete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(2) 2010	(0) 2020	(4) 2021	(0) 2022	(i) rotai
-	membership fees received. (Do not						
	include any "unusual grants.")	244,614.	348,255.	499,306.	500,114.	558,064.	2150353.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the		27.064				
	organization's tax-exempt purpose	28,257.	37,064.	207,237.	203,385.	01,092.	537,835.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	272,871.	385,319.	706,543.	703,499.	619,956.	2688188.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	198,408.	178,171.	652,011.	267,225.	331,949.	1627764.
k	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						0.
c	Add lines 7a and 7b	198,408.	178,171.	652,011.	267,225.	331,949.	1627764.
8	Public support. (Subtract line 7c from line 6.)						1060424.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	272,871.	385,319.	706,543.	703,499.	619,956.	2688188.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20.	80.	31.	1,636.	1,386.	3,153.
r	Unrelated business taxable income	200	301	310	1,000	1,3000	3,1331
•	(less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b	20.	80.	31.	1,636.	1,386.	3,153.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	-		-	,	,	.,
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	272,891.	385,399.	706,574.	705,135.	621,342.	2691341.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	39.40 %
	Public support percentage from 2021					16	41.45 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>22</b> (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.12 %
	Investment income percentage from 2					18	.08 %
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	-	-	•	•		nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

Т..

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	10b		
_	100	~ 000	

Par	TIV   Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	g
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
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		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	't V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations <sub>(contint</sub>	ued)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	S	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior -	5			
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which t				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

## Schedule B

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Name of the organization

(Form 990)

Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service

47-4576350

**Employer identification number** 

SWEE	ET FARM FOUNDATION	47-4576350				
Organization type (check one):						
Filers of: So	ection:					
Form 990 or 990-EZ	501(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	overed by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule	a See instructions				
	(o), or (10) organization can check boxes for both the deficial fluid and a openial fluid	. Occ mandenons.				
General Rule						
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling e contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) and contributor, during the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and e year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fig. 1. Complete Parts I and II.	that received from any one				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions exc is checked, enter here purpose. Don't comple	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$					
answer "No" on Part IV, line 2,	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, I quirements of Schedule B (Form 990).	**				

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

Name of organization Employer identification number

## SWEET FARM FOUNDATION

47-4576350

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$320,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	\$31,415.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,749.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

SWEET	FARM FOUNDATION		47-4576350
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
7		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Page 2

Name of organization

Employer identification number

## SWEET FARM FOUNDATION

47-4576350

DWILLI	TARM TOURDATION	1	4370330
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	ANIMAL FOOD & CARE SUPPLIES, AGRICULTURE SUPPLIES, ASSISTANCE WITH MOVING EXPENSES	\$12,581.	_12/31/22_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15	5-22		Schedule B (Form 990) (2022)

Name of organization **Employer identification number** SWEET FARM FOUNDATION 47-4576350 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **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 Inspection

Name of the organization

SWEET FARM FOUNDATION

**Employer identification number** 47-4576350

Par			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
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year)  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 v	writing that the assets held in donor advis	eed funds
J	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 o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
			I I
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	•	
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
h	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

132,542. Schedule D (Form 990) 2022

132,542

45,479.

e Other

b Buildingsc Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

178,021.

Schedule D (Form 990) 2022 SWEET FARM 1 Part VII Investments - Other Securities.	OUNDA'I'ION	47	-4576350 Page <b>3</b>
Complete if the organization answered "Yes" of	on Form 000 Part IV line	11b Soo Form 990 Part V line 12	
<del>-</del>		T	d of voor more of volue
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-01-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.	F 000 D+ IV I'	44 - O Farma 000 Back V Page 40	
Complete if the organization answered "Yes" (			l - f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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.	F 000 D+ IV I'	44d Oce France 000 Post V Proc 45	
Complete if the organization answered "Yes" (		Trd. See Form 990, Part X, line 15.	(h) Daale value
· · · · · · · · · · · · · · · · · · ·	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  Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes"	on Form 000 Dort IV line	110 or 11f Soo Form 000 Port V line 25	
(a) Description of liability	on Form 990, Fart IV, line	The or Thi. See Form 990, Fait A, line 23	(b) Book value
			(b) book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Part XI Reconciliation of Revenue per Audited Financial State	•	eturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line  1 Total revenue, gains, and other support per audited financial statements	9 12a.	1	677,214.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•	0,,,2210
a Net unrealized gains (losses) on investments	2a   -25,454.		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	46,532.
3 Subtract line 2e from line 1		3	630,682.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			•
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5	630,682.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Expenses per l	Returr	າ.
Complete if the organization answered "Yes" on Form 990, Part IV, line			
Total expenses and losses per audited financial statements		1	1,358,437.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a 70,000.	4	
<b>b</b> Prior year adjustments	2b	4	
c Other losses	2c	-	
d Other (Describe in Part XIII.)			E4 006
e Add lines 2a through 2d		2e	71,986.
3 Subtract line 2e from line 1		3	1,286,451.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		-	
b Other (Describe in Part XIII.)	4b		0
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information.	)	5	1,286,451.
	Dort IV lines 1b and 0b; Dort V line	4. Dort \	/ line Or Dort VI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		4; Part <i>X</i>	K, line 2; Part XI,
illies 20 and 4b, and Fart Air, lines 20 and 4b. Also complete this part to provide any	additional information.		
PART X, LINE 2:			
THE ORGANIZATION IS A NOT-FOR-PROFIT ORGAN	T7XTTON EYEMDT EDON	<i>r</i> 661	<b>↑₽₽</b> ス ᠮ.
THE ORGANIZATION IS A NOT-FOR-FROFIT ORGAN	IZATION EXEMPT PROP	1 1.121	JEKAL
TAXATION UNDER SECTION 501(C)(3) OF THE IN	TERNAL REVENUE CODE	. TI	ΗE
			<del></del>
ORGANIZATION IS ALSO EXEMPT FOR STATE INCO	ME TAX PURPOSES. TH	ΙE	
ORGANIZATION FILES TAX RETURNS IN THE U.S.	FEDERAL JURISDICTI	ON A	AND IN
CALIFORNIA AND NEW YORK STATE.			
THE ODGINICATION WAS BELLED FOR AND DESCRIPTION	D THEOME MAN EVENE		7 737 8378
THE ORGANIZATION HAS FILED FOR AND RECEIVE	D INCOME TAX EXEMPT	TIONS	S IN THE
WARTONG THREGRESS OF CHIEFE BURN ARE RECHT			TT 7 7 TT 0 N
VARIOUS JURISDICTIONS WHERE THEY ARE REQUI	RED TO DO SO. THE C	ORGAI	NIZATION
ETIEC EODM 000 MAY DEMINDE TH MUE II C FED	EDAT TUDICOTON 7	ר כואו	ГN
FILES FORM 990 TAX RETURNS IN THE U.S. FED	EVAL OOKISDICTION F	ר תועד	TTA
CALIFORNIA AND NEW YORK STATE. WITH FEW EX	CEPTIONS, AS OF DEC	CEMBI	ER 31,
	•		•
2022, THE ORGANIZATION IS NO LONGER SUBJEC	T TO U.S. FEDERAL C	DR ST	<b>TATE</b>

Schedule D (Form 990) 2022

232054 09-01-22

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

SWEET FARM FOUNDATION

Employer identification number 47-4576350

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE STORY OF HOW OUR FOOD SYSTEM AND CLIMATE FOOD COMES FROM. BY THE

END OF 2017, THE ORGANIZATION HAD BUILT OUT ITS PROGRAMS TO INCORPORATE

REGENERATIVE AGRICULTURE AND TECH & INNOVATION. THROUGH OUR PROGRAMS

WE ADDRESS THE IMPACTS OF FACTORY FARMING ACROSS ANIMALS, THE PLANTS,

AND THE PLANET. BY LINKING CLIMATE EDUCATION, REGENERATIVE AGRICULTURE,

FARM-ANIMAL RESCUE, AND THE TECHNOLOGY THAT IS SUSTAINABLY DISRUPTING

FOOD AND AGRICULTURE PRODUCTION SWEET FARM IS FOCUSED ON DRIVING CHANGE

TOWARDS A MORE SUSTAINABLE FUTURE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: REDEFINING SANCTUARY.

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

SWEET FARM HAS EXPERIENCED THE EFFECTS OF CLIMATE CHANGE FIRST HAND;

EVACUATING OUR ANIMALS DUE TO WILDFIRES IN 2020 AND BEING FORCED TO

CLOSE OUR AGRICULTURE PROGRAMS IN 2021 DUE TO CALIFORNIA'S DROUGHT.

WITH NO END TO THESE CLIMATE DISASTERS IN SIGHT, IN 2021 WE MADE THE

DECISION TO RELOCATE OUR FARM, ANIMALS AND PROGRAMS TO THE MORE CLIMATE

SECURE REGION OF UPSTATE NEW YORK. THIS MOVE WILL BE COSTLY FOR OUR

ORGANIZATION, BUT OUR NEWLY BUILT 50 ACRE FARM WILL PROVIDE A MORE

SUSTAINABLE HOME TO ALLOW US TO GROW THE IMPACT OF OUR PROGRAMS IN THE

LONG TERM.

OUR EXPERIENCE AS CLIMATE REFUGEES PUTS US IN A UNIQUE POSITION TO

CONNECT OUR EDUCATIONAL PROGRAMS TO THE REALITIES OF CLIMATE CHANGE. WE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Name of the organization SWEET FARM FOUNDATION Employer identification number 47-4576350

ALWAYS TAKE A PRAGMATIC AND POSITIVE APPROACH IN OUR EDUCATIONAL

PROGRAMS, AMPLIFYING INNOVATIVE SOLUTIONS THAT CAN MOVE THE NEEDLE

FORWARD TOWARDS A MORE COMPASSIONATE AND SUSTAINABLE WORLD.

CENTRAL TO OUR EDUCATIONAL PROGRAMS ARE THE STORIES OF OUR FARM ANIMAL
RESCUE ANIMALS ALSO KNOWN AS OUR ANIMAL AMBASSADORS. AS OF 2022, SWEET

FARM NOW CARES FOR OVER 100 RESCUED FARM ANIMALS ON THE FARM. THIS YEAR
WE RESCUED 2 ELDERLY FARM PIGS FROM A MEAT PRODUCTION FARM, 5 FERAL
BARN CATS AND 9 SHEEP AND GOATS FROM ANOTHER SANCTUARY THAT WAS CLOSING
DUE TO LACK OF FUNDS.

IN ADDITION TO THESE RESCUES, SWEET FARM KICKED OFF A TRANSFORMATIONAL PARTNERSHIP WITH MISSION BARNS. LOCATED IN SAN FRANCISCO, MISSION BARNS IS A FOOD COMPANY CULTIVATING PORK FOR A MORE SUSTAINABLE FOOD SYSTEM. ITS PRODUCTS ARE AMDE WITH CULTIVATED PORK AND PLANT PROTEIN, REQUIRING ONLY A SINGLE ANIMAL COMPONENT-A HARMLESS STARTER SAMPLE FROM A PIG-WHIC IS FED PLANT BASED NUTRIENTS IN A CULTIVATOR. TWO PIGLETS, NAMED DWN AND DUSK, PROVIDED A SMALL SAMPLE TO DONATE THE INITIAL CELLS TO MISSION BARNS FOR ITS PRODUCTS, THE JOINED A PIG SOUNDER HERE ON THE FARM. THIS TRANSFORMATIVE TECNNOLOGY COULD PRODUCE THE SAME AMOUNT OF MEAT AS MILLIONS OF FARM ANIMALS, HELPING TO CREATE A WORLD WITH FEWER GREENHOUSE GAS EMISSIONS, REDUCED LAND AND WATER USAGE, AND FREE FROM ANIMAL HARM-ALL WHILE KEEPING US SAFER ANUMAL-BORNE DISEASES. MEANWHILE, DAWN AND DUSK LIVE HAPPY, HEALTHY LIVES AT SWEET FARM. TOGETHER WITH MISSION FARMS, SWEET FARM WILL TELL THE STORY OF HOW THESE TWO PIGS WILL CHANGE THE FOOD SYSTEM FOR THE BETTER.

ADDING NEW RESCUES TO OUR SWEET FARM FAMILY WAS DONE THROUGH CAREFUL

Name of the organization SWEET FARM FOUNDATION Employer identification number 47-4576350

INTEGRATION. THE CARE OF OUR ANIMALS IS OUR HIGHEST PRIORITY, WHICH
INCLUDES DAY-TO-DAY CARE, MEDICAL CARE AND ENRICHMENT ACTIVITIES TO

MAKE SURE OUR ANIMALS ARE HAPPY AND HEALTHY. IN 2022 WE ALSO HAD TO

CONTEND WITH HIGH COSTS FOR MEDICAL CARE FOR OUR ANIMALS. MANY OF OUR

ANIMAL AMBASSADOR SPECIES ARE TRADITIONALLY RAISED FOR FOOD AND NOT FOR

LONG LIFE, WHICH LEADS TO A HIGH FREQUENCY OF MEDICAL INTERVENTIONS AS

THE ANIMALS AGE.

IN 2022, OUR VIRTUAL EDUCATIONAL PROGRAMS REMAINED STRONG, WHILE IN PARALLEL WE WERE ABLE TO RAMP UP OUR IN-PERSON EDUCATION IN OUR NEW LOCATION. WE DEVELOPED A WIDE VARIETY OF EDUCATIONAL WORKSHOPS RANGING FROM: A) TECH AND INNOVATION TRENDS IN FARMING, B) MUSHROOM CULTIVATION AND FORAGING, C) DEBUNKING PLANT BASED MYTHS TO INSPIRE PEOPLE TO SHIFT TO A MORE PLANT BASED DIET, D) BACKYARD COMPOSTING AND WINDOWSILL HERB PLANTING, AND, E) KIDS PROGRAMS FOCUSED ON ANIMALS, PLANTS, AND THE PLANET. WE WERE PARTICULARLY PROUD OF THE GROWING PARTNERSHIP WITH OUR THREE COLLEGES (KEUKA COLLEGE, HOBART & WILLIAM SMITH, AND STANFORD) THAT ARE BRINGING STUDENTS TO THE FARM FOR VOLUNTEER WORK AND SEMESTER-LONG INTERNSHIPS. ON THE POLICY SIDE, SWEET FARM ENGAGED THE PUBLIC IN AN EVENT THAT WELCOMED NEW JERSEY SENATOR COREY BOOKER ALONG WITH FARMERS, STUDENTS, AND ENTREPRENEURS TO DISCUSS WHAT IS BEING DONE ON CAPITOL HILL TO ADDRESS THE NEGATIVE IMPACTS OF TRADITIONAL AGRICULTURE AND HOW EACH OF THESE COMMUNITIES ARE BEING SUPPORTED IN THE TRANSITION TO A MORE JUST FOOD SYSTEM.

OUR TECHNOLOGY AND INNOVATION PROGRAM REMAINS A CORNERSTONE OF HOW WE SCALE OUR IMPACT GLOBALLY. START-UPS THAT ARE WORKING IN PARTNERSHIP WITH SWEET FARM HAVE NOW COLLECTIVELY RAISED OVER \$500M AND ARE

BUILDING PRODUCTS THAT WILL DISRUPT OUR FOOD AND AGRICULTURE SYSTEMS

FOR THE BETTER, WITH IMPACT AT A GLOBAL SCALE. IT'S EXCITING FOR US TO

SEE SOME OF OUR EARLIEST TECHNOLOGY PROGRAM PARTNERS MAKING THEIR IDEAS

A REALITY IN 2022. THIS YEAR THE EVERY COMPANY LAUNCHED ITS FIRST

PRODUCTS TO MARKET, WITH A CULTIVATED EGG PROTEIN, CREATED IN PART BY

COMPARING PROTEINS TO THOSE FROM EGGS FROM THE SWEET FARM ANIMAL

AMBASSADOR CHICKENS. AS CULTIVATED MEAT NEARS ITS FDA APPROVAL IN THE

COMING YEAR, WE EAGERLY ANTICIPATE OTHER SIMILAR PARTNERSHIPS REACHING

CONSUMERS' HANDS.

IN 2022, OUR REGENERATIVE AGRICULTURE PROGRAM IS GROWING ROOTS AS WE

PREPARE TO KICK OFF OUR FIRST FULL SEASON OF GROWING AT OUR NEW

LOCATION IN NEW YORK STATE. WE HAVE ALREADY PLANTED OVER 1,000 GARLIC

BULBS TO OVERWINTER, WITH HUNDREDS OF PEONY AND DAHLIA TUBERS IN THE

GROUND FOR THE FLOWER PROGRAM. WE ALSO HAVE OVER 4,000 HEIRLOOM PLANT

SEEDS WARMING IN THE SOIL AT THE GREENHOUSE. WE ARE EXCITED FOR THESE

PLANTS TO SHOWCASE THE BEAUTY AND THE IMPORTANCE OF BIODIVERSITY IN OUR

EDUCATIONAL PROGRAMS NEXT YEAR, WITH THE PRODUCE GOING TO LOW INCOME

FAMILIES IN THE COMMUNITY.

AS WE LOOK TOWARD OUR FIRST FULL YEAR IN ONE OF THE LAST REMAINING

CLIMATE STABLE REGIONS IN AMERICA: THE FINGER LAKES REGION IN UPSTATE

NEW YORK, WE SEE OUR VISION BECOMING REALITY. SWEET FARM IS TRULY

BECOMING A ONE OF A KIND LOCATION THAT TELLS THE STORY OF A BETTER

FUTURE FOR THE PEOPLE, ANIMALS, PLANTS AND PLANET.

FORM 990, PART VI, SECTION A, LINE 2:

NATHANIEL SALPETER AND ANNA SWEET ARE THE CO-FOUNDERS AND ARE MARRIED.

Name of the organization

**Employer identification number** 

Name of the organization  SWEET FARM FOUNDATION	Employer identification numb 47-4576350		
	2. 20.000		
FORM 990, PART VI, SECTION A, LINE 8B:			
THERE ARE NO OTHER COMMITTEES - JUST THE BOARD.			
FORM 990, PART VI, SECTION B, LINE 11B:			
A DRAFT OF THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECT	ORS. ANY NEEDED		
CHANGES ARE MADE PRIOR TO FILING.			
FORM 990, PART VI, SECTION C, LINE 19:			
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAN	CIAL STATEMENTS		
ARE AVAILABLE DURING NORMAL OFFICE HOURS UPON REQUEST.			
FORM 990, PART XII, LINE 2C:			
THE BOARD MEETS ANNUALLY TO REVIEW THEIR PROCESS FOR SELEC	TING AN		
INDEPENDENT AUDITOR TO ASSIST WITH THE PRESENTATION OF THE			
ORGANIZATION'S FINANCIAL INFORMATION. IN ADDITION, THEIR	OVERSIGHT		
PROCESS HELPS MAINTAIN INTERNAL CONTROLS TO PREVENT FINANCE	IAL		
MISSTATEMENT, ENSURING THAT THE FINANCIAL STATEMENTS ARE F	REE FROM		
MATERIAL ERRORS, AND PRESENT A CLEAR AND APPROPRIATE COMMU	NICATION OF		
THE ORGANIZATION'S FINANCIAL POSITION AND ACTIVITIES FOR T	HE YEAR.		

# **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

990

SWEET FARM FOUNDATION			ORM 990 PA			47-4576350
Part I Election To Expense Certain Prope	erty Under Section 17	79 Note: If you have any	listed property, c	omplete Part	V before yo	
1 Maximum amount (see instructions)					1	1,080,000
2 Total cost of section 179 property place	ced in service (see	instructions)			2	
3 Threshold cost of section 179 propert						2,700,000
4 Reduction in limitation. Subtract line 3					4	
5 Dollar limitation for tax year. Subtract line 4 from lin	e 1. If zero or less, enter -	0 If married filing separately, se	ee instructions		5	
6 (a) Description of p	property	(b) Cost (bu	isiness use only)	(c) Elected	cost	
7 Listed property. Enter the amount from	n line 29		7			
8 Total elected cost of section 179 prop					8	
9 Tentative deduction. Enter the smalle						
Carryover of disallowed deduction from						
Business income limitation. Enter the			·			
2 Section 179 expense deduction. Add		•	, , , , , , , , , , , , , , , , , , , ,			
3 Carryover of disallowed deduction to 2			13		1	
lote: Don't use Part II or Part III below for		•	10			
Part II Special Depreciation Allow			ude listed propert	v.)		
Special depreciation allowance for quality		•				
			•	-	14	
•					15	
Property subject to section 168(f)(1) el						
6 Other depreciation (including ACRS)  Part III MACRS Depreciation (Don'		nerty. See instructions			16	
WACHS Depreciation (Don	t include listed pro	Section A	·			
7 MACDO deductions for seasts placed			00		17	18,129
7 MACRS deductions for assets placed	•	• •		·····		10,127
8 If you are electing to group any assets placed in ser		e During 2022 Tax Yea		ral Doprocia	tion System	<u> </u>
Section B - Asset	(b) Month and	(c) Basis for depreciation			Tuon System	<u> </u>
(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
O- 2 year property	III del vide	,,				
9a 3-year property		93,138	. 5 YR	MM	S/L	12 070
<b>b</b> 5-year property		93,130	J IK	MIM	р/ц	12,979
c 7-year property			-			
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
n residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
i Nonresidential real property	/			MM	S/L	
Section C - Assets	Placed in Service	During 2022 Tax Year	Using the Alterna	ative Deprec	iation Syste	em
20a Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	
Part IV Summary (See instructions.)						
21 Listed property. Enter amount from lin					21	
<b>2 Total.</b> Add amounts from line 12, lines		es 19 and 20 in column	(g), and line 21			
Enter here and on the appropriate line					22	31,108
23 For assets shown above and placed in					22	52,200
Fig. 400000 SHOWH ADOVE AND PIACEUM	, service during the	ourioni year, enter the				

SWE63501

Form 4562 (	(2022)	DMFEI.	OI MANI	DINDALIO.	7.4		
Part V	Listed Property			other vehicles,	certain aircraft,	and property use	d for
	entertainment re	creation or amu	sement )				

	Note: For any 24b, columns Section A	(a) through (c		all of Se	ection B,	and Se	ection C	f appli	cable.					<u> </u>		
24:	Do you have evidence to					$\overline{}$	'es	No						Yes	$\overline{}$	No
<u> </u>	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	ot	(d) Cost or her basis	Bas	(e) sis for depre usiness/inve use only	eciation stment	(f) Recovery period	Me	(g) thod/ rention	Depre	(h) eciation uction	Ele sectio		
 25	Special depreciation alle	owance for q	ualified listed p	property	•		e during	the ta	•		25			C	ost_	
	used more than 50% in Property used more that										25					
<u> 20</u>	Troperty used more tha									1						
_		1 1		6 6												
_		: :		6												
	Property used 50% or le	<del></del>	-													
<u> </u>	1 Toperty used 5070 of R	1		6						S/L -						
_		1 : :		6						S/L -						
_		: :		6						S/L -						
	Add amounts in column	<u> </u>		-	and on	lino 21	nogo 1			•	28					
	Add amounts in column												29			
29	Add amounts in column	1 (I), III I <del>C</del> 20. L					on Use									
	mplete this section for verous cour employees, first ans										-	•		Г		
	T			l '	(a) (b)			(c)		1	d)	-	e) · .	(f)		
30	Total business/investment		•			Ve	hicle	<u> </u>	<u>'ehicle</u>	Vel	nicle	Ver	nicle	Ver	icle	
	year (don't include commu															
	Total commuting miles															
32	Total other personal (no	-														
	driven															
33	Total miles driven during	•														
	Add lines 30 through 32			L.,	T		Τ	<b>-</b>	Т		Ι		T		_	
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes		No
٥-	during off-duty hours?															
35	Was the vehicle used p															
^^	than 5% owner or relate	•							+							
36	Is another vehicle availa	able for perso	naı													
	use?	C	O	<b>-</b>		lla a Dura	uiala Vala	:-! 4		. The size F					<u> </u>	
	swer these questions to or rel	determine if y		-	-				-				ren't			
 37	Do you maintain a writte	en policy stat	ement that pro	hibits a	II person	al use c	of vehicle	s, inclu	uding com	muting,	by your			Yes		No
	employees?															
38	Do you maintain a writte	en policy stat	ement that pro	hibits p	ersonal ı	use of v	ehicles,	except	commuti	ng, by y	our					
	employees? See the ins	structions for	vehicles used	by corp	orate off	icers, di	irectors,	or 1%	or more o	wners						
39	Do you treat all use of v	ehicles by en	nployees as pe	ersonal u	ıse?											
40	Do you provide more th	an five vehicl	es to your em	oloyees,												
	the use of the vehicles,	and retain th	e information i	eceived	?											
41	Do you meet the require															
	Note: If your answer to															
P	art VI Amortization															
	(a) Description o	of costs		<b>(b)</b> amortization begins		(c) Amortizal amoun			(d) Code section	e Amortization		Ar fo	(f) Amortization for this year			
<u>42</u>	Amortization of costs th	nat begins du	ring your 2022	tax yea	r:					1						
				<u>: :</u>												
				<u>: :</u>												
	Amortization of costs th											43				
44	Total. Add amounts in	column (f). Se	e the instructi	ons for v	where to	report						44				

Form **4562** (2022)