Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

232001 12-13-22

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

Inspection

<u> </u>	or the	e 2022 calendar year, or tax year beginning	and	ending L	<u>UN 30, 2023</u>	
B (Check if applicable	C Name of organization			D Employer identific	cation number
	Addre:	FACTORY FARMING AWARENESS C	OALITION			
	Name chang	Doing business as			82-45942	46
	Initial return	Number and street (or P.O. box if mail is not delivered to str	,	Room/suite	E Telephone number	r
	Final return/			98280	209-553-	
_	termin ated	City or town, state or province, country, and ZIP or fore	eign postal code		G Gross receipts \$	1,670,660.
	Ameno	LOS ANGELES, CA 90029			H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: MONICA C			for subordinates	
		1569 SOLANO AVE, 518, BERKEL		707	H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)($) (insert	no.) 4947(a)(1)	or 527	1 '	list. See instructions
	Nebsit				H(c) Group exemptio	-
		organization: X Corporation Trust Association	Other	L Year	of formation: 2018 N	State of legal domicile: CA
Pč	art I	Summary	MIT	MTGGTG	NI OF THE OR	0331T 73 MT 031
e		Briefly describe the organization's mission or most significan	t activities: THE	MISSIC	N OF THE OR	GANIZATION
Governance		IS TO END FACTORY FARMING.			- th 050/ - 6 th t	
Veri	_	Check this box if the organization discontinued its Number of voting members of the governing body (Part VI, lir				ssets.
ဗွ		Number of voting members of the governing body (Fart VI, iii) Number of independent voting members of the governing bo	,			6
م د		Total number of individuals employed in calendar year 2022				0
iţie		Total number of volunteers (estimate if necessary)				0
Activities &		Total unrelated business revenue from Part VIII, column (C), I				0.
ď		Net unrelated business taxable income from Form 990-T, Par				0.
		,	,		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			1,195,999.	1,627,847.
		Program service revenue (Part VIII, line 2g)		825.	900.	
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			130.	31,944.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,			360.	9,969.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, o		1,197,314.	1,670,660.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-		1,779.	0.	
					0.	0.
es		Salaries, other compensation, employee benefits (Part IX, co			855,714.	1,136,430.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) $_{\dots}$			0.	0.
Ř			96,4		405 600	055 005
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			195,682.	275,887.
		Total expenses. Add lines 13-17 (must equal Part IX, column			1,053,175.	1,412,317.
_ s	19	Revenue less expenses. Subtract line 18 from line 12			144,139. ginning of Current Year	258,343.
Net Assets or Fund Balances		Tabel accords (Park V. Park 40)		В		End of Year
Asse Bala	20	Total assets (Part X, line 16)			1,151,232. 32,161.	1,441,271. 67,457.
let/ und/	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20			1,119,071.	1,373,814.
Pa	art II	Signature Block			1,119,071.	1,3/3,014.
		Ities of perjury, I declare that I have examined this return, including a	ccompanying schedule	es and statem	ents, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based				y Milowiougo and Dollol, it is
	, 0000	gara complete social and the property (contact that contact) to succe		mon proparo		
Sig	n	Signature of officer			Date	
Her		MONICA CHEN, EXECUTIVE DIRECTO	R			
		Type or print name and title				
		Print/Type preparer's name Preparer's	signature		Date Check	PTIN
Paid	i		T L ROJAS		if self-employ	P01410934
Prep	oarer	Firm's name ROJAS & ASSOCIATES, CP.			Firm's EIN 6	1-1442118
Use	Only	Firm's address 1300 S STREET				
		SACRAMENTO, CA 95811-7	114		Phone no. (9	<u>16) 362-4040</u>
May	the IF	RS discuss this return with the preparer shown above? See in	nstructions			X Yes No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	FFAC EDUCATES PEOPLE ON FACTORY FARMING'S DEVASTATING IMPACTS ON
	PEOPLE, ANIMALS, AND THE PLANET, AND EMPOWERS THEM TO ADVOCATE FOR
	SYSTEMIC CHANGE IN THEIR COMMUNITIES. OUR APPROACH IS DESIGNED TO
	BUILD SIGNIFICANT AND LASTING CAPACITY FOR THE MOVEMENT TO END FACTORY
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 173,543. including grants of \$) (Revenue \$)
1 a	CLASSROOM PROGRAMMING: OUR CLASSROOM PROGRAMMING EDUCATES HIGH SCHOOL
	AND COLLEGE STUDENTS ABOUT THE IMPACTS OF FACTORY FARMING ON THE
	ENVIRONMENT, MARGINALIZED GROUPS, PUBLIC HEALTH, AND NONHUMAN ANIMALS.
	THIS WORK IS DONE NATIONALLY AND WITH PARTICULAR FOCUS IN FIVE MAJOR
	REGIONS ACROSS THE US-THE BAY AREA, DENVER METRO, THE MIDWEST
	(CHICAGOLAND AND NORTHERN OHIO), NEW YORK CITY, AND SOUTHERN CALIFORNIA
	(LOS ANGELES AND SAN DIEGO). FFAC'S EDUCATIONAL COORDINATORS ANNUALLY
	EMPOWER TENS OF THOUSANDS OF STUDENTS TO ADDRESS THE ISSUE OF FACTORY
	FARMING AT AN INDIVIDUAL, INSTUTIONAL, AND SYSTEMIC LEVEL.
4b	(Code:) (Expenses \$ 298,879 • including grants of \$) (Revenue \$)
	ADVOCACY INSTITUTE: MOTIVATED STUDENTS APPLY TO PARTICIPATE IN FFAC'S
	SEMESTER-LONG ADVOCACY INSTITUTE. THE ADVOCACY INSTITUTE, WHICH HAS
	BOTH AN EDUCATIONAL AND A PRACTICAL COMPONENT, EQUIPS 150 STUDENTS
	ANNUALLY WITH COMPREHENSIVE KNOWLEDGE AND EXPERIENTIAL TRAINING TO
	ADVOCATE SUCCESSFULLY IN THEIR COMMUNITIES. NOT ONLY DO THEY GAIN A
	BROAD AND SYSTEMIC UNDERSTANDING OF FACTORY FARMING'S IMPACTS THROUGH A
	THOUGHTFULLY PREPARED CURRICULUM, BUT WE DIRECTLY SUPPORT THEM IN RUNNING INSTUTIONAL CAMPAIGNS, GIVING OUR PRESENTATIONS IN THEIR
	CLASSES AND ORGANIZATIONS, CREATING AND SHARING SOCIAL MEDIA, AND
	WRITING ARTICLES, AMONG OTHER EFFORTS.
4c	(Code:) (Expenses \$
	LEADERSHIP COLLECTIVE: STUDENTS WHO COMPLETE THE ADVOCACY INSTUTITE
	BECOME MEMBERS OF FFAC'S LEADERSHIP COLLECTIVE. THE LEADERSHIP
	COLLECTIVE AIMS FOR BOTH NEAR-TERM IMPACTS IN MEMBERS' COMMUNITIES AND LONG-TERM CAPACITY BUILDING FOR THE MOVEMENT. THIS PROGRAM OFFERS
	SPECIALIZED SUPPORT WITH MEMBERS' PROJECTS AND OPPORTUNITIES TO ATTEND
	PROFESSIONAL DEVELOPMENT WORKSHOPS WE OFFER.
	Other program convices (Describe on Schodule O.)
40	Other program services (Describe on Schedule O.) (Expenses \$ 241,031 • including grants of \$) (Revenue \$)
4e	Total program service expenses 964,126.
	Form 990 (2022)

Form 990 (2022) FACTORY FARMING AWARENESS COALITION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		X
5	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	5		
6	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,	0		21
'	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? <i>If</i> "Yes," <i>complete</i>	-		
Ü	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	, ,			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
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			37
	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			77
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1 4 a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		- 21
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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

232003 12-13-22

Form 990 (2022) FACTORY FARMING AWARENESS COALITION
Part IV Checklist of Required Schedules (continued)

22 X 23 Dd the organization opport more than \$5,000 of grants or other assistance to or for domostic individuals on Part IX, counnel (A), line 27 II **Yes, **Complete Schedule I, Part I and all II				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization sourcert and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and 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," arraws insex 260 through 24d and complete Schedule K. If "No.," go to line 25a Compensation in write any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 25c Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Bid the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Section 50(16)8, 501(16)4, and 501(16)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25d Section 50(16)8, 501(16)4, and 501(16)29 organizations. Did the organization in a prior year, and that the transaction has not been reported on any of the organization spore Forms 900 or 990 EZ7 If "Yes," complete Schedule I, Part II 25d Did the organization aware that a gnaged in an excess benefit transaction has not been reported on any of these persons? If "Yes," complete Schedule I, Part III 25d Did the organization are part as the section of t	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Part IV. 24 a Did the organization have a tax-everent 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." or for ine 28a			22		X
Schedule J. Did the organization have a tax-exempt bond issue with an autstanding 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 29a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year; that was issued after December 31, 2002? If "Yes," arrawer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
state 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 b Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Sa Section 50(16)8, 001(04), and 501(028) organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? If "Yes," complete Schedule L, Part I Sa Is the organization awave that it engaged in an excess benefit transaction with a disqualitied person during the year? If "Yes," complete Schedule L, Part I So Is the organization awave that it engaged in an excess benefit transaction has not been reported on any of the organizations prior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part I So Is It is the organization provide any any and the part of the organization provide any of the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 93% controlled entity (including an employee thereof) or family member of any of these person? If "Yes," complete Schedule L, Part II Value		Schedule J	23		X
Schedule K. If "No." go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? 24d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(x)(3), 501(x)(4), and 501(x)(2P) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Sci." complete Schedule L, Part I	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c 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 and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d					
c 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 maintain an escrow account other than a refunding escrow 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 "Ves," complete Schedule I., Part I					<u> X</u>
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 b Is the organization was 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 schedule L, Part I, I see 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 see the schedule of the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable freight prehendles, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, instructions for applicable freight the substantial schedule of the Schedule L, Part IV, instructions for applicable freight the substantial contributor? If "Yes," complete Schedule L, Part IV, instructions? If "Yes," complete Schedule L, Part IV, instructions? If "Yes," complete Schedule M, Part I is a schedule schedule of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I is a schedule schedule in the substantial contributions? If "Yes," complete Schedule			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(2)3, 501(2)4, and 501(2)9) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 from 590 or 990-E2? If "Yes," complete Schedule L, Part II 25b	С				
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 "Ses," complete Schedule L, Part II "Ses," complete Schedule II					
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 sprior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I			24d		
that the transaction wave 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 I, Part I	25 a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I 25b			25a		<u> X</u>
Schedule L, Part I 25 bit 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	b				
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, frustee, 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 III					
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			25b		_X_
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29b X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization injudicate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1 32 Did the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 Did the organization news a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section \$50(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Sec	26				
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) of afmily member of any of these persons? If "Yes," complete Schedule L, Part III. 27					37
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 IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 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. 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, IIne 1 33 Did the organization negation have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, IIne 2 33 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 34 A X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 35 and that is treated			26		X
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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 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			37		Х
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	38				
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1		Note: All Form 990 filers are required to complete Schedule O	38	Х	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		Check if Cahadula O contains a vacuum and a vacuum the back V	<u></u>	<u></u> .	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				Yes	No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
But the state of t					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?		(gambling) winnings to prize winners?	1c		

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Form 990 (2022) FACTORY FARMING AWARENESS COALITION

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

	J J I (DESTRUCTORY)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		162	INO
Za	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a		3a		X
b		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	OD		
·u	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
b 10	Section 501(c)(7) organizations. Enter:	ЭD		
а	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
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? If "Yes," complete Form 6069.	17		
	n 165, complete i dilli 0003.			

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Form 990 (2022) FACTORY FARMING AWARENESS COALITION 82-4594246 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.						
	Check if Schedule O contains a response or note to any line in this Part VI			X			
ec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	7					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	<u>3</u>		X X			
4							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>			
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			37			
_	persons other than the governing body?	7b		<u>X</u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37				
	The governing body?	8a	X				
	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Λ			
	tion B. Folicies (mis Section B requests information about policies not required by the internal nevertie Code.)		Yes	No			
lΩa	Did the organization have local chapters, branches, or affiliates?	10a	162	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100					
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
i1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	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	- MD	3413	ATTT			
17	List the states with which a copy of this Form 990 is required to be filed <u>CA, CO, DC, FL, GA, HI, IL, KY, Mi</u>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))(ys only	availa	aDIE			
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)						
10	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial				
19	statements available to the public during the tax year.	iu iiildi	icial				
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
.0	MONICA CHEN - 510-736-5294						
	1569 SOLANO AVENUE, #518, BERKELEY, CA 94707						

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MONICA CHEN	40.00									
EXECUTIVE DIRECTOR				Х				78,464.	0.	0
(2) JESSE TANDLER	1.00									
MANAGING DIRECTOR		Х						0.	0.	0
(3) BONNIE BROWN	1.00									
TREASURER & SECRETARY		Х		Х				0.	0.	0
(4) NAOMI SACHS	1.00									
BOARD MEMBER		Х						0.	0.	0
(5) KIA HILL	1.00									
BOARD MEMBER		Х						0.	0.	0
(6) JAMES GLAUBER	1.00									
BOARD MEMBER		Х						0.	0.	0
		_								

Form 990 (2022)

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(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an) than	one	(D) (E) Reportable Reporta compensation compensa			(F) Estimated amount of				
	week (list any hours for related organizations below line)				irecto	Highest compensated start and so on so on the start and so on the	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	lated oth comper from IEC) organizand re		her ensation in the dization related dizations		
1b Subtotal								78,464.				0.		
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								78,464.	C	•		0.		
Total number of individuals (including but n compensation from the organization	ot limited to tr	iose	liste	ed at	oove	e) wr	no re	eceived more than \$100	,000 of reportable		Iv	es No		
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								hest compensated emp			3	X		
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	ım of reportab	le co	mpe	ensa	tior	anc	otl	her compensation from	the organization		4	X		
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsati	on f	rom	any	unr					5	Х		
Section B. Independent Contractors 1 Complete this table for your five highest co							rs t	hat received more than	\$100.000 of compe					
the organization. Report compensation for (A)											(C)			
Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	Con	npens	ation		
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	nite	d to		se lis	sted	l above) who received m	nore than					
										Го	Q(30 (2022)		

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
				(A)	(B)	(C) Unrelated	(D) Revenue excluded
				Total revenue	Related or exempt function revenue		
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
Gra Ioui	b	Membership dues 1b					
s, (Am	С	Fundraising events 1c					
Giff	d	Related organizations 1d					
JS,	е	Government grants (contributions) 1e	95,694.				
er S	f	All other contributions, gifts, grants, and					
ള		similar amounts not included above \dots 1f 1 ,	532,153.				
d	g	Noncash contributions included in lines 1a-1f 1g \$					
ğΈ	h	Total. Add lines 1a-1f		1,627,847 .			
			Business Code				
<u>s</u>	2 a	PROGRAM REVENUE	611710	900.	900.		
er	b						
Program Service Revenue	С						
jrar Rev	d						
roc	е						
Δ.		All other program service revenue		222			
		Total. Add lines 2a-2f		900.			
	3	Investment income (including dividends, inter-	•	21 044			21 044
		other similar amounts)		31,944.			31,944.
	4	Income from investment of tax-exempt bond p					
	5	Royalties(i) Real					
	_	· · · · · · · · · · · · · · · · · · ·	(ii) Personal	-			
	6 a	Gross rents 6a		-			
	b	Less: rental expenses 6b		-			
	С.	Rental income or (loss) 6c	<u> </u>				
		Net rental income or (loss)	(ii) Other				
	/ a	CHOCO CHITCHIN II CHIT COLICO CI	(ii) Other				
		assets other than inventory 7a					
<u>o</u>	D	Less: cost or other basis					
Revenue	_	and sales expenses 7b Gain or (loss) 7c		-			
3ev		Net gain or (loss)					
ther F		Gross income from fundraising events (not					
g	o a	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	h	Less: direct expenses 8b	1	•			
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	1				
	b	Less: cost of goods sold10k					
	С	Net income or (loss) from sales of inventory					
<u>s</u>			Business Code				
eon e	11 a	OTHER INCOME	611710	9,969.	9,969.		
lan	b						
Miscellaneous Revenue	С						
N Sis		All other revenue		2 2 2 2			
		Total. Add lines 11a-11d		9,969.	10 000		24 244
	12	Total revenue. See instructions		1,670,660.	10,869.	0.	31,944.

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

_	Check if Schedule O contains a respon			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 006 005	04.0 504	450.046	64 550
7	Other salaries and wages	1,026,305.	810,781.	153,946.	61,578.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	25 455	252	24 000	400
9	Other employee benefits	35,157.	250.	34,807.	100.
10	Payroll taxes	74,968.	59,225.	11,245.	4,498.
11	Fees for services (nonemployees):				
а	Management				
b					
С	5 ······				
d	, , , , , , , , , , , , , , , , , , , ,				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	•	111 100	17 207	02 706	
	column (A), amount, list line 11g expenses on Sch O.)	111,103.	17,397.	93,706.	
12	Advertising and promotion	6,427.	6,327.	100.	111
13	Office expenses	3,913. 55,101.	1,166.	2,636.	111.
14	Information technology	55,101.	7,905.	23,535.	23,661.
15	Royalties				
16	Occupancy	20 070	27 172	11 672	104
17	Travel	38,970.	27,173.	11,673.	124.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,165.		3,165.	
23	Insurance Other expenses, Itemize expenses not covered	3,103.		3,103.	
24	above. (List miscellaneous 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	MELEDIONE AND COMMINICA	25,092.	10,200.	14,892.	
b	ALIANDO AND CRANING	20,274.	18,574.	1,525.	175.
C	PROGRAM SUPPLIES	5,463.	4,996.	=,525.	467
d	BANK AND CREDIT CARD FE	3,723.	=,,,,,,,	198.	3,525
	All other expenses	2,656.	132.	267.	2,257
25	Total functional expenses. Add lines 1 through 24e	1,412,317.	964,126.	351,695.	96,496
26	Joint costs. Complete this line only if the organization		2 2 2 7 2 2 3 4		20,200
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	tuutaiiviiai tairipaiuli allu lullulaisillu solitilailiili.				

га	ILA	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	33,376.	1	177,727.
	2	Savings and temporary cash investments		2	1,021,766.
	3	Pledges and grants receivable, net		3	240,000.
	4	Accounts receivable, net		4	-
	5	Loans and other receivables from any current or former officer, direct			
		trustee, key employee, creator or founder, substantial contributor, or			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defin			
		under section 4958(f)(1)), and persons described in section 4958(c)(3		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	1,778.
	10a	Land, buildings, and equipment: cost or other			-
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	274.	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)	4 4 5 4 6 6 6	16	1,441,271.
	17	Accounts payable and accrued expenses		17	67,457.
	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	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or	35%		
abi		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	t		
		parties, and other liabilities not included on lines 17-24). Complete Pa	art X		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	32,161.	26	67,457.
"		Organizations that follow FASB ASC 958, check here			
čě		and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	1,119,071.	27	1,373,814.
B	28	Net assets with donor restrictions		28	
oun .		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	1,119,071.	32	1,373,814.
	33	Total liabilities and net assets/fund balances	4 4 - 4 0 0 0	33	1,441,271.

Form **990** (2022)

Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,67	0,6	60.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,41	2,3	17.
3	Revenue less expenses. Subtract line 2 from line 1	3		25	8,3	43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,11	9,0	71.
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		_	3,6	00.
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	1	,37	3,8	14.
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	e 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					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	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	e audit	t. I			
_	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		i i			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		ıdit			
-	or audite ovalain why an Schodule O and describe any tops taken to understand and the triangle the required			2h		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FACTORY FARMING AWARENESS COALITION

Employer identification number 82-4594246

Pa	rt I	Reason for Public (Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz					-	the hospital's name,	
		city, and state:	•					,	
5			An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						
_				,	•	, ,			
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
	$\overline{\mathbf{x}}$	An organization that norma	-				• •	public described in	
•		section 170(b)(1)(A)(vi). (Co		mai part or no support	rom a gov	orrintoritai	ant of from the general	pasiio accombca iii	
8		A community trust describe		1)(A)(vi) (Complete Par	: II)				
9	Ħ	An agricultural research org				ed in coni	inction with a land-grant	college	
Ŭ		or university or a non-land-g			•	-			
		university:	jiani oollogo ol agno	altare (see motractions).	Littor the	riarrio, orij	, and state of the coneg	0 01	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sun	nort from (contributio	ins membershin fees a	nd aross receipts from	
		activities related to its exen							
		income and unrelated busin		•				-	
		See section 509(a)(2). (Cor		(1033 300tion 311 tax) in	om busine	ooco acqu	ired by the organization	arter durie do, 1070.	
11		An organization organized a	• •	ively to test for public sa	fety See	section 50	19(a)(4)		
12		An organization organized a	•	•	•			nurnoses of one or	
-		more publicly supported or	•		-				
		lines 12a through 12d that	-					or our are box or	
а		Type I. A supporting orga	* *			-		aivina	
u		the supported organization		•		-			
		organization. You must o			z majomy v	or tino dire		apporting	
b		Type II. A supporting org	•		tion with it	s support	ed organization(s), by ha	vina	
		control or management o	•					-	
		organization(s). You mus			arrio perse	7110 triat 00	manage the sup	portod	
С		Type III functionally inte	•		in connec	tion with a	and functionally integrate	ed with	
Ŭ		its supported organization	•				• •	od Willi,	
d		Type III non-functionally		•	•	•	•	zation(s)	
<u> </u>		that is not functionally int	•				• • • • •	* *	
		requirement (see instruct		• ,	•		•	17011000	
_		Check this box if the orga	•	•	•				
Ŭ		functionally integrated, or					. 1 ypo 1, 1 ypo 11, 1 ypo 111		
f	Fnte	er the number of supported of		a)og.a.oa oapport	9 0.94				
a		vide the following information		ed organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(ıv) Is the orga in your governi	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
	_								

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

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

Sac	tion A. Public Support	71	<u> </u>	,			
		(-) 0010	(1-) 0010	(-) 0000	(-1) 0001	(-) 0000	(A) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	938,213.	1.023.578.	1,489,539.	1 105 000	1 627 947	6 275 176
2	Tax revenues levied for the organ-	JJ0, ZIJ•	1,023,576.	1,409,539.	1,195,999.	1,627,847.	6,275,176.
2	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	938,213.	1.023.578.	1,489,539.	1,195,999.	1,627,847.	6,275,176.
	The portion of total contributions	330,213.	1,025,576.	1,409,339.	1,193,999.	1,027,047.	0,273,170.
J	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)						195,917.
6	Public support. Subtract line 5 from line 4.						6,079,259.
	ction B. Total Support		<u>'</u>	<u>'</u>			0,075,255,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	938,213.	1,023,578.	1,489,539.	1,195,999.	1,627,847.	6,275,176.
	Gross income from interest,	,	_,,	_,,			-,-·-,-·-,
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		1,314.	976.	130.	31,944.	34,364.
9	Net income from unrelated business		_,				
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				360.	9,969.	10,329.
11	Total support. Add lines 7 through 10					•	6,319,869.
	Gross receipts from related activities,	etc. (see instruction	ons)	-		12	34,899.
13	First 5 years. If the Form 990 is for th	ne organization's fir			•	601(c)(3)	-
	organization, check this box and stor	here					
Sec	ction C. Computation of Publ	ic Support Pei	rcentage				
14	Public support percentage for 2022 (ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	96.19 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	94.29 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances tes	t - 2022. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not cl	neck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, ched	ck this box and sto	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	s

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizati	on,
	check this box and stop here						
	ction C. Computation of Publ					1	
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
198	33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box a	=					
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che		-				
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u>
						O - I I- I - A	/F 000\ 0000

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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

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

	Yes	No
1		
2		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9c		
33		
40=		
10a		
10b		
ıle A (Forr	n 990)	2022

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Part IV	Supporting	Organizations	(continued)

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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		
Sect	ion C. Type II Supporting Organizations			
	r		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
· a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting orga	anization (see

Schedule A (Form 990) 2022

instructions).

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
OM FOUNDATION LTD	137,500.	11,103
/EGAN OUTREACH INC	311,211.	184,814
		195,917

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

FACTORY FARMING AWARENESS COALITION

Employer identification number 82-4594246

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FARMING.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAMS AND OUTREACH
EXPENSES \$ 241,031. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PREPARED BY AN OUTSIDE CPA FIRM AND IS MONITORED AND SIGNED BY
THE DIRECTOR OF FINANCE AND ADMINISTRATION. IT IS REVIEWED BY THE
PRESIDENT AND TREASURER OF THE BOARD AND IS THEN APPROVED BY THE BOARD.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS AND EMPLOYEES ARE ASKED TO DISCLOSE ANY NEW OR CHANGED
INFORMATION WITH RESPECT TO CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15A:
SALARY WAS APPROVED BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA,CO,DC,FL,GA,HI,IL,KY,MA,MD,ME,NH,NJ,NM,NV,NY,OH,OR,SC,TN,UT,VA,WA,WI
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL
STATEMENTS WILL BE FURNISHED UPON REQUEST.

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

Schedule O (Form 990) 2022

EGE 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning JUL~1~, 2022, and ending JUN~30~, 2023~

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer **EIN or SSN** FACTORY FARMING AWARENESS COALITION 82-4594246 MONICA CHEN Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b $\frac{1,670,660}{}$. Form 990 check here Form 990-EZ check here ... b Total revenue, if any (Form 990-EZ, line 9) 2a b Total tax (Form 1120-POL, line 22) За Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here ... 4a b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6b 6a 7a Form 4720 check here **b FMV** of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here 9a Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 🗶 I am an officer of the above entity or 🔙 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) are acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 64249 X | lauthorize ROJAS & ASSOCIATES, CPAS to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. ignature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 68082695814 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)