Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020

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.

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



Α	For th	e 2019 calendar year, or tax year beginning and	ending	_					
B	Check i applical	PRECISION AGRICULIURE FOR DEVELOPMENT	,	D Employer identified	cation number				
	Nam Chan	e Doing business as	81-0779400						
	Initia	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
	Final	90 CANAL SUBEET SULTE 400	100m/Julio						
	retur term ated			G Gross receipts \$	4,006,577.				
	Ame retur			H(a) Is this a group re					
	Appl tion	^{ica-} F Name and address of principal officer: OWEN BARDER		for subordinates					
	pend	ING SAME AS C ABOVE		H(b) Are all subordinates in					
1	Tax-e	xempt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) (or 📃 527		list. (see instructions)				
		ite: > WWW.PRECISIONAG.ORG		H(c) Group exemption					
κ	Form o	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2015 N	State of legal domicile: MA				
P	art I								
e	1	Briefly describe the organization's mission or most significant activities: OUR	MISSIC	N IS TO SUP	PORT				
anc		SMALLHOLDER FARMERS IN DEVELOPING COUNTR	IES BY	PROVIDING	CUSTOMIZED				
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as					
Š	3				5				
~	4	Number of independent voting members of the governing body (Part VI, line 1b)			4				
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) $\hfill \ldots$			13				
ivit	6	Total number of volunteers (estimate if necessary)			0.				
Act		Total unrelated business revenue from Part VIII, column (C), line 12							
	k	Net unrelated business taxable income from Form 990-T, line 39	·····		0.				
				Prior Year	Current Year				
ne	8	Contributions and grants (Part VIII, line 1h)		3,739,075.	3,858,910.				
Revenue	9	Program service revenue (Part VIII, line 2g)		48,038.	<u>112,125.</u> 32,332.				
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,693.	3,210.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,794,806.	4,006,577.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,794,000.	4,000,577.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		639,997.	956,530.				
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)		10,860.	0.				
Den	102	Total fundraising expenses (Part IX, column (D), line 25) 186,7	76.	10,000.	••				
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,590,526.	2,920,365.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,241,383.	3,876,895.				
	19	Revenue less expenses. Subtract line 18 from line 12		553,423.	129,682.				
OL	3	הפיפותם ובש בתקבושבש. שטוומנו וווב זט ווטוו וווב זב		ginning of Current Year	End of Year				
Net Assets (20	Total assets (Part X, line 16)		5,631,803.	5,694,340.				
Assu	20			310,068.	241,783.				
Net,	21	Net assets or fund balances. Subtract line 21 from line 20		5,321,735.	5,452,557.				
		THE ASSES OF TUTU DAMINES. SUDIAL INE 21 HOIT INE 20		5,521,755.	5,452,557.				

Part II Signature Block

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

Sign	Signature of officer		Date
Here	OWEN BARDER, CHIEF EXI	CUTIVE OFFICER	
	Print/Type preparer's name	ן דופטמופו א אויזענעופ	ate Check PTIN
Paid	SANDRA M. BROWN, CPA	0	9/23/20 ^{if} p01614103
Preparer	Firm's name SMITH , SULLIVAN	& BROWN, P.C.	Firm's EIN 🕨 43–1985162
Use Only	Firm's address 80 FLANDERS ROAI) - SUITE #200	F
	WESTBOROUGH, MA		Phone no. (508) 871-7178
May the IF	RS discuss this return with the preparer shown at	ove? (see instructions)	X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form 990 (2019)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEME	NT CONTINUATION

Bart WI Statement of Program Service Accomplishments Dicket Schuldu Contains a response or note to any line in the Bart WI Borthy describe the organization is mission OR MISSION IS TO OSTON ZED INFORMATION AND SERVICES THAT INCREASE PRODUCTIVITY, PROFITABLLITY, AND ENVIRONMENTAL SUSTAINABILITY. 2 Did the organization underlake any significant program services during the year which were not listed on the prof Form 900 e906-E27 2 Did the organization case conducting, or make significant changes in how it conducts, any program services. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services. 9 Next 9 Describe the organizations program services accomplishments to each of its three largest program services. 9 Describe the organizations program services accomplishments to each of its three largest program services. 9 Note 2.23 9 Describe the organizations program services. 9 Describe the organizations program services. 9 Describe the organizations program services. 9 Describe the organizations program services. 115.7 9 Producting or the each of its three largest program services. 115.7 9 DevelopTiNE DevelopTiNE	-	PRECISION AGRICULTURE FOR DEVELOPMENT, 1990 (2019) INC. 81-0779400 Page
Check if Schedule Ocentars a response or hole to any line in the Part III		·····
 Birely decribe the organization's mission: OUR MISSION IS TO SUPPORT SMALLHOLDER PARMERS IN DEVELOPING COUNTRI BY PROVIDING CUSTOMIZED INFORMATION AND SERVICES THAT INCREASE PRODUCTIVITY, PROFITABLILTY, AND ENVIRONMENTAL SUSTAINABILITY. Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 e500 E27 Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any for each program service accomplishments for each of its three largest program services, as measured by expenses Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any for each program service accomplement is a US-DASED MON-PROFIT PRECISION ACRICULTURE FOR DEVELOPMENT IS A US-DASED MON-PROFIT ORGANIZATION WITH THE MISSION TO SUPPORT SMALLHOLDER FARMERS IN DEVELOPING COUNTRIES BY PROVIDING CUSTOMIZED INFORMATION AND SERVICI THAT INCREASE PRODUCTIVITY, PROFITABLITY, AND ENVIRONMENTAL SUSTAINABILITY, PAD IS WORKING ON A NEW MODEL FOR AGRICULTURAL ADVICE THE ROBANIZATIONS AND GATHER EVIDENCE ON ITS IMPACT. WAINING WITH FARTNER ORGANIZATIONS AND GATHERE EVIDENCE ON ITS IMPACT. WAINI OUR SERVICES. PAD NOW HAS OPERATIONS IN INDIA, KENYA, PAKISTAN, RWANDA, ETHIOPIA, B (cote)(Exernes §roucing gents of \$) [Promes §] Guernes §		
BY PROVIDING CUSTOMIZED INFORMATION AND SERVICES THAT INCREASE PRODUCTIVITY, PROFITABILITY, AND ENVIRONMENTAL SUSTAINABILITY. 2 Did the organization underlake any significant program services during the year which were not listed on the prior Form 900 e00 E02 If Vies, 'describe these new services on Schedule 0. 10 the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Second the comparization services conductions are required to report the amount of grants and allocations to others, the total expenses. Second the comparization service conduct 115.7 PRECISION ACRICULTURE FOR DEVELOPMENT IS A US-DASED NON-PROFIT ORGANIZATION WITH THE MISSION TO SUPPORT SMALLHOLDER PARMERS IN DEVELOPING COUNTRIES BY PROVIDING CUSYOMIZED INFORMATION AND SERVICE THAT INCREASE PRODUCTIVITY, PROFITABILITY, AND ENVIRONMENTAL SUSTAINABILITY. PAD IS WORKING ON A NEW MODEL FOR AGRICULTURAL ADVICE THENOUGH THEIR MOBEL IN COLLABORATIC WITH PARTNER ORGANIZATIONS AND GATHER EVIDECE ON ITS IMPACT. NO ALL ADVICE THERMOUGH THEIR MOBILE PHONES. WE IMPLEMENT THIS MODEL IN COLLABORATIC WITH PARTNER ORGANIZATIONS AND GATHER EVIDECE ON ITS IMPACT. NO ALL ADVICE THERMOUGH THEIR WODEL IN COLLABORATIC WITH THE MOSILE PHONES. WE IMPLEMENT THIS MODEL IN COLLABORATIC WITH THE MOSILE PHONES. WE IMPLEMENT THIS MODEL IN COLLABORATIC WITH THE MOSILE PHONES. WE IMPLEMENT THIS MODEL IN COLLABORATIC WITH THE MOSILE PHONES. WE IMPLEMENT THIS MODEL IN COLLABORATIC WITH THE MOSILE PHONES. WE IMPLEMENT THIS MODEL IN COLLABORATIC WITH THE MOSILE PHONES. 40 (comments) (means s) (means s) (means s) (means s)	1	Briefly describe the organization's mission:
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 990-E2? If "Yes," describe these new services on Schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. Statistic Constraints of the schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. Statistic Constraints of the schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. Statistic Constraints of the schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. Statistic Constraints of the schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. Statistic Constraints of the schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. Statistic Constraints of the schedule 0. If "Werners is a schedule grame of is change grams of is change grams of is		BY PROVIDING CUSTOMIZED INFORMATION AND SERVICES THAT INCREASE
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<pre>115.: PRECISION AGRICULTURE FOR DEVELOPMENT IS A US-BASED NON-PROFIT ORGANIZATION WITH THE MISSION TO SUPPORT SMALLHOLDER FARMERS IN DEVELOPING COUNTRIES BY PROVIDING CUSTOMIZED INFORMATION AND SERVICE THAT INCREASE PRODUCTIVITY, PROFITABLITY, AND ENVIRONMENTAL SUSTAINABILITY. PAD IS WORKING ON A NEW MODEL FOR AGRICULTURAL EXTENSION: REACHING FARMERS WITH PERSONALIZED AGRICULTURAL ADVICE THROUGH THEIR MOBILE PHONES. WE IMPLEMENT THIS MODEL IN COLLABORATIC WITH PARTNER ORGANIZATIONS AND GATHER EVIDENCE ON ITS IMPACT. WE ATH IMPROVE THE LIVES OF 100 MILLION FARMERS IN DEVELOPING COUNTRIES WIT OUR SERVICES. PAD NOW HAS OPERATIONS IN INDIA, KENYA, PAKISTAN, RWANDA, ETHIOPIA, % (Code:)(Expenses including gunts of \$) (Revenue \$) (Code:)(Expenses \$ including gunts of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) </pre>		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.
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SEE SCHEDULE O FOR CONTINUATION(S)	4e	Form 990 (2
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INC.

Form 990 (2019)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	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		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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	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		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 IV	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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
932003	3 01-20-20	Form	990	(2019)

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	990 (2019) INC. 81-077	9400	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		\square
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		4	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
		0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
93200	4 01-20-20 4	Form	390	(2019)

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PRECISION	AGRICULTURE	FOR	DEVELOPMENT,
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INC.

	990 (2019) INC. 81-0779	400	Р	Page 5								
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		·									
			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return 2a 13	2b	x									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?											
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
	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			x								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
b	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).											
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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).	_		v								
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								
	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 7d	_		v								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g										
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?											
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•										
•	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.	0-										
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
D												
11	Section 501(c)(12) organizations. Enter:											
	Gross income from members or shareholders 11a											
u	Gross income from other sources (Do not net amounts due or paid to other sources against											
120	amounts due or received from them.) 11b 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	IZa										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
	Is the organization licensed to issue qualified health plans in more than one state?	13a										
a	Note: See the instructions for additional information the organization must report on Schedule O.	154										
h	Enter the amount of reserves the organization is required to maintain by the states in which the											
2	organization is licensed to issue qualified health plans 13b											
c	Enter the amount of reserves on hand 13c											
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	x								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>								
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								
	If "Yes," see 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								
	If "Yes," complete Form 4720, Schedule O.											
				_								

Form **990** (2019)

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81-0779400 Page 6

Par	990 (2019) INC .		<u>81-0779</u>			age
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	-		"No" r	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C). See instru	ctions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		Σ
Sec	tion A. Governing Body and Management					
		г. г		-	Yes	N
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a		4		
	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.			1		
	Enter the number of voting members included on line 1a, above, who are independent		-	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			2		2
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th			2		-
5	of officers, directors, trustees, or key employees to a management company or other person?			3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		
6	Did the organization have members or stockholders?			6		
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			–		
	more members of the governing body?	-		7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders	. or			
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					t
	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 rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code	e.)			
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, affili	ates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filin	g the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done				X	
	Did the even institute have a vultime vultistic believer a slipvo			12c		
13	Did the organization have a written whistleblower policy?			13	Х	
	Did the organization have a written document retention and destruction policy?					
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve	al by indeper		13	Х	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	al by indeper	ndent	13 14	X X	
14 15 a	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	al by indeper	ndent	13 14 15a	X X X	
14 15 a	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	al by indeper	ndent	13 14	X X	
4 5 a b	Did the organization have a written document retention and destruction policy?	al by indeper	ndent	13 14 15a	X X X	
14 15 a b	Did the organization have a written document retention and destruction policy?	al by indeper	ndent	13 14 15a 15b	X X X	
14 15 b 16a	Did the organization have a written document retention and destruction policy?	al by indeper	ndent	13 14 15a	X X X	
14 15 b 16a	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approvations, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	al by indeper nent with a te its particip	ndent	13 14 15a 15b	X X X	
14 15 b 16a	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approver persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.	al by indeper nent with a te its particip nization's	ndent	13 14 15a 15b 16a	X X X	2
b 16a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approvations, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements?	al by indeper nent with a te its particip nization's	ndent	13 14 15a 15b	X X X	
14 15 b 16a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approvate persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements? tion C. Disclosure	al by indeper nent with a te its particip nization's	ndent	13 14 15a 15b 16a	X X X	
14 15 b 16a b Sec 17	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>MA</u>	al by indeper nent with a te its particip nization's	ndent	13 14 15a 15b 16a 16b	X X X X	
14 15 b 16a b	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalual in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	al by indeper nent with a te its particip nization's	ndent	13 14 15a 15b 16a 16b	X X X X	
14 15 b 16a b <u>Sec</u> 17	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalual in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	al by indeper nent with a te its particip nization's nd 990-T (Se	pation	13 14 15a 15b 16a 16b	X X X X	
14 15 b 16a b Sec 17 18	Did the organization have a written document retention and destruction policy?	nent with a te its particip nization's nd 990-T (Se on Schedule	pation ection 501(c)(3 e O)	13 14 15a 15b 16a 16b	X X X X	
14 15 b 16a b Sec 17 18	Did the organization have a written document retention and destruction policy?	nent with a te its particip nization's nd 990-T (Se on Schedule	pation ection 501(c)(3 e O)	13 14 15a 15b 16a 16b	X X X X	
14 15 b 16a b <u>Sec</u> 17 18	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approvations, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization follow a trangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	al by indeper ment with a te its particip nization's nd 990-T (Se on Schedule onflict of inte	ection 501(c)(3 e O) rest policy, ar	13 14 15a 15b 16a 16b	X X X X	
14 15 b 16a b <u>Sec</u> 17 18	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Other (<i>explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	al by indeper ment with a te its particip nization's nd 990-T (Se on Schedule onflict of inte	ection 501(c)(3 e O) rest policy, ar	13 14 15a 15b 16a 16b	X X X X	
14 15 b 16a b 6ec 17 18	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approver persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalual in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (<i>explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo PRECISION AGRICULTURE FOR DEVELOPMENT - 617-854-35	al by indeper ment with a te its particip nization's nd 990-T (Se on Schedule onflict of inte	ection 501(c)(3 e O) rest policy, ar	13 14 15a 15b 16a 16b	X X X X	
14 15 16a b 16a 17 18	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Other (<i>explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	al by indeper ment with a te its particip nization's nd 990-T (Se on Schedule onflict of inte	ection 501(c)(3 e O) rest policy, ar	13 14 15a 15b 16a 3)s only	X X X X	lab

Form 990 (2	2019)	INC.					81-07
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated
	Employees, an	d Independe	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

INC.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	heck ss pe	rsoni	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HEINRICH C. BAUMANN MANAGING DIR./TREASURER	40.00	x		x				219,284.	0.	37,984.
(2) SHAWN A. COLE PRESIDENT	2.00	x		x				0.	0.	0.
(3) DANIEL C. BJORKEGREN	2.00			^						
BOARD MEMBER (4) MICHAEL R. KREMER	2.00	X						0.	0.	0.
BOARD MEMBER		x						0.	0.	0.
(5) AMRITA AHUJA BOARD MEMBER	2.00	x						0.	0.	0.
(6) BRIAN KEEFE	40.00									
SECRETARY / DIR OF FINANCE & OPS	40.00	⊢		X				112,077.	0.	5,578.
(7) OWEN BARDER CHIEF EXECUTIVE OFFICER	40.00			x				0.	0.	99,233.
(8) TOMOKO HARIGAYA	40.00							100 500		
DIRECTOR OF RESEARCH (9) JONATHAN LEHE	40.00	┢				X		132,762.	0.	5,586.
CHIEF DEV OFFICER & DIR OF NEW PR	40.00					x		101,492.	0.	4,323.
		-								
		-								
		-								
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		╞								
		╞								
932007 01-20-20										Form 990 (2019)

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Form **990** (2019)

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2019.04030 PRECISION AGRICULTURE FOR D PRECISI1

T110	N AGRIC	JL	ruf	RE	FC	OR	D	EVELOPMENT,	01 0	770	400	_	0
Form 990 (2019) INC - Part VII Section A. Officers, Directors, Tru	ataon Kay Em	nlas			а LI:	abor			81-0	119	400	P	age 8
(A) Name and title	(B) Average	(do	not c	(C Posi	C) ition	l than c	one	(D) Reportable	(E) Reportable			(F) timate	
	hours per week (list any hours for related organizations below line)	tee or director			irecto	Highest compensated tstood si temployee		compensation from the organization (W-2/1099-MISC)	compensatic from related organization (W-2/1099-MIS	t s	com fr org and	nount other pensa om th anizat d relat anizati	ation e tion ted
		-											
							_	565,615.		0.	15	27	04.
1b Subtotal c Total from continuation sheets to Part V	II, Section A					Į		0.		0.		2,7	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but compensation from the organization ► 							lo r		,000 of reportab	-	10	<u> </u>	<u>4</u>
3 Did the organization list any former officer			-	•	-				•			Yes	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> 4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	n and	ot	her compensation from	the organization		3	37	X
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i> 	accrue compe	nsat	ion f	rom	any	unre	elat	ted organization or indiv	dual for services	;	4 5	X	x
Section B. Independent Contractors			0/ 00		00/0						•		
1 Complete this table for your five highest c the organization. Report compensation for										npens	ation f	rom	
(A) Name and busines								(B) Description of s	ervices	С	(C ompe		'n
J-PAL SOUTH ASIA, 24 KOT NUGAMBAKKAM, , CHENNAI , INNOVATIONS FOR POVERTY	INDIA			34				PROGRAM DEVE	LOPMENT		25	6,4	96.
99 MADISON AVENUE, NEW Y		1(001	L6				PROGRAM DEVE	LOPMENT		19	6,2	31.
INSOURCE SERVICES, INC. PO BOX 427, NEWTON, MA 0								ACCOUNTING, HR SERVICES	IT AND		12	8,4	28.
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se lis	tec	d above) who received m	nore than				
\$100,000 of compensation from the organ	ization 🕨					3					Form	990 (2019)

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INC.

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Ра	π	/111						
			Check if Schedule O contains a response	or note to any li	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè excluded
						function revenue	business revenue	from tax under sections 512 - 514
s s								30010113 012 014
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a		-			
D D			Membership dues 1b		4			
fts,			Fundraising events		4			
, Gi			Related organizations 11		4			
Sin			Government grants (contributions) 1e		4			
utic		t	All other contributions, gifts, grants, and	0 5 0 0 1 0				
Oth				858,910.	-			
pu		-	Noncash contributions included in lines 1a-1f	>	2 050 010			
a C		h	Total. Add lines 1a-1f	1	3,858,910.			
	_		DDOCDAM DEVENUE	Business Code 541300	112,125.	110 105		
vice	2		PROGRAM REVENUE	541300	112,125.	112,125.		
və:		b						
ven S		c						
gra		d						
Program Service Revenue		e						
-			All other program service revenue		112,125.			
			Total. Add lines 2a-2f		112,123.			
	3		Investment income (including dividends, inter		32,332.			32,332.
	4		other similar amounts) Income from investment of tax-exempt bond		52,552.			52,552.
	4 5		Royalties					
	5		(i) Real	(ii) Personal				
	6	2		(1			
	0		Gross rents 6a Less: rental expenses 6b		1			
			Rental income or (loss) 6c		1			
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
		ŭ	assets other than inventory 7a		-			
		b	Less: cost or other basis		1			
en		-	and sales expenses 7b					
Revenue		с	Gain or (loss)		1			
Re			Net gain or (loss)	►				
ler	8		Gross income from fundraising events (not					
đ	-		including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b		1			
			Net income or (loss) from fundraising events	►				
	9	а	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	а	Gross sales of inventory, less returns					
			and allowances 10a	a				
		b	Less: cost of goods sold 10	b				
		с	Net income or (loss) from sales of inventory .	►				
s				Business Code				
eon	11	а	OTHER INCOME	900099	3,210.	3,210.		
lan		b						
Miscellaneous Revenue		С						
Mis			All other revenue					
_		е	Total. Add lines 11a-11d		3,210.	115		
	12		Total revenue. See instructions	►	4,006,577.	115,335.	0.	32,332.
93200	9 01	-20	-20					Form 990 (2019)

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Form 990 (2019)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D-	Check if Schedule O contains a respon-	se or note to any line in (A)	this Part IX	(C)	<u>X</u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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,	461 257	272 000	120 044	
_	trustees, and key employees	461,257.	272,086.	138,944.	50,227
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	202 214			74 000
7	Other salaries and wages	383,314.	252,334.	55,988.	74,992
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	40 200		0 207	10 4 17 4
9	Other employee benefits	49,360.	30,579.	8,307.	10,474
0	Payroll taxes	62,599.	38,443.	15,570.	8,586
1	Fees for services (nonemployees):				
а	Management	10.000	0.015	16 100	
b	Legal	18,203.	2,015.	16,188.	
С	5 H	27,547.	9,136.	18,411.	
d	, , , , , , , , , , , , , , , , , , ,				
е	ů í í				
f	Investment management fees				
g				0.7.6 0.0.0	4.0
	column (A) amount, list line 11g expenses on Sch 0.)	2,273,620.	1,977,115.	276,900.	19,605
2	Advertising and promotion		18 580		10 050
3	Office expenses	42,489.	17,572.	14,665.	10,252
4	Information technology	125,961.	94,447.	25,890.	5,624
5	Royalties				
6	Occupancy	83,938.	66,521.	12,714.	4,703
7	Travel	312,482.	297,426.	12,743.	2,313
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	14,115.	7,750.	6,365.	
3	Insurance	18,204.	779.	17,425.	
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	3,806.		3,806.	
b					
с					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	3,876,895.	3,066,203.	623,916.	186,776
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form	1 990 (2019) INC.				81-	0779400 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	iy line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		4,482,455.	1	1,713,806. 2,540,095.	
	2	Savings and temporary cash investments			1 076 107	2	
	3	Pledges and grants receivable, net			1,076,187.		1,329,604.
	4	Accounts receivable, net			21,754.	4	34,789.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs				_	
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali				-	
	_	under section 4958(f)(1)), and persons describe				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			16 200	8	20 072
	9	Prepaid expenses and deferred charges		·····	16,398.	9	29,873.
	10a	Land, buildings, and equipment: cost or other		62 171			
	Ι.	basis. Complete Part VI of Schedule D		<u>63,471.</u> 17,298.	35,009.		16 173
		Less: accumulated depreciation			55,009.	10c	46,173.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line				13 14	
	14		Intangible assets				
	15	Other assets. See Part IV, line 11	5,631,803.	15	5,694,340.		
	16 17	Total assets. Add lines 1 through 15 (must equ			310,068.	16 17	241,783.
	17	Accounts payable and accrued expenses			510,000.	17	241,705.
	10	Grants payable				10	
	20	Deferred revenue				20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete I				20	
6	22	Loans and other payables to any current or forn				21	
itie	~~	trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
Lie	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			310,068.	26	241,783.
		Organizations that follow FASB ASC 958, che	ck her	e 🕨 X			
ces		and complete lines 27, 28, 32, and 33.		,			
lan	27	Net assets without donor restrictions			4,258,789.	27	4,571,496.
Ba	28	Net assets with donor restrictions			1,062,946.	28	881,061.
pur		Organizations that do not follow FASB ASC 9					
ц		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Net	32	Total net assets or fund balances			5,321,735.	32	5,452,557.
	33	Total liabilities and net assets/fund balances			5,631,803.	33	5,694,340.
					Form 990 (2019		

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PRECISION AG	GRICULTURE	FOR	DEVELOPMENT,
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Form	1 990 (2019) INC.	81-	-077940	0	Page 12
Pa	rt XI 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			<u>,577.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			,895.
3	Revenue less expenses. Subtract line 2 from line 1	3			,682.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,3		,735.
5	Net unrealized gains (losses) on investments	5		1	,140.
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	5,4	52	,557.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			_	
			_	Y.	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a 📃	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?			<u> </u>	٢
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?			•	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit		
	Act and OMB Circular A-133?		3	a 📃	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			b	

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SCHEDULE A		Dublic Che	ritr Ctatus ar		alia C.	un n a ref		OMB No. 1545-0047	
(Form 990 or 990-EZ)				rity Status ar					2019
C			nization is a section 50 47(a)(1) nonexempt cha			or a section		2013	
Department of the Treasury				Attach to Form 990 or					Open to Public
Internal Rev	enue Service			/Form990 for instructi			nformation.		Inspection
Name of	the organizati	on PREC	SISION AGRI	CULTURE FOR	DEVEL	OPMEN	т,	Employer	identification number
		INC.							1-0779400
Part I	Reason	for Public	Charity Status (All organizations must c	omplete th	is part.) Se	ee instruction	S.	
The orga	nization is not a	i private found	dation because it is:	(For lines 1 through 12,	check only	one box.)			
1	A church, co	nvention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)([.]	1)(A)(i).		
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3	A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and stat	e:							
5	An organizati	on operated f	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental (unit describ	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		te, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that norma	ally receives a substa	antial part of its support	from a gov	ernmental	unit or from t	he general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research org	ganization described	l in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
	or university	or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	f the colleg	e or
	university:								
10				e than 33 1/3% of its su					
				ct to certain exceptions					
	income and u	Inrelated busi	ness taxable income	e (less section 511 tax) fi	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
			mplete Part III.)						
11	-	-	-	ively to test for public s	•				
12	-	-	-	ively for the benefit of, t	-			-	
				ed in section 509(a)(1) of					heck the box in
_		-		of supporting organization				-	
a 🗆				supervised, or controlled					
				gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	upporting
			complete Part IV, Se						
b 🗆				d or controlled in connec			-		-
				anization vested in the s	same perso	ons that co	ontrol or mana	age the sup	ported
Г	-		st complete Part IV,						
c L				g organization operated				illy integrate	ed with,
		•	. , .	s). You must complete					
d∟				oorting organization ope			• •	•	
			•	zation generally must sa			•	d an attent	veness
. [,	nplete Part IV, Section				II. Turne III.	
e∟				written determination fro			а туре ї, туре	ii, iype iii	
f En				onally integrated support					
			n about the supporte						
<u>y</u> Fit	(i) Name of supp	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	fmonetary	(vi) Amount of other
	organizatior			(described on lines 1-10	Yes	ing document? No	support (see ir	-	support (see instructions)
				above (see instructions))					
Total									
LHA For	Paperwork Re	duction Act N	Notice, see the Inst	ructions for Form 990 o		932021 09-	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019
				1	3				

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2019.04030 PRECISION AGRICULTURE FOR D PRECISI1

Schedule A (Form 990 or 990 EZ) 2019 INC .

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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.)

Calendar year (or ficeal year beginning in) ► (e) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and grants, " 4164237. 2946771. 3739075. 3858910. 147088993. 2 Tax revenues levide for the organization without charge 4164237. 2946771. 3739075. 3858910. 147088993. 3 The value of services or facilities 4164237. 2946771. 3739075. 3858910. 14708993. 5 The portion of total contributions by scat. parson (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the anount shown on line 11. 61924397. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 4164237. 2946771. 3739075. 3858910. 14708993. 8 Gross income from interest, diversed 2% of the anount shown on line 11. (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 4164237. 2946771. 3739075. 3858910. 14708993. 8 Gross income teron interest, di diversed aveced 2% of the an	Se	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.") 4164237. 2946771. 3739075. 3858910. 14708993. 2 Tax revenues levide for the organization ization is bendft and dehr padt to or expanded on its behalf 4164237. 2946771. 3739075. 3858910. 14708993. 3 The value of services or facilities fumilised by governmental unit to the organization without charge. 4164237. 2946771. 3739075. 3858910. 14708993. 5 The parties of total contributions by each person (other than a governmental unit or publicly supported organization) include and unit of that exceeds 2% of the anount shown on line 11. column (f) 8514096. Celle support, subme to § torn line 4. (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 8514096. 7 Amounts from line 4. (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 8514095. 7 Amounts from line 4. (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9. 7 Amounts from line 4. (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9. 6 Gross norme from intreads. (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9. 10 Other incomes Do not include gain or loss from the sale of capital assets (E) phan (F) Total 9. (a) 2015 (b	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
include any 'unusual grants') 4164237. 2946771. 3739075. 3858910. L4708993. 2 Tax revenues levied for the organization induced on its benefit and either pad to or expended on expendence in the expension is in the expension in explanate beginning in the expension in the expension is explained business and income from interest, unvalues, and to or explanate on the explanate or or the explanate or explanate on the explanate or explanate on the explanate or explanate on the explanate or explanate or explanate on the explanate or expl	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization is benefit and either pad to or expended on its behalf Image: constraint on the organization without charge 3 The value of services or facilities furnished on its behalf Image: constraint on the organization without charge 4 Total. Add lines 1 through 3 Image: constraint on the organization without charge 4 Total. Add lines 1 through 3 Image: constraint on the organization included on line 1 that exceeds 2% of the anount shown on line 11, column (f) a gover mental unit or publicly supported organization is to sime 4 Image: constraint on the difference of the organization organization organization without charge 4 Total. Support. (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Celeflear year (of first ly ser beginning in) (m) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 Net income from unterest, dividends, payments received on securities loss regularly carried on include gain or loss from the sale of capital assets (Explain in Part VI). 179 5, 690 7, 693 32, 210 3, 210 10 Other income. Do no include gain or loss or 2018 if the organization's first, second, third, fourth, or fifth taxy eara as section 501(c)(3) organization deby ther		membership fees received. (Do not						
izetation's benefit and either paid to or expended on its behalf		include any "unusual grants.")		4164237.	2946771.	3739075.	3858910.	14708993.
or expended on its behalf	2	Tax revenues levied for the organ-						
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Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 INC .

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

81-0779400 Page 3

(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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 in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) or	ganization,
	check this box and stop here						▶∟
	ction C. Computation of Publ					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2019 (line 8, column (f), o	divided by line 13,	, column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	;			
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by	line 13, column (f))	17	%
	Investment income percentage from					18	%
19 a	33 1/3% support tests - 2019. If the	-					line 17 is not
	more than 33 1/3%, check this box a						▶∟
k	33 1/3% support tests - 2018. If the	•					
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check			
9320	23 09-25-19			15	Sch	nedule A (Forr	n 990 or 990-EZ) 2019

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81-0779400 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990 or 990-EZ) 2019 INC. Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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Sche	dule A (Form 990 or 990-EZ) 2019 INC .	81-077940	0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	structions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government ent	ity (see instruction	s).	
2	Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule 17	A (Form 990 or 99	90-EZ)	2019
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Sche	edule A (Form 990 or 990-EZ) 2019 INC.	OR DI		81-0779400 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	ly integrat	ed Type III supporting or	panization (soo

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 or 990-EZ) 2019

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	dule A (Form 990 or 990-EZ) 2019 INC.	(a)(0) Ourse antine a Ourse	0	1-0779400 Page 7
		(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	· · · · · ·		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2017 Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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PRECISION	AGRICULTURE	FOR	DEVELOPMENT,
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Schedule A	(Form 990 or 990-EZ) 2019 INC -				81-0779400 _{Pa}
Part VI	Supplemental Information. P Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part 4 (See instructions.)	b, 4c, 5a, 6, 9a, 9b, 9c, 1 3; Part IV, Section E, lines	1a, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and 3	art IV, Section B, lines 1 a 3b; Part V, line 1; Part V,	and 2; Part IV, Section C, Section B, line 1e; Part V
932028 09-25-			20		A (Form 990 or 990-EZ)
30923	807818 PRECISION	2019.04030	PRECISION	AGRICULTURE	FOR D PRECIS

SC	HEDULE D	Supplementa	al Financial	Statements		OMB No. 1545	5-0047
	n 990)	Complete if the org	anization answered	"Yes" on Form 990.		201	g
Depart	ment of the Treasury		Attach to Form 990			Open to F	
Interna	Revenue Service	on.	Inspectio				
	e of the organizati	8	1 - 07794	00			
Pa		ations Maintaining Donor Advise		er Similar Funds o	r Accounts.	Complete if the)
	organizatio	n answered "Yes" on Form 990, Part IV, lir			(1) = 1		
	-		(a) Donor ad	vised funds	(b) Funds an	d other accoun	its
1		nd of year					
2 3		of contributions to (during year)					
4		it end of year					
5		on inform all donors and donor advisors in		ts held in donor advised	funds		
-	-	on's property, subject to the organization's	-			Yes	🗌 No
6		on inform all grantees, donors, and donor a				•	
	for charitable purp	poses and not for the benefit of the donor of	or donor advisor, or f	or any other purpose cor	nferring		
	impermissible priv					. Ves	No No
Pa	t II Conserv	ation Easements. Complete if the or	ganization answered	"Yes" on Form 990, Parl	t IV, line 7.		
1		servation easements held by the organizat	· ·	ply).			
		n of land for public use (for example, recrea	ation or education)	Preservation of a h			
		of natural habitat		Preservation of a c	ertified historic	structure	
•		n of open space	<i></i>				
2	•	through 2d if the organization held a quali	fied conservation co	ntribution in the form of a		asement on th at the End of the	
•	day of the tax yea					at the chu of the	Tax real
a b		onservation easements					
c c		vation easements on a certified historic sti					
d		vation easements included in (c) acquired					
		nal Register					
3		vation easements modified, transferred, re				ng the tax	
	year 🕨			, ,	0	0	
4	Number of states	where property subject to conservation ea	sement is located >				
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, ins	pection, handling of			
	violations, and ent	forcement of the conservation easements	it holds?			Yes	No No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	, handling of violatior	is, and enforcing conserv	ation easemen	ts during the ye	ear
	►						
7		ses incurred in monitoring, inspecting, hand	dling of violations, an	d enforcing conservatior	n easements du	iring the year	
	▶\$						
8		vation easement reported on line 2(d) abor					—
•)(4)(B)(ii)?				Yes	└── No
9		be how the organization reports conservat		•		- 46 -	
		d include, if applicable, the text of the foot counting for conservation easements.	note to the organizat	ion's financial statement	s that describe	sthe	
Pa		ations Maintaining Collections o	of Art. Historical	Treasures, or Othe	er Similar A	ssets.	
		f the organization answered "Yes" on Form	-	·····, ····			
1a		elected, as permitted under FASB ASC 95		s revenue statement and	balance sheet	works	
	0	easures, or other similar assets held for pu	· ·				
		Part XIII the text of the footnote to its fina			-		
b	If the organization	elected, as permitted under FASB ASC 95	58, to report in its rev	enue statement and bala	ance sheet wor	ks of	
	art, historical treas	sures, or other similar assets held for public	c exhibition, educatio	on, or research in furthera	ance of public s	ervice,	
		ing amounts relating to these items:					
	(i) Revenue inclu	Ided on Form 990, Part VIII, line 1			🕨 💲 🔄		
2		received or held works of art, historical tre			ain, provide		
	-	unts required to be reported under FASB A	-		F .		
		on Form 990, Part VIII, line 1					
		Form 990, Part X				dula D /C 2	000 0040
		eduction Act Notice, see the Instruction	is for form 990.		Sche	dule D (Form 9	90) 2019
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Sche	dule D (Form 990) 2019 INC .		-	-	-	- •	81-0	77940	0 Page 2
	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	r Other			
3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	k any of the	following that	make sig	nificant use of	its	
	collection items (check all that apply):								
а	Public exhibition	c	я <u>Ш</u>	Loan or exc	hange progra	n			
b	Scholarly research	e	,	Other					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	in how t	hey further t	he organizatio	n's exem	pt purpose in F	Part XIII.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m							Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "	Yes" on F	orm 990, Part	IV, line 9, o	r
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod								
	on Form 990, Part X?						I	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:					
								Amoun	it
	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on F						/?	Yes	No
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it							<u></u>	
1 4					(c) Two years) Three years ba		r voare back
1.	Designing of year balance	(a) Current year	(D) F	Prior year	(C) TWO years	DACK (C	I THEE YEARS DA	ск (е) гои	I YEATS DACK
	Beginning of year balance								
b	Contributions								
с С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
f	and programs								
	Administrative expenses								
g 2	End of year balance Provide the estimated percentage of the cur	ront year and balance	L co (lino 1)) hold as:				
2 a	Board designated or guasi-endowment	rent year end balant	%	rg, column (a	a)) Heiu as.				
a b	Permanent endowment	%							
c		%							
C	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse		ation th	at are held a	nd administer	ed for the	organization		
ou	by:		ation in				organization		Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on §	Schedule R?				<u>oa(ii)</u> 3b	
4	Describe in Part XIII the intended uses of the								
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		0, Part l'	V, line 11a. S	See Form 990,	Part X, lir	ne 10.		
	Description of property	(a) Cost or c		1	or other		umulated	(d) Boo	k value
		basis (investr			(other)		eciation	(,	
1a	Land					-			
	Buildings								
	Leasehold improvements			5	1,249.	1	16,076.	3	5,173.
	Equipment			1	2,222.		1,222.	1	1,000.
	Other								
	Add lines 1a through 1e (Column (d) must e		X colu	mn (R) line 1	10c)			4	6,173.

Schedule D (Form 990) 2019

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PRECISION AGRICULTUR	E FOR DEVELOPMENT,
PRECISION AGRICULTUR	E FOR DEVELOPMENT

Schedule D (Form 990) 2019 INC .		81	-0779400 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 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	I-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1.(a) Description of liability			(b) Book value
(1) Eederal income taxes			

 (1) Federal income taxes

 (2)

 (3)

 (4)

 (5)

 (6)

 (7)

 (8)

 (9)

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

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

Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 INC •				0779400	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturr	า.	
	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	4,007	,717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	1,140.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,140.
3	Subtract line 2e from line 1			3	4,006	,577.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,006,	<u>,577.</u>	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	n Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,876,	,895.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,876,	,895.
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.)	4b				_
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,876,	,895.
Pa	rt 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.

932054 10-02-19

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates -	OMB No. 1545-0047	
(Form 990)	15, or 16.	2019					
Department of the Treasury Internal Revenue Service		Open to Public Inspection					
Name of the organization			orm990 for instructions and the lates			dentification numbe	ər
PRECISION AGRI INC.	CULTURE F	OR DEVEL	JOPMENT ,		81-077	79400	
	ormation on A	Activities Ou	tside the United States. Comple	ete if the orgar			_
Form 990, Part							
-	•		ds to substantiate the amount of its grather the selection criteria used to award the		-	Yes No	0
2 For grantmakers. Des United States.	scribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistanc	ce outside the	
			an be duplicated if additional space is				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (o gram service, e specific type e(s) in the regio	e expenditures for and investments	5
				AGRICULTURA TECHNOLOGY	,		
INDIA	5	14	PROGRAM SERVICES	TO SMALLHOI	LDER FARMEF	RS. 804,737	7.
				AGRICULTUR TECHNOLOGY	& ASSISTAN		_
KENYA	2	21	PROGRAM SERVICES	TO SMALLHOI	LDER FARMEF	RS. 1,374,677	1.
				AGRICULTURA TECHNOLOGY	,	NCE	
PAKISTAN	1	4	PROGRAM SERVICES	TO SMALLHOI	LDER FARMEF	RS. 129,798	3.
		7	DOODAM GEDVICES	AGRICULTURA TECHNOLOGY	& ASSISTAN		1
ETHIOPIA	1	7	PROGRAM SERVICES	TO SMALLHOI	LDER FARMEF	RS. 329,501	<u> </u>
BANGLADESH	1	0	PROGRAM SERVICES	AGRICULTURA TECHNOLOGY TO SMALLHOI	& ASSISTAN		8
							_
UNITED KINGDOM	1	1	ADMINISTRATIVE SERVICES			122,418	Β.
3 a Subtotal	11	47				2,817,559	θ.
b Total from continuation sheets to Part I		0				0	0.
c Totals (add lines 3a							
and 3b)		47 see the Instruc	tions for Form 990.		Sched	2,817,559 Iule F (Form 990) 201	

932071 10-12-19

81-0779400

Schedule F (Form 990) 2019

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the					<u> </u>
			tion 501(c)(3) equivalency lette			•		

Page 2

81-0779400

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if a	politional space is neede		i		1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Sched	ule F (Form 990) 2019 INC •	81-0779400	Page 4
Part			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes [X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes [X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes [X No

Schedule F (Form 990) 2019

PRECISION	AGRICULTURE	FOR	DEVELOPMENT,
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		INC.				31-07794	100 Pag
Part V	Supplemental I						
	investments vs. exp	enditures per region); Part II, line 1 (accoun	ting method); Part III	column (f) (accounting r (accounting method); a any additional informatio	and Part III, co	lumn (c)
32075 10-12-	19			2.4		Schedule F	(Form 990) 2
30923	807818 PRE	CISION	2019.04030	34 PRECISION	AGRICULTURE	FOR D	PRECIS

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47		
(Fo	rm 990)		2019					
-	-	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ)		
Dena	tment of the Treasury		Open to Pub					
Intern	al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organizatio		Employer ide			mber		
		INC.	81-07	7940	0			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o							
	Travel for con							
		cation and gross-up payments						
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)					
	If any other	and the second standard attribution of the term of the second standard standard standard standards at the second						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2				
-								
3		ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		compensation consultant						
	X Form 990 of c	ther organizations Approval by the board or compensation of	ommittee					
	During the upon di	d any names listed on Four 200 Days VII. Costion A line to with respect to the filing						
4		d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	•	elated organization:		1-		x		
a k		ce payment or change-of-control payment?				X		
b		ceive payment from, a supplemental nonqualified retirement plan?				X		
С		ceive payment from, an equity-based compensation arrangement?		4c		- 25		
	I res to any or i	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
5	contingent on the							
я	0			5a		x		
h	Any related organiz	zation?		. 5a 5b	1	X		
~		or 5b, describe in Part III.				_		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
•	contingent on the							
а				6a		x		
		zation?				X		
-		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	s					
-		nes 5 and 6? If "Yes," describe in Part III		7		x		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t						
-	•	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x		
9		lid the organization also follow the rebuttable presumption procedure described in						
•		n 53.4958-6(c)?		9				
LHA		eduction Act Notice, see the Instructions for Form 990.		le J (Forr	n 990)) 2019		

932111 10-21-19

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) HEINRICH C. BAUMANN	(i)	219,284.	0.	0.	37,000.	984.	257,268.	0
MANAGING DIR./TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(ii)							
	(i) (ii)							

Page 2

81-0779400

Schedule J (Form 990) 2019

Part III Supplemental Information

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

Schedule J (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Name of the organization PRECISION AGRICULTURE FOR DEVELOPMENT, INC.

81-0779400

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

INFORMATION AND SERVICES THAT INCREASE PRODUCTIVITY, PROFITABILITY, AND

ENVIRONMENTAL SUSTAINABILITY.

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

UGANDA, AND BANGLADESH. THESE OPPORTUNITIES HAVE ALLOWED PAD TO REACH

OVER 340,000 FARMERS, BOTH THROUGH OUR OWN SERVICES AND RESEARCH

EFFORTS AS WELL AS THROUGH PARTNERSHIPS. PAD MAINTAINS TWO LAB

SETTINGS - ONE IN GUJARAT, INDIA AND ONE IN WESTERN KENYA - WHERE WE

OFFER DIRECT SERVICES TO FARMERS WHILE EXPERIMENTING, EVALUATING, AND

UPGRADING OVER TIME. THESE TWO INITIATIVES INFORM PARTNERSHIPS IN BOTH

COUNTRIES AND ELSEWHERE THAT OFFER OPPORTUNITIES FOR SCALING THE

APPROACHES THAT HOLD PROMISE FOR COST-EFFECTIVELY DELIVERING IMPACT.

WE ARE PLEASED TO BE SUPPORTING THE GOVERNMENTS OF ODISHA (INDIA),

PUNJAB (PAKISTAN), AND ETHIOPIA (THROUGH THE AGRICULTURAL

TRANSFORMATION AGENCY) TO BUILD, CUSTOMIZE, AND EVALUATE MOBILE

PHONE-BASED ADVISORY SYSTEMS THAT THEY OWN AND INTEGRATE INTO THEIR

EXISTING PUBLIC EXTENSION INFRASTRUCTURE. WE ARE ALSO SUPPORTING

EFFORTS TO DESIGN AND EVALUATE SERVICES WITH ONE ACRE FUND IN BOTH

KENYA AND RWANDA, AND SEVERAL PARTNERS ACROSS INDIA.

FORM	1990,	PAI	RT VI	I, SEC	TION B,	LIN	E 11	LB:							
THE	BOARI	OF	DIR	ECTORS	REVIEW	AND	API	PROVE	THE	FORM	990	PRIOR	то	ITS	FILING.
THE	FORM	990	WAS	THEN	AUTHORI	ZED .	AND	SIGN	ED BY	THE	ORG	ANIZATI	ION '	'S M2	ANAGING
DIRE	ECTOR.														

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

N 2019.04030 PRECISION AGRICULTURE FOR D PRECISI1

Schedule O (Form 990 or 990-EZ) (2019) Page 2									
Name of the organization	PRECISION INC.	AGRICULTURE	FOR	DEVELOPMENT,	Employer identification number 81-0779400				

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

THE BOARD OF DIRECTORS REQUIRES AN ANNUAL DECLARATION FROM ALL BOARD MEMBERS AS TO THE EXISTENCE AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. THE BOARD MEMBERS SIGN A DISCLOSURE STATEMENT. ANY POTENTIAL CONFLICTS ARE DISCUSSED BY THE DIS-INTERESTED BOARD MEMBERS, WHILE THE PARTY IN POTENTIAL CONFLICT IS REQUIRED TO LEAVE THE ROOM. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUSSION AND DECISION MAKING PROCESS. IN THE EVENT OF A POTENTIAL CONFLICT, PROCEDURES TO OBTAIN COMPETITIVE BIDS AND DILIGENCE ON FAIR MARKET VALUE WILL BE ESTABLISHED.

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

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATIVE PROGRAM FOR THE KEY EXECUTIVES OF THE ORGANIZATION. THE INDEPENDENT MEMBERS OF THE BOARD MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE CHANGES, AS DEEMED APPROPRIATE. A MARKET EVALUATION IS CONDUCTED AS NEEDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19	FORM	990,	PART	VI,	SECTION	С,	LINE	19
---------------------------------------	------	------	------	-----	---------	----	------	----

ORGANIZATION FILINGS ARE MADE AVAILABLE UPON REQUEST.

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

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

244,739.

100,118.

346,809.

1,952.

10530923 807818 PRECISION

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization PRECISION AGRICULTURE FOR DEVELOPMENT,	Page 2
Name of the organization PRECISION AGRICULTURE FOR DEVELOPMENT, INC.	Employer identification number 81-0779400
IMPLEMENTATION AND FIELD COSTS:	
PROGRAM SERVICE EXPENSES	359,080.
MANAGEMENT AND GENERAL EXPENSES	234.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	359,314.
PERSONNEL COSTS, NON-US BASED:	
PROGRAM SERVICE EXPENSES	1,351,246.
MANAGEMENT AND GENERAL EXPENSES	171,476.
FUNDRAISING EXPENSES	17,653.
TOTAL EXPENSES	1,540,375.
US BASED CONTRACTORS:	
PROGRAM SERVICE EXPENSES	22,050.
MANAGEMENT AND GENERAL EXPENSES	5,072.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	27,122.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,273,620.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

10530923 807818 PRECISION 2019.04030 PRECISION AGRICULTURE FOR D PRECISI1

40

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instru PRECISION AGRICULTURE FOR		OPMENT.	Taxpayer identification number (TIN)							
	INC.	81-0779400									
File by the due date for filing your return. See	90 CANAL STREET, SUITE 400	see instruc	tions.								
instruction	structions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02114										
Enter th	e Return Code for the return that this application is for (fil	le a separa	te application for each return)			0 1					
Applica	tion	Return	Application			Return					
Is For		Code	Is For			Code					
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 99	0-BL	02	Form 1041-A			08					
Form 47	20 (individual)	03	Form 4720 (other than individual)			09					
Form 99	0-PF	04	Form 5227			10					
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 99	0-T (trust other than above)	06	Form 8870 RE FOR DEVELOPMENT			12					
Telep If the If this box 1 Ir th 2 If [equest an automatic 6-month extension of time until e organization named above. The extension is for the org X calendar year 2019 or	is in the Ur Group Exe and atta NOVEI ganization's , an check reas	Fax No. ▶ nited States, check this box	f this is fo f all memb e the exem	r the whole grou ers the extension npt organization	on is for.					
ar	y nonrefundable credits. See instructions.			3a	\$	0.					
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0					
	timated tax payments made. Include any prior year over			3b	\$	0.					
	alance due. Subtract line 3b from line 3a. Include your pa	•				0					
	ing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.					
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	I (direct de	bit) with this Form 8868, see Form 8	3453-EO ai	nd Form 8879-E	O for payment					
LHA	For Privacy Act and Paperwork Reduction Act Notice,	, see instr	uctions.		Form 886	B (Rev. 1-2020)					