	Acknowledgement and General Information for Entities That File Returns Electronically	2023
Name(s) as shown on return		Tax ID Number
Regenerative Fa	arms, Inc	**-***5402
Entity address		
1230 West Rd		
Ashfield, MA	01330	
Thank you for par	ticipating in IRS e-file.	
1. 🕱 2023 <u>990</u> The electronic fil	income tax retum for Federal was filed ing services were provided by Babson & Associates, LLC	d electronically.
2. x 990	income tax retum was accepted on10-03-2024 using a Pers	sonal Identification Number (PIN) as
an electronic sig	nature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to	
I he submission l	D assigned to this return is 0478332024277j0hj4ia	·
	OU DO, IT WILL DELAY THE PROCESSING OF THE RI	

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public

		the Treasury	Go to www.irs.gov/Form990 for instructions and the latest information. Inspection							
			ar year, or tax year beginning , 2023, and		, 20					
_		applicable:	D Employ	ver identification number						
	ddress			86-2475402						
Ξ	lame ch	•	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telepho					
F	nitial retu	•			(413)475-0864					
ΠF	inal retu	urn/terminated	1230 West Rd City or town, state or province, country, and ZIP or foreign postal code		G Gross					
Π	mended	d return	Ashfield, MA 01330		\$	96,750				
Π	pplicatio	on pending	F Name and address of principal officer:	H(a) Is this a	group return for	subordinates? Yes X No				
_				H(b) Are all	subordinates	included?				
1 1	ax-exer	mpt status: X	501(c)(3) 501(c) () (insert no.) 94947(a)(1) or 527	If "No,"	attach a list.	See instructions				
JV	Vebsite		.regenerativefarms.org	H(c) Group	exemption nu	umber				
K F	orm of o	organization: 🗴	Corporation Trust Association Other L Year of formation:	2021 M	State of legal	domicile: MA				
Pa	rt I	Summar	у	·						
	1	Briefly descr	ibe the organization's mission or most significant activities: To scale up fo	orest prote	ction	and transition				
		to regen	erative agriculture by incubating adoption of the Reg	eneration	Hub mo	del. RF fulfills				
nce		its Miss	ion to catalyze planetary regeneration, empower women	ı & indigen	ous co	mmunities in				
Governance		order to	fight climate change, hunger, & poverty.							
Iave	2	Check this b	ox \hfill if the organization discontinued its operations or disposed of more than 25%	of its net assets						
	3	Number of v	oting members of the governing body (Part VI, line 1a)		3	5				
Activities &	4	Number of ir	ndependent voting members of the governing body (Part VI, line 1b)		4	4				
itie	5	Total numbe		5	1					
ctiv	6	Total numbe	r of volunteers (estimate if necessary)		6	10				
Ā	7a	Total unrelat	7a	0						
	b	Net unrelate	d business taxable income from Form 990-T, Part I, line 11		7b	0				
				Prior Year		Current Year				
	8	Contribution	s and grants (Part VIII, line 1h)	618	3,664	96,714				
ne	9	Program ser	vice revenue (Part VIII, line 2g)			0				
Revenue	10	Investment i	20	36						
Rey	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0				
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	618	3,684	96,750				
	13	Grants and s	similar amounts paid (Part IX, column (A), lines 1-3)			0				
	14	Benefits paid	d to or for members (Part IX, column (A), line 4)			0				
	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	58	3,285	84,567				
ses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)			41,224				
Expenses	b	Total fundrai	sing expenses (Part IX, column (D), line 25) 49,682							
Ă	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	90	,503	168,568				
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	148	3,788	294,359				
	19	Revenue les	s expenses. Subtract line 18 from line 12	469	9,896	(197,609)				
r se			_	Beginning of Curr	ent Year	End of Year				
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)	503	3,550	316,089				
Ass	21	Total liabilitie	L,622	11,770						
_			r fund balances. Subtract line 21 from line 20	501	L,928	304,319				
	rt II		re Block							
			clare that I have examined this return, including accompanying schedules and statements, and to the best of n claration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ny knowledge and be	lief, it is					
			· · · · · · · · · · · · · · · · · · ·							
c :	-	-	Johnson							
Sig		Signature of office	cer		Date					
Her	е	Mary	Johnson, Executive Director							

٢	Type or print name and title								
	Print/Type preparer's name		Preparer's signature		Date		Check if	PTIN	
Paid	Mariya Babson,	CPA			10-03-2024		self-employed	P02375486	
Preparer	Firm's name	Babson &	Associates, LLC		Firm's EIN				
Use Only	Firm's address	170 Park	s St			Phone	no.		
		Duxbury	MA 02332				781-	588-7732	
May the IRS	discuss this return with t	he preparer sh	own above? See instructions					Yes	X No

Form	m 990 (2023) Regenerative Farms, Inc 86-2475402 Pa	ge 2
Pa	art III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	To scale up forest protection and transition to regenerative agriculture by incubating adopti	on
	of the Regeneration Hub model. RF fulfills its Mission to catalyze planetary regeneration,	
	empower women & indigenous communities in order to fight climate change, hunger, & poverty.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	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?	
	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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a		
	Worked to build capacity of the Hub adoption partners, the leader of farmer training	
	organizatoins/social enterpreneurs who collectively work with more than 65000 farmers located	in
	9 countries. Incubate adoption of the Regeneration Hub model by providing ongoing technical a	nd
	leadership training to the implementation field partner organizations and the women and	
	indigenous farmers they work with. Provide insights, tools, training materials and connection	sto
	leading land regeneration and farming innovations, funders, and experts in farm product	
	processing infrastructure and enterprise development. Provide a curated knowledge sharing net	work
	among peer leaders.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
40		
ام (Other program services (Describe on Schedule O)	
4d		
A	(Expenses \$ including grants of \$) (Revenue \$) Total program convision expension	
<u>4e</u>	Total program service expenses 208,291	000)

Form 990 (2023)

	n 990 (2023) Regenerative Farms, Inc. 86-2475	402	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part L.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		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				
	complete Schedule D, Part VI	11a		х
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		х
С	5 1 1 5 7 7			
	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		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X.	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b				
	"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		x
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, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV.	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	x	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part.II.	18		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		<u> </u>
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 (2023)

Form	990 (2023) Regenerative Farms, Inc 86-24*	75402	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	. 22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	. 23		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 Schedule K. If "No," go to line 25a			x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?		-	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a	-	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	. 25b		х
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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27	-	х
28	Was the organization a party to a business transaction with one of the following parties (See 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			
	"Yes," complete Schedule L, Part IV			х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M			х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	. 31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	. 32		х
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			х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 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		х
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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	10		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Ib	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	. 1c	x	
		F		10000

Form	m 990 (2023) Regenerative Farms, Inc	86-24754	02	Р	age 5
Par	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	• • • • • •	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	F	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 solicit any contributions that were not tax deductible as charitable contributions?	••••	6a		х
b					
_	gifts were not tax deductible?	•••••	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		_		
	and services provided to the payor?	F	7a		x
b		••••	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-		
	required to file Form 8282?	•••••	7c		x
d			7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	H	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f 7~		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	F	7g 7h		X
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		/11		x
0	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organization mave excess business holdings at any time during the years		0		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b		H	9b		
10	Section 501(c)(7) organizations. Enter:		•		
а	Initiation fees and capital contributions included on Part VIII, line 12				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	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 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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 organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a			14a		x
b		••••	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	••••	15		x
46	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	• • • • •	16		x
47	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities		47		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	• • • • •	17		
	If "Yes," complete Form 6069.				

For	m 990 (2023) Regenerative Farms, Inc 86-24754			age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See il	nstruc	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction 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			
	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 in line 1a, above, who are independent 1b 4			
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's 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		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
J	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	J		<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Tia	•	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	v	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	x x	
b		120	~	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
40	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a L	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
-	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Massachusetts			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 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 financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Mary Johnson (413)475-0864, 1230 West Rd, Ashfield, MA 01330			

Form 990 (2023	B) Regenerative Farms, Inc	86-2475402	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employe	es, 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 En	mployees	
1a Complete th	his table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	
organization's ta	ax year.		
	he organization's current officers, directors, trustees (whether individuals or organizations), regardle Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ess of amount of	

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

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

	lou organizat		проп			ly our	on			
					(C)					
(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
Name and title	Average	· ·				an one both ar	1	Reportable	Reportable	Estimated amount
	hours					(trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or In	In	q	Ke	en Hi	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	divid	stitu	Office	₃y er	nplo	Former	1099-NEC)	1099-NEC)	related organizations
	related organizations	ctor	iona		Key employee	yee	٦ ٦			
	below	Individual trustee or director	Institutional trustee		yee	mpe				
	dotted line)	ee	stee			Highest compensated employee				
						<u>م</u>				
(1)Mary_Johnson										
Board President, CEO		х		х				74,998	0	0
(2)Clark Miller										
Secretary, non voting		x						0	0	0
(3)Ruth_Bender										
Director		x						0	0	0
(4)Ann Blake										
Director		x						0	0	0
(5)Christopher Josphe										
Director		x						0	0	0
(6)Alejandro Levins										
Treasurer		х		х				0	0	0
_(7)										
_(8)										
(10)										
<u>(11)</u>										
			+	_						
<u>(13)</u>			\rightarrow							
<u>(14)</u>			-+	_						
	•									Form 000 (2022)

	990 (2023) Regenerative Farm			_							24754			age 8
Part	VII Section A. Officers, Directors, T	rustees, l	Key E	Emp	oloy	/ee	s, an	d H	lighest Comp	ensated E	mplo	yees	(cont	inued)
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos eck m is per d a dir	son is	nan one s both an /trustee)	I	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (V		со	(F) nated am of other mpensat from the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		orga	nization d organiz	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal	ion A .					· · · ·	•						
d 2	Total (add lines 1b and 1c) Total number of individuals (including but no reportable compensation from the organiza	ot limited to							74,998 received more th	an \$100,00	0 0 of			00
3	Did the organization list any former officer, direc		kov or	nlov	/00	or h	iahost	com	nensated				Yes	No
4	employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re	le J for such	indivic	lual.				•••				3		x
-	organization and related organizations greater th	an \$150,000)? If "Y	′es,"	com	plet	e Sche	edule	e J for such			4		v
5	Did any person listed on line 1a receive or accrue	compensatio	on from	any	unre	elate	ed orga	aniza	ation or individual					x
Sect	for services rendered to the organization? If "Yes on B. Independent Contractors	s, complete	Scrieu	ule J	1101	Suci	n persi	011.		• • • • • • •	••	5		x
1	Complete this table for your five highest cor compensation from the organization. Repor	-	-										tax v	ear.
	(A)	<u> </u>							(B)		-	(C)		
	Name and business addres								Description of servic		Ľ	Compens	auon	
2	Total number of independent contractors (ir	ncluding bu	it not l	imite	ed to	o th	ose lis	sted	l above) who					

received	more than	\$100.000	of com	pensation	from t	he o	rganization
10001100	more man	$\varphi_{100}, 000$	01 00111	ponoulon			gainzation

Form 9	90 (20	23) Regen	lera	tive Far	rms,	Inc			86-24754	.02 Page 9
Part	VIII	Statement of Rev	/enu	ie						
		Check if Schedule C) cor	ntains a res	spons	e or note to any li	ne in this Part V (A) Total revenue	(III	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b				1b					
ants nts	c	Fundraising events			1c					
nou Dou	d				1d					
ifts, r Ar	e				1e					
s, G nila	f	· · · · · · · · · · · · · · · · · · ·		,						
r Sil		and similar amounts not i	nclud	led above	1f	96,714				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inc	clude	d in						
d O		lines 1a-1f			1g	\$				
ਕ ਨ	h	Total. Add lines 1a-1f					96,714			
						Business Code				
-	2a									
/ice	b									
Ser	С									
jram Serv Revenue	d									
Program Service Revenue	е									
Ě		All other program service								
	g	Total. Add lines 2a-2f .	••							
	3	Investment income (includ								
		other similar amounts) .				E E E E E E E E E E E E E E E E E E E	36			36
	4	Income from investment of		•	•	F				
	5	Royalties	•••							
	0-	Overes vente	0	(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses Rental income or (loss)	6b 6c							
		Net rental income or (loss)								
			, . 	(i) Securiti		(ii) Other				
	/a	Gross amount from sales of assets			63					
		other than inventory	7a							
	b	Less: cost or other basis								
Ð		and sales expenses	7b							
ent	c	Gain or (loss)								
Rev	d	Net gain or (loss)			. <u></u>					
Other Revenue	8a	Gross income from fundra	ising							
ŧ		events (not including \$_			_					
		of contributions reported of								
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b					
		Net income or (loss) from		aising event	s .					
	9a	Gross income from gaming	-							
		activities. See Part IV, line			9a					
		Less: direct expenses .			9b					
		Net income or (loss) from	-	ng activities	•••					
	10a	Gross sales of inventory, I returns and allowances .			10a					
	h	Less: cost of goods sold			10a					
		Net income or (loss) from								
			54100		,	Business Code				
S	11a									
nou ue										
scellano Revenue	С									
Miscellanous Revenue	d	All other revenue								
Σ	е	Total. Add lines 11a-11d								
	12	Total revenue. See instru	uction	ns			96,750	0	0	36

	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	0b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	75,287	63,994	3,764	7,529
6	Compensation not included above to disqualified	15,201	03,994	3,704	7,529
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
Ŭ	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,280	7,887	464	929
11	Fees for services (nonemployees):	57200	,,,,	101	,2,
a	Management				
b					
c		11,700		11,700	
d		11,700		22,700	
e	Professional fundraising services. See Part IV, line 17.	41,224			41,224
f	Investment management fees	,			,
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)	11,125		11,125	
12	Advertising and promotion	3,177		3,177	
13	Office expenses	57277		57217	
14		5,900		5,900	
15	Royalties				
16					
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		256		256	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Program expenses	136,410	136,410		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	294,359	208,291	36,386	49,682
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				×,
	following SOP 98-2 (ASC 958-720)				

Form	990 (20	23) Regenerative Farms, Inc	8	5-2475402	Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	1		Beginning of year	E	End of year
	1	Cash - non-interest-bearing	112,463	1	102,315
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	343,664	3	151,238
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	47,423	9	62,536
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	503,550	16	316,089
	17	Accounts payable and accrued expenses	1,622	17	11,770
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iat		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,622	26	11,770
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	501,928	27	304,319
Bala	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
sor	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	501,928	32	304,319
	33	Total liabilities and net assets/fund balances	503,550	33	316,089

EEA

Form 990 (2023)

Form	990 (2023) Regenerative Farms, Inc	86-247540	2	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		96,	750
2	Total expenses (must equal Part IX, column (A), line 25)	2		294,	359
3	Revenue less expenses. Subtract line 2 from line 1	3	(197,	609)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		501,	928
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			
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		304,	319
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	n 990	(2023)

SCHE	DULE	Α
(Form	990)	

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.

(DMB No. 1545-0047
	2023

Depart	ment of th	ne Treasury		Attac	h to Form 990 or Form	990-EZ.			Open to Public
Interna	al Revenu	e Service	Go to	www.irs.gov/For	m990 for instructions a	and the la	test inform	nation.	Inspection
Name	of the or	ganization						Employer identification	on number
Rege	nerat	ive Far	ms, Inc					86-24754)2
Par				ritv Status. (Al	I organizations mus	st comple	ete this p		
The o					nes 1 through 12, check c			/	
1	_				hurches described in se	-			
2		chool desci	ribed in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	D).)			
3	_				ion described in section		(A)(iii).		
4	=			•	tion with a hospital desci			(b)(1)(A)(iii). Enter the	9
			e, city, and state:	,					
5		•		nefit of a college o	r university owned or ope	erated by a	a governme	ental unit described in	
		•)(1)(A)(iv). (Complet	•			0		
6	A fe	deral, state	e, or local governme	nt or governmental	l unit described in sectio	on 170(b)(1)(A)(v).		
7	An o	organizatio	n that normally receiv	ves a substantial pa	art of its support from a g	jovernmen	tal unit or f	rom the general public	:
	des	cribed in s	ection 170(b)(1)(A)(vi). (Complete Par	t II.)				
8	Aco	ommunity t	rust described in se	ction 170(b)(1)(A)	(vi). (Complete Part II.)				
9	🗌 An a	agricultural	research organizati	on described in se	ction 170(b)(1)(A)(ix) o	perated in	conjunctio	n with a land-grant co	llege
	or u	niversity or	a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	tate of the college or	
	univ	ersity:							
10	rece sup	eipts from a port from g	ctivities related to its ross investment inco	exempt functions, me and unrelated b	33 1/3% of its support fro subject to certain excep pusiness taxable income e section 509(a)(2). (Co	tions; and (less secti	(2) no mor ion 511 tax	e than 33 1/3% of its	SS
11	Ano	organizatio	n organized and ope	erated exclusively t	o test for public safety.	See sectio	on 509(a)(4	l).	
12	🗌 An d	organizatio	n organized and ope	rated exclusively fo	r the benefit of, to perform	m the func	tions of, or	to carry out the purpo	ses of
	one	or more p	ublicly supported org	anizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)	(3). Check
	the	box on line	s 12a through 12d th	at describes the typ	pe of supporting organization	ation and c	omplete lir	nes 12e, 12f, and 12g.	
а					rvised, or controlled by i		-		giving
					rly appoint or elect a ma	-	e directors	or trustees of the	
			-	-	rt IV, Sections A and B				
b					controlled in connection			• • • •	•
			•		tion vested in the same	persons that	at control o	r manage the support	ed
		-	on(s). You must cor	-				, ,, , , , , ,	
С					ganization operated in c				d with,
ام					ou must complete Par				ation (a)
d			-		ng organization operate				
				-	n generally must satisfy a ete Part IV, Sections A		•		55
е				-	en determination from the				
e			-		integrated supporting of			і, туре ії, туре ії	
f			r of supported organ	-	integrated supporting of	ganization			
g			ving information abo		ganization(s).				
			d organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	Ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No	•	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Schedu	e A (Form 990) 2023 Regenerativ					86-247540	
Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	lease comple	te Part III.)	
Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	(,		(0) = 0 = 0	(,	(-)	
8	Gross income from interest, dividends,						
Ū	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
5	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(aaa inatrustia				12	
13	First 5 years. If the Form 990 is for the or						
13	organization, check this box and stop he	-			-		
Socti	on C. Computation of Public Suppor			• • • • • • • • •	• • • • • • • • •	• • • • • • • • •	<u>· · · · · · </u>
<u>14</u>	Public support percentage for 2023 (line 6			11 column (f))		14	%
15	Public support percentage from 2022 Sch					15	%
16a	33 1/3% support test - 2023. If the organ					-	
TUa	box and stop here. The organization qua						
b	33 1/3% support test - 2022. If the organ			-			
D	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202			•			
17a							
	10% or more, and if the organization mee Part VI how the organization meets the fa						
	-			-	-		
L	organization						
b	10%-facts-and-circumstances test - 202	-					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			-			
10	organization						
18	Private foundation. If the organization di						
	instructions						<u></u>

Schedu	le A (Form 990) 2023 Regenerativ					86-247540	2 Page 3
Part	III Support Schedule for Organiza	ations Desc	ribed in Sect	ion 509(a)(2)	1		
	(Complete only if you checked th						ider Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part II	.)	
Secti	on A. Public Support						
-	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				618,664	96,714	715,378
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
5	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4							
	organization'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				618,664	96,714	715,378
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						715,378
Secti	on B. Total Support						,
-	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(4) 2010	(0) 2020	(0) 2021	618,664	96,714	715,378
10a	Gross income from interest, dividends,				010,004	90,714	/15,570
IVa							
	payments received on securities loans, rents,					26	
b	royalties, and income from similar sources .				20	36	56
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b				20	36	56
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0		0	618,684	96,750	715,434
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fif	th tax year as a	a section 501	
	organization, check this box and stop her	•					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8			13. column (f))		15	99.99 %
16	Public support percentage from 2022 Sch		•	· · · · · · · · · ·		16	100.00 %
	on D. Computation of Investment Inc				<u></u>	10	100.00 /0
17	Investment income percentage for 2023 (I			v line 13 colu	mn (f))	17	0.00 %
				•		18	
18 10a	Investment income percentage from 2022					-	0.00 %
19a	33 1/3% support tests - 2023. If the orga						
	17 is not more than 33 1/3%, check this be		-	-			
b	33 1/3% support tests - 2022. If the organizati						
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization die	a not check a	box on line 14,	, 19a, or 19b, c	neck this box a	nd see instru	ctions

Page 4

No

Regenerative Farms, Inc 86-2475402 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 Yes 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

			Yes	N
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 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	Ν
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 Part VI 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,			
	supervised, or controlled the supporting organization.	2		
cti	on C. Type II Supporting Organizations			
_			Yes	N
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		
cti	on D. All Type III Supporting Organizations			
			Yes	N
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 in line 2, above, did the organization's supported organizations have	-		
J	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		
	on E. Type III Functionally Integrated Supporting Organizations	inat		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst	rucuc)//2
а	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b		ctions)		_
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct		Yes	N
С	Activities Test. Answer lines 2a and 2b below.			
с				
с 2	Activities Test. Answer lines 2a and 2b below.			
с 2	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
с 2	Activities Test. Answer lines 2a and 2b below. 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			
с 2	Activities Test. <i>Answer lines 2a and 2b below.</i> 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 <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	2a		
c 2 a	Activities Test. Answer lines 2a and 2b below. 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		
с 2	Activities Test. <i>Answer lines 2a and 2b below.</i> 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 <i>those supported organizations and explain</i> 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. Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a		
c 2 a	Activities Test. <i>Answer lines 2a and 2b below.</i> 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 <i>those supported organizations and explain</i> 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. 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? <i>If</i>	2a		
c 2 a	Activities Test. <i>Answer lines 2a and 2b below.</i> 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. 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			
c 2 a b	Activities Test. <i>Answer lines 2a and 2b below.</i> 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 <i>those supported organizations and explain</i> 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. 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.	2a 2b		
c 2 a b	Activities Test. <i>Answer lines 2a and 2b below.</i> 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. 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. Parent of Supported Organizations. Answer lines 3a and 3b below .			
c 2 a b	Activities Test. <i>Answer lines 2a and 2b below.</i> 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 <i>Part VI identify</i> <i>those supported organizations and explain</i> 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. 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 <i>Part VI</i> the reasons for the organization's <i>involvement</i> . Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		
c 2 a b	Activities Test. <i>Answer lines 2a and 2b below.</i> 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. 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 involvement. Parent of Supported Organizations. Answer lines 3a and 3b below . 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 .			
c 2 a b	Activities Test. <i>Answer lines 2a and 2b below.</i> 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 <i>Part VI identify</i> <i>those supported organizations and explain</i> 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. 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 <i>Part VI</i> the reasons for the organization's <i>involvement</i> . Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		

86-2475402

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 Schedule A (Form 990) 2023
 Regenerative Farms, Inc

 Part IV
 Supporting Organizations (continued)

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		-
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sect	v
Secti	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		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	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-functional	allv int	egrated Type III suppo	ting organization

Regenerative Farms, Inc

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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Schedul	e A (Form 990) 2023 Regenerative Farms, Inc V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	86-24		402 Page 7
	on D - Distributions	by oupporting organi			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer			-	
	organizations, in excess of income from activity	1.1.1.1		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
EEA				5	Schedule A (Form 990) 2023

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

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

2023

Name of the organization	Employer identification number			
Regenerative Farms, Inc	86-2475402			
Organization type (check one):				

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B	(Form	990)	(2023)
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Name of organization

Page 2 Employer identification number

Regenerative Farms, Inc

86-2475402

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Jewish Community Fund 575 Madison Ave	\$85,500	Person x Payroll Noncash
	New York NY 10022		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for
(0)			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 🗌 Payroll 🔤 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

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

OMB No. 1545-0047 2023

Open to Public

Inspection

\$

Schedule D (Form 990) 2023

Attach to Form 990.	
Go to www.irs.gov/Form990 for instructions and the latest information.	

Internal Revenue Service Nam

Department of the Treasury

Name of the organization Employer identification number							
Reger	erative Farms, Inc	86-2475402					
Pa	-	Funds or Other Similar Funds or Ac					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised					
	funds are the organization's property, subject to the organiz	ation's exclusive legal control?					
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	ed				
	only for charitable purposes and not for the benefit of the do	nor or donor advisor, or for any other purpose	e				
	conferring impermissible private benefit?		Yes 🗌 No				
Par	II Conservation Easements						
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).					
	Preservation of land for public use (for example, recreati	on or education)	historically important land area				
	Protection of natural habitat	Preservation of a	certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation				
	easement on the last day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements $\ . \ .$		2b				
С	Number of conservation easements on a certified historic st	ructure included on line 2a	<u>2</u> C				
d	Number of conservation easements included on line 2c, acc	uired after July 25, 2006, and not					
	on a historic structure listed in the National Register $\ \ . \ .$		2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	organization during the				
	tax year						
4	Number of states where property subject to conservation ea	asement is located					
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ration easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year				
_							
8	Does each conservation easement reported on line 2d abov						
-	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conserva						
	sheet, and include, if applicable, the text of the footnote to th	e organization's financial statements that des	scribes the				
Der	organization's accounting for conservation easements	of Art. Historical Tracquires or (Access				
Par			other Similar Assets				
- 10	Complete if the organization answered "Yes"		d balance abort works				
1a	If the organization elected, as permitted under FASB ASC 9						
	of art, historical treasures, or other similar assets held for pu						
Ŀ	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
a	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items:		<u>^</u>				
	(i) Revenue included on Form 990, Part VIII, line 1						
-	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tr		gain, provide the				
	following amounts required to be reported under FASB ASC	-	•				
а	Revenue included on Form 990. Part VIII. line 1						

. . .

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

Schedu	le D (Form 990) 2023 Regenerative F							86-247			Page	
Par	t III Organizations Maintaining	g Coll	ections of	Art, His	torical T	reasures	, or Ot	ther Similar A	ssets	(con	tinued)
3	Using the organization's acquisition, acces	sion, ar	nd other record	ls, check a	ny of the fo	blowing that	make si	gnificant use of its				
	collection items (check all that apply):											
а	Public exhibition			d	🗌 Loan o	r exchange p	orogram					
b	Scholarly research			е	Other		-					
с	Preservation for future generations											
4	Provide a description of the organization's	collecti	ons and explai	in how they	/ further the	e organizatio	n's exer	npt purpose in Par	t			
	XIII.					<u> </u>						
5	During the year, did the organization solicit	or rece	eive donations	of art, histo	orical treas	ures, or othe	r similar					
•	assets to be sold to raise funds rather than									Yes	□ No	
Par	t IV Escrow and Custodial Arr				organizatio			<u></u>	• 🗆	100		-
i ui	Complete if the organization			' on Forr	n 990 P	art IV line	a a or	reported an an	nount	on F	orm	
	990, Part X, line 21.	1 01131	vereu res	0111 011	11 330, 1	art iv, inte	, 3 , 01	reported an an	lount	UIII	onn	
- 10		dian ar	athar interned	ion for our	tributiono	or other ease	to not					_
1a	Is the organization an agent, trustee, custor			-						Vaa		
	included on Form 990, Part X?					• • • • • •	• • • •		• 🗆	Yes	∐ No	
b	If "Yes," explain the arrangement in Part X	III and	complete the to	blowing tat	ole.							
									nount			
С	Beginning balance											
d	Additions during the year							d				
е	Distributions during the year						. 10	9				
f	Ending balance						. 11					
2a	Did the organization include an amount on	Form 9	90, Part X, line	e 21, for es	crow or cu	stodial accou	unt liabili	ty?		Yes	No	
b	If "Yes," explain the arrangement in Part X	III. Che	eck here if the e	explanation	has been	provided on	Part XII					
Par												
	Complete if the organizatior	n ansv	vered "Yes'	on Forr	n 990, P	art IV, line	9 10.					
		(a)	Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years back	(e)	Four ye	ars back	
1a	Beginning of year balance											
b	Contributions											
с	Net investment earnings, gains, and											
d	Grants or scholarships											
e	Other expenditures for facilities and											
Ũ	programs											
f	Administrative expenses											-
	End of year balance											-
g					aaluma (a)							_
2	Provide the estimated percentage of the cu			e (ine rg,	column (a))) heid as:						
a	Board designated or quasi-endowment		%									
b		6										
С	Term endowment%											
	The percentages on lines 2a, 2b, and 2c sh											
3a	Are there endowment funds not in the pos	sessior	n of the organiz	ation that a	are held ar	nd administer	ed for th	e		_		
	organization by:									<u> </u>	es No	
	(i) Unrelated organizations?								. 3	Ba(i)		
	(ii) Related organizations?	• • •							. 3	a(ii)		
b	If "Yes" on line 3a(ii), are the related organ	nization	s listed as requ	uired on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of	the org	anization's end	lowment fu	nds.							
Par	t VI Land, Buildings, and Equi	ipmer	nt									
	Complete if the organization	ansv	vered "Yes'	' on Forr	n 990, P	art IV, line	911a. 3	See Form 990,	Part	X, lin	e 10.	
	Description of property		(a) Cost or oth			r other basis		Accumulated		Book va		
			(investme	ent)	(0	other)	c	lepreciation				
1a	Land											
b	Buildings											
	Leasehold improvements											
c d												
d	Equipment											
e Tetal	Other			mt∨ 1:		(D)						
	Add lines 1a through 1e. (Column (d) must	t equal	r-orm 990, Pa	rt X, IINE 10	JC, COlumn	(^B)						_
EEA								Sch	nedule l	ן (Form	n 990) 20	23

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col.(B))		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federa	al income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colun	nn (b) must equal Form 990, Part X, line 25 col. (B))	

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

Schedu	le D (Form 990) 2023 Regenerative Farms, Inc	86-2475402	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	96,750
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	96,750
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	96,750
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	294,359
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	294,359
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	294,359
Part	XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

зсп	EDULE G	Supplemer	Supplemental Information Regarding Fundraising or Gaming Activities					
			if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					2023
Department of the Treasury			Att	ach to Form	990 or Form 9	990-EZ.		Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information					on.	Inspection		
Name of	the organization						Employer identit	ication number
Regenerative Farms, Inc 86-24						75402		
Part			s. Complete if th	e organiz	ation ansv	vered "Yes" on F	orm 990, Part IV	/. line 17.
		-	not required to	•				,
1	Indicate whether t	he organization ra	aised funds through a	any of the fol	lowing activit	ties. Check all that a	oply.	
а	Mail solicitation	•	0	́ e [_	of non-government		
b	x Internet and er			- L 		of government grant	5	
	Phone solicitat					•	.0	
C				g	_ Special fun	ndraising events		
d	In-person solic	itations						
2a	Did the organizati	on have a written	or oral agreement wi	ith any indivi	idual (includir	ng officers, directors,	trustees,	
	or key employees	listed in Form 990	0, Part VII) or entity i	n connectior	n with profess	sional fundraising se	rvices?	🗴 Yes 🗌 No
b	If "Yes." list the 10) highest paid indiv	viduals or entities (fu	ndraisers) p	ursuant to ad	reements under which	ch the fundraiser is to	be
	compensated at le	0 1	•	/				
	oompondatou at k		organization.					
							(v) Amount poid to	
	(i) Name and address	s of individual			ndraiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fund		(ii) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by) organization
				CONTIN			col. (i)	organization
				Yes	No			
1De	nnis Norris		professional					
737 1	Enrich Lane	IN 46074	grant write		x		23,79	7 (23,797)
2		211 100/1	920110 112002				20779	(2077)
-								
3								
4								
5								
6								
0								
7								
8								
9								
9								
10								
10								
10								
10 Total .							23,79	7 (23,797)

	(F		
Schedule G	(Form	990) 2023

Regenerative Farms, Inc

86-2475402

Page **2**

Pa	rt II	than \$15,000 of fundraising	U			
		gross receipts greater than		a gloss income on Form	1990-EZ, IIIles T allu ob	
		groce receipte groater than	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anu						
Revenue	1	Gross receipts				
Ϋ́	2	Less: Contributions				
	3	Gross income (line 1				
		minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lin Net income summary. Subtract lin	0 (,	-	
Pa	rt III	Gaming. Complete if the or				nore than
		\$15,000 on Form 990-EZ, li	ne 6a.	1		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	□ Yes% □ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Add lin	es 2 through 5 in column (d	(b)		
	8	Net gaming income summary. Su	btract line 7 from line 1, co	lumn (d)		
	a I st	ter the state(s) in which the organiz the organization licensed to conduc No," explain:	t gaming activities in each	of these states?		
 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Y b If "Yes," explain: 					🗌 Yes 🗌 No	

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Regenerative Farms, Inc

Employer identification number 86-2475402

01. Form 990 governing body review (Part VI, line 11)

The board of directors review tax returns and audit report before filing.

02. Conflict of interest policy compliance (Part VI, line 12c)

The organization has a written conflict of interest policy in place and all board members

are required to disclose any events that may effect the compliance.

03. CEO, executive director, top management comp (Part VI, line 15a)

The board of directors approves compensation to be paid to the executive director.

04. Other officer or key employee compensation (Part VI, line 15b

The board of directors approves compensation to be paid to the key employees.

05. Governing documents, etc, available to public (Part VI, line 19)

Governing documents, policies, and financial statements are all made availableto the

public throughout the year upon a written requestmade to the President at

Mary@regenerativefarms.org

06. List of other fees for services expenses (Part IX, line 11g)

Professional fundraising services \$18,842.49

Grant writing \$9,625