

**New Hampshire**  
*Department of Agriculture,  
Markets, and Food*

Shawn N. Jasper, Commissioner



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MAR 04 2026

February 4, 2025

Her Excellency, Governor Kelly A. Ayotte  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

1. Authorize the New Hampshire Department of Agriculture, Markets, and Food, to enter into a grant agreement with Taproot Farm & Environmental Education Center (VC# 288480), Lancaster, NH, for the Resilient Food Systems Infrastructure Program in the amount of \$111,637.00, effective upon Governor and Council approval through May 1, 2027. **100% Federal Funds.**
2. Further authorize an advance payment in the amount of \$111,637.00 to Taproot Farm & Environmental Education Center, Lancaster, NH, in accordance with the terms of the agreement, effective upon Governor and Council approval. **100% Federal Funds.**

Funding is available in account Resilient Food Sys Infra as follows

	FY 26
02-18-18-180010-28710000-072-502683 – Subaward Payments	\$111,637.00

**EXPLANATION**

The Resilient Food Systems Infrastructure Program is a USDA funded grant program intended to serve middle-of-the-supply-chain needs to add value and provide more, new, and better markets for locally or regionally produced food.

The funds are intended to support expanded capacity for the aggregation, processing, manufacturing, storing, transporting, wholesaling, and distribution of locally and regionally produced food products.

This project will support Taproot Farm & Environmental Education Center, Lancaster, NH, to purchase specialized food distribution equipment and support the creation of a north country food hub. This project was selected by a review panel comprised of industry relevant experts and subsequently approved by USDA to be aligned with the eligibility criteria for the Resilient Food Systems Infrastructure Program.

In the event that Federal Funds are no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

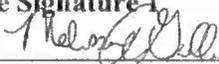
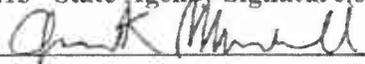
A handwritten signature in black ink, reading "Shawn N. Jasper". The signature is written in a cursive style with a large, prominent initial "S".

Shawn N. Jasper  
Commissioner

GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby  
Mutually agree as follows:  
GENERAL PROVISIONS

I. Identification and Definitions.

<b>1.1. State Agency Name</b> Department of Agriculture, Markets, and Food		<b>1.2. State Agency Address</b> 1 Granite Place South, Concord, NH 03301	
<b>1.3. Grantee Name</b> Taproot Farm & Environmental Education Center.		<b>1.4. Grantee Address</b> 101 Main Street, Lancaster, NH 03584	
<b>1.5 Grantee Phone #</b> 603-788-4183	<b>1.6. Account Number</b> 28710000	<b>1.7. Completion Date</b> May 1, 2027	<b>1.8. Grant Limitation</b> \$111,637
<b>1.9. Grant Officer for State Agency</b> Joshua Marshall		<b>1.10. State Agency Telephone Number</b> 603-271-3551	
If Grantee is a municipality or village district: "By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
<b>1.11. Grantee Signature 1</b> 		<b>1.12. Name &amp; Title of Grantee Signor 1</b> Melissa Grella, Executive Director	
<b>Grantee Signature 2</b>		<b>Name &amp; Title of Grantee Signor 2</b>	
<b>Grantee Signature 3</b>		<b>Name &amp; Title of Grantee Signor 3</b>	
<b>1.13 State Agency Signature(s)</b> 		<b>1.14. Name &amp; Title of State Agency Signor(s)</b> JOSH MARSHALL, ASST. COMMISSIONER	
<b>1.15 Approval by Attorney General (Form, Substance and Execution) (if G &amp; C approval required)</b> By: <i>Vasilios Mantos</i> Assistant Attorney General, On: / / 2/10/26			
<b>1.16. Approval by Governor and Council (if applicable)</b> By: On: / /			

2. **SCOPE OF WORK:** In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

3. AREA COVERED: Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.
4. EFFECTIVE DATE: COMPLETION OF PROJECT.
- 4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").
- 4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").
5. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.
- 5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.
- 5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.
- 5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.
- 5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.
- 5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.
6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.
7. RECORDS and ACCOUNTS.
- 7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.
- 7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Grantee in block 1.3 of these provisions
8. PERSONNEL.
- 8.1. The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized to perform such Project under all applicable laws.
- 8.2. The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.
- 8.3. The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant Officer, and his/her decision on any dispute, shall be final.
9. DATA RETENTION OF DATA: ACCESS.
- 9.1. As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations,
- 9.2. computer programs, computer printouts, notes, letters, memoranda, paper, and documents, all whether finished or unfinished.
- 9.3. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.
- 9.4. No data shall be subject to copyright in the United States or any other country by anyone other than the State.
- 9.5. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.
10. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.
10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.
11. EVENT OF DEFAULT: REMEDIES.
- 11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):
- 11.1.1 Failure to perform the Project satisfactorily or on schedule; or
- 11.1.2 Failure to submit any report required hereunder; or
- 11.1.3 Failure to maintain, or permit access to, the records required hereunder; or
- 11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.
- 11.2. Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
- 11.2.1 Give the Grantee a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Grantee notice of termination; and
- 11.2.2 Give the Grantee a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the Grant Amount which would otherwise accrue to the Grantee during the period from the date of such notice until such time as the State determines that the Grantee has cured the Event of Default shall never be paid to the Grantee; and
- 11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default, and
- 11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.
12. TERMINATION.
- 12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.
- 12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.
- 12.3. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.
- 12.4. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

- approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.
14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.
15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.
16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.
17. INSURANCE.
- 17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:
- 17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and
- 17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than \$1,000,000 per occurrence and \$2,000,000 aggregate for bodily injury or death any one incident, and \$500,000 for property damage in any one incident; and
- 17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.
18. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event, or any subsequent Event. No express waiver of any Event of Default shall be deemed a waiver of any provisions hereof. No such failure of waiver shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other default on the part of the Grantee.
19. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses first above given.
20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.
21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intent of the parties hereto.
22. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.
23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.
24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

### Exhibit A, Special Provisions

A.1 If the date for commencement for Exhibit A precedes the Effective Date all services performed by the Grantee between the commencement date and the Effective Date shall be performed at the sole risk of the Grantee and in the event that this Agreement does not become effective, the State shall be under no obligation to pay the Grantee for any costs incurred or services performed.

### Exhibit B, Scope of Work

B.1 The grantee shall utilize awarded Resilient Food Systems Infrastructure Program (RFSI) funds (USDA-AMS Award #23RFSINH0012) for project titled "Expanding Markets Through Taproot North Country Food Hub Operations Project" as detailed in the grantee's Infrastructure Grant Proposal as approved by USDA, which is hereby incorporated by reference.

B.2 Outcomes shall be measured in accordance with the Expected Performance Measures section of the grantee's Infrastructure Grant Proposal, increasing capacity in the middle of the supply chain and economic viability of local/regional producers and processors.

B.3 **Compliance.** All project work shall be managed by the grantee who shall be responsible for all project development and oversight. This includes adhering to applicable federal grant uniform administrative requirements as specified in the Code of Federal Regulations and other federal requirements as follows:

- a. Grant funds awarded to state, local, and Tribal governments; public and private colleges and universities; and non-profit organizations are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards contained in 2 CFR part 200 and 2 CFR part 400.
- b. Grant funds awarded to federal government entities are subject to the Uniform Administrative Requirements and Cost Principles for Federal Awards contained in 2 CFR part 200 and 2 CFR part 400.
- c. Grant funds awarded to For-Profit Organizations are subject to the Uniform Administrative Requirements contained in 2 CFR part 200 and 2 CFR part 400, and the Cost Principles contained in the Federal Acquisition Regulation (FAR) Subpart 31.2, Contracts with Commercial Organizations, codified at 48 CFR 31.2.
- d. Recipients are responsible for the consistent application of the Federal regulations to the RFSI grant funds including the USDA AMS General Terms and Conditions and the RFSI Program Specific Terms and Conditions.
- e. The CFR is accessible on the National Archives and Records Administration website and in the Electronic Code of Federal Regulations at [www.ecfr.gov](http://www.ecfr.gov).

B.4 **Prior Approval Requirements:** To make any changes to this project (including, but not limited to, scope of work, budget, equipment purchase, rental, contractor rates, key personnel, etc.) the grantee must submit a written request detailing the desired changes and obtain written approval from the New Hampshire Department of Agriculture, Markets, and Food. Certain changes may also require approvals from the US Department of Agriculture, Agricultural Marketing Service and or Governor and Executive Council.

**B.5 Reporting/Monitoring:** The grantee is required to submit a written progress report and Annual Performance Report (template provided by USDA-AMS) during each year of the project. Grantee is also subject to monitoring site visits from the NH Department of Agriculture, Markets, and Food and/or University of New Hampshire Cooperative Extension staff.

**B.6 Records:** Record retention and accessibility is governed by 2 CFR 200.333 and 200.337. The grantee must retain financial records, project records, and supporting documents for a period of three years from the date the Grant Agreement is closed

**Exhibit C, Payment**

**C.1** The grant amount shall not exceed \$111,637.00.

- a. The grantee shall be paid within 30 days of submission of an invoice detailing work done and work to be completed with the funds.
- b. Copies of receipts for all project expenditures must also be submitted.
- c. Invoices must be approved by the Assistant Commissioner.
- d. All expenditures must be made as per the approved scope of work and budget in the Infrastructure Grant Proposal.

**C.2 Payment Process:** In order to receive payment, Grantee must first be registered with the New Hampshire Department of Administrative Services (DAS) for a State of New Hampshire vendor number. If Grantee already has a vendor number and supplied it to DAMF, initial payment will be made once we receive Governor and Council approval. If Grantee does not already have a vendor number, registration is available at:

[https://apps.das.nh.gov/vendorregistration/\(S\(rnkbxvllfoscaesvql1n3np2\)\)/welcome.aspx](https://apps.das.nh.gov/vendorregistration/(S(rnkbxvllfoscaesvql1n3np2))/welcome.aspx).

**C.3 Method of Disbursement:** Payment by the State shall be completed by check or Electronic Funds Transfer ("EFT") in accordance with the vendor registration.

# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that TAPROOT FARM & ENVIRONMENTAL EDUCATION CENTER, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 09, 2015. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 722652

Certificate Number: 0007188418



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 27th day of May A.D. 2025.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State



## Taproot Farm & Environmental Education Center

nourishing food -- healthy environment -- strong community

101 Main Street, Lancaster, NH 03584  
(603) 788-4183  
www.taprootnh.org

### Corporate Resolution of Signing Authority

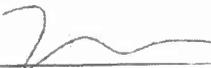
WHEREAS, the Corporation is determined to grant signing and authority to certain person(s) described hereunder for the State of New Hampshire and USDA's Resilient Food System Infrastructure (RFSI) grant award.

RESOLVED, that the Board of Directors of Taproot Farm & Environmental is hereby authorized and approved to authorize and empower the following individual to act on behalf of the organization and to sign all RFSI investment documents that bind the applicant and accept funds for the purposes outlined in the RFSI application and accompanying grant award agreement:

Dr. Melissa Grella  
Executive Director  
101 Main Street  
Lancaster, NH 03584  
melissa@taprootnh.org  
(603) 788-4183 ext. 2

This resolution has been approved by the Board of Directors of Taproot Farm & Environmental Education Center on January 30, 2026 by Evote in accordance with the Corporation's Bylaws.

I, as authorized by the Company, hereby certify and attest that all the information above is true and correct.

  
\_\_\_\_\_  
Kyle van der Laan, Secretary

\_\_\_\_\_  
Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/08/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425		<b>CONTACT NAME:</b> Sidney Stevens <b>PHONE (A/C, No, Ext):</b> (603) 293-2791 <b>E-MAIL ADDRESS:</b> sidney@esinsurance.net <b>FAX (A/C, No):</b> (603) 293-7188	
<b>INSURED</b> Taproot Farm & Environmental Education Center, DBA: Taproot 101 Main Street Lancaster NH 03584		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Great American Insurance Group INSURER B: Wesco Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> GAIG 25011	

**COVERAGES** CERTIFICATE NUMBER: 25 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PAC 2471975 07	03/08/2025	03/08/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PAC 2471975 07	03/08/2025	03/08/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired and Non-Owned \$ 1,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N N/A			WWC3717225	06/10/2025	06/10/2026	<input checked="" type="checkbox"/> PER STATUTE OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liability			PAC 2471975 07	03/08/2025	03/08/2026	each professional incident \$1,000,000 each abusive conduct \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> State of New Hampshire, Department of Agriculture Markets and Food 1 Granite Place Soul Suite 211 Concord NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Sidney Kennedy</i>
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# NONPROFIT COVER SHEET

A. Entity Name: Taproot Farm & Environmental Center \_\_\_\_\_

B. Entity's Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):

Melissa Grella, Executive Director – melissa@taprootnh.org

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C. List Board of Directors and Affiliations

<u>Name (Identify any additional role(s) in Parentheses)</u>	<u>Affiliations</u>
E.g., John Doe (President)	
Megan Greene	Self
Kyle van der Laan (Secretary)	Self
Mary Von Alt (President)	Self
Nancy Phillips	Self
Erik Becker	Self
Dr. Melissa Grella (non-voting)	Taproot Farm & EE Center

D. List Key Personnel (Resumes must be available upon request to the person(s) listed in section B or may be attached):

<u>Name</u>	<u>Role</u>	<u>Annual Salary</u>	<u>Amount Paid From This Contract</u>
Melissa Grella	Executive Director	\$18,200	\$0
TBD	North Country Food Hub Project Coordinator	\$40,000	\$4,963

**DISCLOSURE OF LEGAL ACTIVITIES INVOLVING THE STATE OF NEW HAMPSHIRE OR ANOTHER GOVERNMENT ENTITY**

E. Check one of the following:

- The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**
- The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).
- 
- 
- 

**CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION**

F. Check one of the following:

- is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (\*\* see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**
- is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**
- is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

\*\* Note: Attached screen shot from the DOJ Registered Charities List found at:

[http://dmah.g... !\[\]\(f1ee6d81bdeaf50ad3989e9a2b0d9b21\_img.jpg\)](http://dmah.g...)

**FINANCIAL DISCLOSURES**

**G. Check one the following:**

- The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**
- The above does not apply, but the organization filed an IRS Form 990 or Form 990-EZ for its most recently completed fiscal year. Please attach that IRS Form 990 or Form 990-EZ to the submission. (Form 990 Schedule B is not required) **OR**
- If neither of the above apply*, complete the Income Statement and Balance Sheet below with the following basic financial information from the organization's most recently completed fiscal year:

**1. INCOME STATEMENT**

	<u>Revenue</u>		<u>Expenses</u>
<i>Grants</i>	\$	<i>Compensation of officers, directors, and key personnel</i>	\$
<i>Donations</i>	\$	<i>Other salaries &amp; wages</i>	\$
<i>Program Services Revenue</i>	\$	<i>Payroll taxes &amp; employee benefits</i>	\$
<i>Interest &amp; Dividends</i>	\$	<i>Occupancy, rent, utilities, and insurance</i>	\$
<i>All other Revenue</i>	\$	<i>Printing, publications, postage, office supplies, and IT</i>	\$
<u>Total Revenue</u>	\$	<i>All other expenses</i>	\$
		<u>Total Expenses</u>	\$

## 2. BALANCE SHEET

<u>Assets</u>		<u>Liabilities</u>	
<i>Cash &amp; Equivalents</i>	\$	<i>Accounts Payable</i>	\$
<i>Investments</i>	\$	<i>Loans Payable</i>	\$
<i>Real Estate (less any depreciation)</i>	\$	<i>All other liabilities</i>	\$
<i>Other Property &amp; Equipment (less any depreciation)</i>	\$	<u>Total Liabilities</u>	\$
<i>Pledges, grants, accounts receivable</i>	\$		
<i>All other assets</i>	\$		
<u>Total Assets</u>	\$		

Registered Charities List

G = Good Standing; X = Not in Good Standing; S = Suspended

Name	Address	City	State	Zip	Status	R
Foundation	230 Congress Street, 12th Floor	Boston	MA	02110	G	5
* Farm & Environmental Education Center, Inc.	101 Main Street, Lancaster, NH 03584	Lancaster	NH	03584	G	5
Charitable Trust	15 Pleasant Street	Portsmouth	NH	03801	G	5
Castle Arts	243 Foster Hill Road	Landaff	NH	03585	G	5
in Road Development Corporation	198 Hanover Street	Manchester	NH	03104	G	2
Animal Rescue Project	464 Beede Hill Road	Fremont	NH	03044-3207	S	5
ce Dagger Foundation	12655 North Central Expressway, Suite 330	Dallas	TX	75243	X	1
	PO Box 186	North Uxbridge	MA	01538-0186	G	5
am Foundation	320 Congress Street	Boston	MA	02210	X	5
Pi Association, Inc.	PO Box 2697	Knoxville	TN	37901-2697	G	1
idation	1325 G Street, NW Washington, DC 20005	Washington	DC	20005	G	5
s for Common Sense	651 Pennsylvania Avenue SE Washington, DC 20003	Washington	DC	20003	X	5
s Protection Alliance	1101 14th Street NW, Suite 1120	Washington	DC	20005	X	1
s Protection Alliance Foundation, Inc.	1101 14th Street, NW, Suite 1120	Washington	DC	20005	X	5
ristian Foundation	110 West Parish Road	Concord	NH	03303	G	5
ommunity	435 Union Avenue	Laconia	NH	03246	G	9
ose Foundation	18 Abbie Drive	Weare	NH	03281	X	5
niversity, Inc.	1846 S Main St Upland, IN 46989	Upland	IN	46989	G	1
ndation	99 Ford Street	Chesapeake	VA	23323	X	1
y Patriots Action, Inc.	2295 Townelake Pkwy, Ste 116-314 Woodstock, GA 301	Woodstock	GA	30189	G	5
y Patriots Foundation, Inc.	1747 Pennsylvania Ave NW, #1000	Washington	DC	20006	G	5
r All, Inc.	25 Broadway, 12th Floor	New York	NY	10004	G	2
r America, Inc.	25 Broadway 12th Floor	New York	NY	10004	G	4
	1959 Palomar Oaks Way, Suite 300	Carlsbad	CA	92011	X	1
: & Paws Project, Inc.	9 Hillside Drive	Nashua	NH	03064	G	5
: College, Columbia University	525 West 120th Street, Box 30	New York	NY	10027	X	1
Ride	54 Main St.	Plymouth	NH	03264	G	5
amily Scholarship Trust	1390 County Road	North Haverhill	NH	03774	S	2
art, Inc.	3675 Crestwood Pkwy, Suite 350 Duluth, ga 30096	Duluth	ga	30096	G	5
pact, Inc.	500 Victory Road Quincy, MA 02171	Quincy	MA	02171	X	5
ffrey	PO Box 116	Jaffrey	NH	03452	G	5
seph	C/O 3675 Crestwood Parkway Suite 350	Duluth	GA	30096	G	5
d, White & Blue, Inc.	3818 Paoli Pike Floyds Knobs, IN 47119	Floyds Knobs	IN	47119	G	5

### Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

47-3594106

#### TAPROOT FARM & ENVIRONMENT EDU CTR

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>259,693</u>
<b>Revenue</b>		
Contributions	<u>99,614</u>	
Program service revenue	<u>13,432</u>	
Investment income	<u>          </u>	
Capital gain / loss	<u>          </u>	
Fundraising / Gaming:		
Gross revenue	<u>          </u>	
Direct expenses	<u>          </u>	
Net income	<u>          </u>	
Other income	<u>83,429</u>	
<b>Total revenue</b>		<u>196,475</u>
<b>Expenses</b>		
Program services	<u>224,031</u>	
Management and general	<u>40,463</u>	
Fundraising	<u>15,986</u>	
<b>Total expenses</b>		<u>280,480</u>
<b>Excess / (deficit)</b>		<u>-84,005</u>
Changes		<u>          </u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>175,688</u>

**Reconciliation of Revenue**

Total revenue per financial statements	<u>          </u>
Less:	
Unrealized gains	<u>          </u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u>196,475</u>

**Reconciliation of Expenses**

Total expenses per financial statements	<u>          </u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u>280,480</u>

	Beginning	Ending	Differences
Assets	<u>393,137</u>	<u>407,633</u>	
Liabilities	<u>133,444</u>	<u>231,945</u>	
<b>Net assets</b>	<u>259,693</u>	<u>175,688</u>	<u>-84,005</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/17/25  
 Failure to file penalty \_\_\_\_\_

Form **8879-TE**

**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service  
Name of filer

For calendar year 2024, or fiscal year beginning ..... 2024, and ending ..... 20

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

**2024**

EIN or SSN  
**47-3594106**

Name and title of officer or person subject to tax  
**TAPROOT FARM & ENVIRONMENT EDU CTR**  
**MARY VON ALT**  
**PRESIDENT**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<input checked="" type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>196,475</u>
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	_____
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	_____
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	_____
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	_____
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	_____
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize MASON & RICH P.A. to enter my PIN 31349 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 11/17/25

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

\*\*\*\*\*

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature LENA TASSI, CPA Date 11/17/25

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2024**  
 Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **TAPROOT FARM & ENVIRONMENT EDU CTR**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **101 MAIN STREET** Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **LANCASTER NH 03584**

**D** Employer identification number: **47-3594106**

**E** Telephone number: **603-631-6761**

**G** Gross receipts: **408,770**

**F** Name and address of principal officer: **MARY VON ALT**  
**101 MAIN STREET**  
**LANCASTER NH 03584**

H(a) Is this a group return for subordinates?  Yes  No  
 H(b) Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.TAPROOTNH.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2015** **M** State of legal domicile: **NH**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS EDUCATING, INSPIRING, AND CONNECTING COMMUNITIES TO THE LAND, TO THEIR FOOD, AND TO EACH OTHER.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>4</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>3</b>
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>9</b>
	6	Total number of volunteers (estimate if necessary)	<b>44</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>135,230</b> Current Year: <b>99,614</b>
	9	Program service revenue (Part VIII, line 2g)	<b>17,817</b> <b>13,432</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-702</b> <b>0</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>105,944</b> <b>83,429</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>258,289</b> <b>196,475</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>161,163</b> <b>183,217</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25)	<b>15,986</b>
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>113,697</b> <b>97,263</b>	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>274,860</b> <b>280,480</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>-16,571</b> <b>-84,005</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: <b>393,137</b> End of Year: <b>407,633</b>
	21	Total liabilities (Part X, line 26)	<b>133,444</b> <b>231,945</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>259,693</b> <b>175,688</b>

**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 Here** Signature of officer: **MARY VON ALT** Date: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only** Preparer's name: **LENA TASSI, CPA** Preparer's signature: **LENA TASSI, CPA** Date: **11/17/25** Check  if self-employed PTIN: **P02111496**  
 Firm's name: **MASON & RICH P.A.** Firm's EIN: **02-0365196**  
 Firm's address: **6 BICENTENNIAL SQ** Phone no.: **603-224-2000**  
**CONCORD, NH 03301-4058**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS EDUCATING, INSPIRING, AND CONNECTING COMMUNITIES TO THE LAND, TO THEIR FOOD, AND TO EACH OTHER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 215,480 including grants of\$ ) (Revenue \$ 295,724 )

THE MARKETPLACE SUPPORTS AN AGRARIAN SOCIETY BY CONNECTING CONSUMERS TO APPROXIMATELY 150 LOCAL AND REGIONAL FARMERS, PRODUCERS, BREWERS, AND VENDORS YEAR ROUND. CONNECTING PEOPLE TO FRESH, NOURISHING, LOCAL FOOD GROWN WITH HEALTHY AGRICULTURAL PRACTICES IS A LEVERAGE POINT FOR INSPIRING ONE TO CARE FOR THE ENVIRONMENT.

4b (Code: ) (Expenses \$ 4,961 including grants of\$ ) (Revenue \$ 11,298 )

AGRICULTURAL AND ECOLOGICAL BASED EDUCATION PROGRAMS FOCUSING ON FOOD SYSTEMS AND THE ENVIRONMENT TO GET CHILDREN OUTSIDE. OUR EDUCATION MODEL ENGAGES CHILDREN IN OUTDOOR LEARNING BY ENCOURAGING DISCOVERY, INSPIRING CURIOSITY, AND NURTURING RELATIONSHIPS. PROGRAMS INCLUDE NATURE-BASED SUMMER CAMP, FARM AND FOREST FRIDAY, NATURE AND GARDEN PROGRAMS, AND HOMESCHOOL SERIES.

4c (Code: ) (Expenses \$ 3,590 including grants of\$ ) (Revenue \$ 2,134 )

THE FOOD ACCESS PROGRAM STRIVES TO INCREASE EQUITABLE ACCESS TO FRESH, NOURISHING, LOCAL FOOD THAT IS GROWN WITH HEALTHY AGRICULTURAL PRACTICES. INCOME LEVEL, DEMOGRAPHIC, OR GEOGRAPHIC LOCATION SHOULD NEVER BE A BARRIER TO ACTIVELY PARTICIPATING IN THE LOCAL AND REGIONAL FOOD SYSTEM. PROGRAMS INCLUDE GLEANING, PLANT-A-ROW, LANCASTER COMMUNITY GARDEN, SNAP INCENTIVE PROGRAMS, AND FARM SHARE COMMUNITY SUPPORTED AGRICULTURE.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$ ) (Revenue \$ )

4e Total program service expenses 224,031

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 93-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> 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		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>f</b> 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		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>X</b>
<b>b</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		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> 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		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		<b>X</b>
<b>18</b> 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		<b>X</b>
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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		<b>X</b>

**Part 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		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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		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	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		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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)?		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		
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		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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		Yes	No		
<b>2a</b>	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	<b>2a</b>	9		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>4</b>	
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>3</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>X</b>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NH**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

MELISSA GRELLA  
LANCASTER

101 MAIN STREET

NH 03584

603-631-6761

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELISSA GRELLA EXECUTIVE DIRECTOR	40.00 0.00			X			45,000	0	0	
(2) KYLE VAN DER LAAN SECRETARY	2.00 0.00	X	X				0	0	0	
(3) NANCY PHILLIPS TREASURER	1.00 0.00	X	X				0	0	0	
(4) MARY VON ALT PRESIDENT	1.00 0.00	X	X				0	0	0	
(5) ERIK BECKER TRUSTEE	1.00 0.00	X					0	0	0	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>							<b>45,000</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>45,000</b>			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		<b>X</b>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	99,614			
	g Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total. Add lines 1a-1f</b>		<b>99,614</b>			
Program Service Revenue	2a SCHOOL AND CAMP PROGRAMS	Business Code	11,298	11,298		
	b FOOD ACCESS PROGRAMS		2,134	2,134		
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>13,432</b>			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real	(ii) Personal		
		b Less rental expenses	6b			
		c Rental inc. or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Secured	(ii) Other		
		b Less cost or other basis and sales exps.	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a		295,724			
b Less: cost of goods sold	10b		212,295			
c Net income or (loss) from sales of inventory			83,429	83,429		
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>					
<b>12 Total revenue. See instructions</b>		<b>196,475</b>	<b>96,861</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	45,000	15,300	14,850	14,850
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	124,445	124,445		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	13,772	11,500	1,136	1,136
11 Fees for services (nonemployees):				
a Management				
b Legal	3,845		3,845	
c Accounting	5,224		5,224	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,718	1,718		
12 Advertising and promotion	741	741		
13 Office expenses	12,624		12,624	
14 Information technology	5,450	5,450		
15 Royalties				
16 Occupancy	21,479	19,616	1,863	
17 Travel	30	30		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,675	5,675		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,495	20,495		
23 Insurance	6,974	6,073	901	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK AND CREDIT CARD FEES	8,652	8,632	20	
b SUPPLIES	1,940	1,940		
c DUES AND SUBSCRIPTIONS	1,468	1,468		
d MISCELLANEOUS	948	948		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	280,480	224,031	40,463	15,986
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	7,892	<b>1</b>	16,097
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	24,729	<b>8</b>	28,124
	<b>9</b> Prepaid expenses and deferred charges	4,665	<b>9</b>	7,919
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 421,203		
	<b>b</b> Less: accumulated depreciation	10b 65,710	355,851	10c 355,493
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	393,137	<b>16</b>	407,633	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	7,160	<b>17</b>	17,096
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other 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	4,579	<b>22</b>	1,279
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	116,917	<b>24</b>	161,200
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,788	<b>25</b>	52,370
	<b>26 Total liabilities.</b> Add lines 17 through 25	133,444	<b>26</b>	231,945
<b>Net Assets or Fund Balances</b>	<b>27</b> Net assets without donor restrictions		<b>27</b>	
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds	259,693	<b>31</b>	175,688
	<b>32 Total net assets or fund balances</b>	259,693	<b>32</b>	175,688
	<b>33 Total liabilities and net assets/fund balances</b>	393,137	<b>33</b>	407,633

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>196,475</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>280,480</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-84,005</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>259,693</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>175,688</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

Name of the organization

**TAPROOT FARM & ENVIRONMENT EDU CTR**

Employer identification number

**47-3594106**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test — 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	129,765	139,589	194,365	135,230	99,614	698,563
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	259,402	275,139	317,190	343,620	309,156	1,504,507
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	389,167	414,728	511,555	478,850	408,770	2,203,070
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					20,000	20,000
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b					20,000	20,000
8 <b>Public support.</b> (Subtract line 7c from line 6.)						2,183,070

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	389,167	414,728	511,555	478,850	408,770	2,203,070
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	144	53	1			198
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	144	53	1			198
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	389,311	414,781	511,556	478,850	408,770	2,203,268

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	99.08 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	99.99 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b>	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.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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).		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>		Yes	No
	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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>		Yes	No
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>		Yes	No
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		
<b>b</b>		Yes	No
	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.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024:		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		



**Schedule B**  
**(Form 990)**  
 (Rev. December 2024)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization <b>TAPROOT FARM &amp; ENVIRONMENT EDU CTR</b>	Employer identification number <b>47-3594106</b>
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**Organization type** (check one):

- | Filers of:         | Section:  |
|--------------------|---|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization<br><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation<br><input type="checkbox"/> 527 political organization |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation<br><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation<br><input type="checkbox"/> 501(c)(3) taxable private foundation                 |

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization: **TAPROOT FARM & ENVIRONMENT EDU CTR** Employer identification number: **47-3594106**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MADELAINÉ G VON WEBER TRUST 95 MARKET ST MANCHESTER NH 03101	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	YOU HAVE OUR TRUST FUND 37 PLEASANT ST CONCORD NH 03301	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GATHER 210 WEST ROAD UNIT 3 PORTSMOUTH NH 03801	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NH CHILDREN'S HEALTH FOUNDATION 49 SOUTH MAIN ST CONCORD NH 03301	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CHRISTINE DOTTERER & RICHARD BUTLER 2443 MILE POST ROAD SUNBURY PA 17801	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MARY VON ALT 525 WESTSIDE LAKE ROAD MAIDSTONE VT 05905	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

TAPROOT FARM & ENVIRONMENT EDU CTR

47-3594106

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included on line 2c acquired after July 25, 2006... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring... Yes No, 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... \$, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$, (ii) Assets included in Form 990, Part X \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
  - b Permanent endowment %
  - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		46,855		46,855
b Buildings				
c Leasehold improvements		258,233	17,460	240,773
d Equipment		28,248	12,248	16,000
e Other		87,867	36,002	51,865
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				<b>355,493</b>

**Part VII Investments – Other Securities**

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

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

**Part VIII Investments – Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	50,270
(2) TAPROOT DOLLARS LIABILITY	2,100
(3) SCHOLARSHIP FUND LIABILITY	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	52,370
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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



Schedule D (Form 990) (Rev. 12-2024) **TAPROOT FARM & ENVIRONMENT EDU CTR 47-3594106**  
**Part XIII Supplemental Information (continued)**

[The form area contains multiple horizontal lines, indicating a table or list structure, but the text is extremely faint and illegible.]

**SCHEDULE L**

(Form 990)  
 (Rev. December 2024)  
 Department of the Treasury  
 Internal Revenue Service

**Transactions With Interested Persons**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,  
 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
 Inspection

Name of the organization <b>TAPROOT FARM &amp; ENVIRONMENT EDU CTR</b>	Employer identification number <b>47-3594106</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958: \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization: \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)	KYLE VAN DER LAAN EQUIPMENT PURCHASE			BOARD MEMBER		X		6,665	1,279
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b>							\$	1,279					

**Part III Grants or Assistance Benefiting Interested Persons**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



**SCHEDULE O  
(Form 990)**  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**TAPROOT FARM & ENVIRONMENT EDU CTR**

Employer identification number

**47-3594106**

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS**

**MELISSA GRELLA**

**EXEC DIR**

**SPOUSE**

**KYLE VAN DER LAAN**

**SECRETARY**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE 990 RETURN IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO  
FILING WITH THE INTERNAL REVENUE SERVICE.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
EACH BOARD MEMBER FILLS OUT THE CONFLICT OF INTEREST FORMS ANNUALLY  
CONFIRMING THAT THERE IS NO CONFLICT AND KEPT ON FILE.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
BOARD APPROVES COMPENSATION ANNUALLY DURING BUDGET REVIEW.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
BOARD APPROVES COMPENSATION ANNUALLY DURING BUDGET REVIEW.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.**

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)  
Attach to your tax return.

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**

Attachment Sequence No **179**

Name(s) shown on return

**TAPROOT FARM & ENVIRONMENT EDU CTR**

Identifying number

**47-3594106**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,220,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>3,050,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>20,493</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (including adjustment, use any-asis method)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

20a	Class life					
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>20,493</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Furniture & Equipment	1/01/16	17,371			17,371	7 MO S/L	17,371	0
2	Furniture & Equipment	1/01/16	4,502			4,502	7 MO S/L	4,502	0
3	Fridge & Equipment	1/01/17	300			300	7 MO S/L	300	0
9	Mac Book Air	1/01/16	190			190	7 MO S/L	190	0
10	Furniture & Equipment	1/01/19	3,181			3,181	7 MO S/L	2,042	454
12	Land	12/30/19	46,855			46,855	0 -- Land	0	0
14	Bulk Bins	1/07/20	887			887	7 MO S/L	507	126
15	Computer	1/14/20	599			599	7 MO S/L	342	86
16	Bulk Bins	12/02/20	894			894	7 MO S/L	394	128
17	Gazebo Work	10/27/20	497			497	7 MO S/L	225	71
18	Gazebo Work	5/07/21	6,322			6,322	7 MO S/L	2,412	905
19	MacBook Air	3/15/21	809			809	7 MO S/L	327	116
20	Computer 6- MacBook Pro	11/24/21	884			884	7 MO S/L	263	127
24	POS	7/29/22	2,453			2,453	7 MO S/L	496	351
25	3-Bay Commercial Sink	11/07/22	3,705			3,705	7 MO S/L	618	529
26	Freezers	9/02/22	9,763			9,763	7 MO S/L	1,860	1,394
27	Sign	9/13/22	2,843			2,843	7 MO S/L	474	406
28	Freezer	12/23/22	11,041			11,041	7 MO S/L	1,577	1,577
30	PJN Building	10/30/22	236,507			236,507	39 MO S/L	7,075	6,064
31	Reach-In Single Door Freezer True T-19FZ	1/05/23	3,327			3,327	7 MO S/L	475	476
32	Octagonal Shed	1/07/23	950			950	7 MO S/L	136	135
33	Merchandise Fridge #3	3/31/23	4,480			4,480	7 MO S/L	480	640
34	Merchandise Fridge #2	3/31/23	7,579			7,579	7 MO S/L	812	1,083
35	Merchandise Fridge #4	3/31/23	4,480			4,480	7 MO S/L	480	640
36	Shelving	3/31/23	655			655	7 MO S/L	70	94
37	Shelving	8/10/23	18,392			18,392	7 MO S/L	1,095	2,627
38	Excalibur Dehydrator	8/16/23	650			650	5 MO S/L	43	130
39	Induction Burners (4-unit)	8/17/23	5,529			5,529	5 MO S/L	369	1,105
40	Induction Burners (Single Unit) (2)	8/17/23	718			718	5 MO S/L	48	143
41	Vacuum Sealer	8/17/23	250			250	5 MO S/L	17	50
42	Kitchen Tables (5)	8/17/23	2,853			2,853	7 MO S/L	136	407
43	Shelving	3/30/23	616			616	7 MO S/L	66	88
44	Appliance Outlets	6/28/23	972			972	39 MO S/L	12	25
45	GARLAND MILL PJN COSTS 2024	1/01/24	20,138			20,138	39 MO S/L	0	516
	<b>Total Other Depreciation</b>		<u>421,202</u>			<u>421,202</u>		<u>45,214</u>	<u>20,493</u>
	<b>Total ACRS and Other Depreciation</b>		<u>421,202</u>			<u>421,202</u>		<u>45,214</u>	<u>20,493</u>
	<b>Grand Totals</b>		421,202			421,202		45,214	20,493
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	<b>Net Grand Totals</b>		<u>421,202</u>			<u>421,202</u>		<u>45,214</u>	<u>20,493</u>

3097 TAPROOT FARM & ENVIRONMENT EDU CTR

11/17/2025 11:07 AM

47-3594106

## Depreciation Adjustment Report

FYE: 12/31/2024

### All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Furniture & Equipment	1/01/16	17,371	0	0
2	Furniture & Equipment	1/01/16	4,502	0	0
3	Fridge & Equipment	1/01/17	300	0	0
9	Mac Book Air	1/01/16	190	0	0
10	Furniture & Equipment	1/01/19	3,181	455	0
12	Land	12/30/19	46,855	0	0
14	Bulk Bins	1/07/20	887	127	0
15	Computer	1/14/20	599	85	0
16	Bulk Bins	12/02/20	894	127	0
17	Gazebo Work	10/27/20	497	71	0
18	Gazebo Work	5/07/21	6,332	904	0
19	MacBook Air	3/15/21	809	116	0
20	Computer 6- MacBook Pro	11/24/21	884	126	0
24	POS	7/29/22	2,453	350	0
25	3-Bay Commercial Sink	11/07/22	3,705	529	0
26	Freezers	9/02/22	9,763	1,395	0
27	Sign	9/13/22	2,843	406	0
28	Freezer	12/23/22	11,041	1,578	0
30	PJN Building	10/30/22	236,507	6,065	0
31	Reach-In Single Door Freezer Truc T-19FZ-HC	1/05/23	3,327	475	0
32	Octagonal Shed	1/07/23	950	136	0
33	Merchandise Fridge #3	3/31/23	4,480	640	0
34	Merchandise Fridge #2	3/31/23	7,579	1,082	0
35	Merchandise Fridge #4	3/31/23	4,480	640	0
36	Shelving	3/31/23	655	94	0
37	Shelving	8/10/23	18,392	2,628	0
38	Excalibur Delydrator	8/16/23	650	130	0
39	Induction Burners (4-unit)	8/17/23	5,529	1,106	0
40	Induction Burners (Single Unit) (2)	8/17/23	718	144	0
41	Vacuum Sealer	8/17/23	250	50	0
42	Kitchen Tables (5)	8/17/23	2,853	408	0
43	Shelving	3/30/23	616	88	0
44	Applicance Outlets	6/28/23	972	25	0
45	GARLAND MILL PJN COSTS 2024	1/01/24	20,138	517	0
	<b>Total Other Depreciation</b>		<u>421,202</u>	<u>20,497</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>421,202</u>	<u>20,497</u>	<u>0</u>
	<b>Grand Totals</b>		<u>421,202</u>	<u>20,497</u>	<u>0</u>

**Two Year Comparison Report**

Form **990** **2023 & 2024**

For calendar year 2024, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name **TAPROOT FARM & ENVIRONMENT EDU CTR** Taxpayer Identification Number **47-3594106**

		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	58,714	99,614	40,900
	2. Membership dues and assessments			
	3. Government contributions and grants	76,516		-76,516
	4. Program service revenue	17,817	13,432	-4,385
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-702		702
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	105,944	83,429	-22,515
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>258,289</b>	<b>196,475</b>	<b>-61,814</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	40,000	45,000	5,000
	16. Salaries, other compensation and employee benefits	121,163	138,217	17,054
	17. Professional fundraising fees			
	18. Other professional fees	13,810	10,787	-3,023
	19. Occupancy, rent, utilities, and maintenance	40,180	21,479	-18,701
	20. Depreciation and Depletion	17,236	20,495	3,259
	21. Other expenses	42,471	44,502	2,031
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>274,860</b>	<b>280,480</b>	<b>5,620</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-16,571</b>	<b>-84,005</b>	<b>-67,434</b>
<b>Other Information</b>	24. Total exempt revenue	258,289	196,475	-61,814
	25. Total unrelated revenue			
	26. Total excludable revenue	123,059	96,861	-26,198
	27. Total assets	393,137	407,633	14,496
	28. Total liabilities	133,444	231,945	98,501
	29. Retained earnings	259,693	175,688	-84,005
	30. Number of voting members of governing body	6	4	
	31. Number of independent voting members of governing body	5	3	
	32. Number of employees	12	9	
	33. Number of volunteers	31	44	

Form <b>990</b>	<b>Tax Return History</b>	<b>2024</b>
Name <b>TAPROOT FARM &amp; ENVIRONMENT EDU CTR</b>		Employer Identification Number <b>47-3594106</b>

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	129,765	139,589	194,365	135,230	99,614	
Membership dues						
Program service revenue			14,851	17,817	13,432	
Capital gain or loss				-702		
Investment income	144	53	1			
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	52,001	72,227	78,405	105,944	83,429	
<b>Total revenue</b>	<b>181,910</b>	<b>211,869</b>	<b>287,622</b>	<b>258,289</b>	<b>196,475</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	21,450	24,917	32,284	40,000	45,000	
Other compensation	50,230	73,826	135,431	121,163	138,217	
Professional fees	7,783	10,436	6,961	13,810	10,787	
Occupancy costs	25,610	16,388	27,013	40,180	21,479	
Depreciation and depletion	4,561	5,441	7,704	17,236	20,495	
Other expenses	38,881	31,262	33,435	42,471	44,502	
<b>Total expenses</b>	<b>148,515</b>	<b>162,270</b>	<b>242,828</b>	<b>274,860</b>	<b>280,480</b>	
<b>Excess or (Deficit)</b>	<b>33,395</b>	<b>49,599</b>	<b>44,794</b>	<b>-16,571</b>	<b>-84,005</b>	
<b>Total exempt revenue</b>	<b>181,910</b>	<b>211,869</b>	<b>287,622</b>	<b>258,289</b>	<b>196,475</b>	
Total unrelated revenue						
Total excludable revenue	52,145	72,280	93,257	123,059	96,861	
Total Assets	190,486	259,954	353,154	393,137	407,633	
Total Liabilities	8,615	28,484	76,890	133,444	231,945	
<b>Net Fund Balances</b>	<b>181,871</b>	<b>231,470</b>	<b>276,264</b>	<b>259,693</b>	<b>175,688</b>	

3097 TAPROOT FARM & ENVIRONMENT EDU CTR  
47-3594106  
FYE: 12/31/2024

11/17/2025 11:07 AM

### Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
PAYROLL FEES	\$ 1,718	\$ 1,718	\$	\$
TOTAL	\$ 1,718	\$ 1,718	\$ 0	\$ 0

**Federal Statements**

Schedule A, Part III, Line 1(e)

Description	Amount
CONTRIBUTIONS	\$ 99,614
TOTAL	<u>\$ 99,614</u>

Schedule A, Part III, Line 2(e)

Description	Amount
SCHOOL AND CAMP PROGRAMS	\$ 11,298
FOOD ACCESS PROGRAMS	2,134
SALES	295,724
TOTAL	<u>\$ 309,156</u>

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2020	2021	2022	2023	2024
MARY VON ALT	\$	\$	\$	\$	\$ 20,000
TOTAL	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 20,000</u>

Taproot Farm & Environmental Education Center  
Board of Directors 2026

Megan Greeng



Kyle van der Laan, Secretary



Mary Von Alt, President



Nancy Phillips



Erik Becker  
Housing Stability Director, TriCounty  
CAP



Dr. Melissa Grella, non-voting



# MELISSA A. GRELLA, PH.D.



## EDUCATION

Antioch University New England ————— Keene, NH

**Ph.D. Candidate Environmental Studies**, August 2015

Dissertation: *Nurturing the Aesthetic: Learning to care for the environment in a Waldorf school*

Committee: Tania Schusler (chair), Joy Ackerman, Candace Stout

Qualifying Exam Equivalent: Passed February 2011

Completion of Data Collection: June 2012

Lesley University/

Audubon Expedition Institute ————— Cambridge, MA

**M.A. Independent Studies**, 2002

Focus: Environmental Education

Thesis: *What is the level of environmental education in 1-4 middle schools in northern New Hampshire?*

University of Maine ————— Orono, ME

**B.S. Natural Resources**, 1998

## WALDORF EDUCATION

Antioch University New England

**Waldorf Independent Study**, Spring 2010

Foundation Studies Course Equivalent

Course Facilitator: Dr. Torin Finser

Antioch University New England

**Waldorf Teacher Training Program**

**1<sup>st</sup> Year Summer Sequence**, Summer 2010

Center for Anthroposophy

**Renewal Course: *Transformation of Self through Intuitive Thinking and Artistic Perception***, July 2010

Instructors: Georg Locher, Douglas Gerwin

## PROFESSIONAL EXPERIENCE

Taproot Farm & EE Center - Lancaster, NH 2015-present

**Founder and Executive Director**

Lancaster Farmers Market - Lancaster, NH 2012-2015

**Market Manager**

Central Vt High School Initiative—— Plainfield, VT, 2013-2014  
**Founding Faculty and Administrator**

Expedition Education Institute —— Belfast, ME, 2010 - 2012  
**Leadership Team**

River Valley Community College —— Claremont, NH, 2010  
**Adjunct Faculty, Adventure Education**

- Courses taught: Management of Recreation Programs  
Introduction to Therapeutic Recreation
- Advised 10 students

White Mountains Community College —— Berlin, NH, 2009-10  
**Admissions Representative**

Appalachian Mountain Club —— Gorham, NH, 2009  
**Volunteer Coordinator**

Amoskeag Fishways —— Manchester, NH 2008  
**Educator**

Woodland Community School —— Bethlehem, NH, 2008-10  
**Substitute Teacher**

Bethlehem Recreation Department —— Bethlehem, NH, 2006-08  
**Program Director**

Mount Washington Resort —— Bretton Woods, NH, 2003-05  
**Bretton Woods Nordic Director**

Northwoods Stewardship Center —— East Charleston, VT, 2002-03  
**Naturalist/Educator (AmeriCorps)**

Kennett High School —— North Conway, NH, 2001-02  
**Teacher, Alternative Education Department**

- Classes taught: biology, physical science, and English
- Monthly outdoor education program
- Advised 5-10 students
- Student liaison

New Hampshire Audubon —— Concord, NH 2000-03  
**Trip Leader/Camp Director (fill-in)/Naturalist**

Appalachian Mountain Club —— Gorham, NH, 2000-01  
**Lead Trip Leader/Naturalist**

California Audubon ————— Tiburon, CA, 1999  
Environmental Education Assistant

Appalachian Mountain Club ————— Gorham, NH, 1998  
Assistant Director, Crawford Hostel

SERVICE  
PROFESSIONAL  
SERVICE

NH Food Alliance  
Leadership Team, 2025

National Accreditation for Teacher Education  
Reviewer for North American Association for Environmental Education  
pre-service education standards, 2008-2010

North American Association for Environmental Education  
Pre-Service Council, 2008-2010

PROFESSIONAL  
AFFILIATIONS

American Community Gardening Association

COMMUNITY  
SERVICE

NH Farmer's Market Association  
Board Member, 2014-16

Lancaster Farmer's Market  
Board Member, 2012

## Taproot Key Information Sheet

### 1. Executive Director

Melissa Grella

Annual salary = \$18,200

Amount to be paid through grant = zero funds requested

### 2. North Country Food Hub Project Coordinator

TBD

Annual salary = \$40,000

Amount to be paid through grant = \$4,963.00

The RFSI Infrastructure Grant Proposal should include a series of project profiles that detail the necessary information to fulfill the goals and objectives of each Infrastructure Grant subaward project the State intends to award. The following information is required for **each** Infrastructure Grant subaward project profile.

**APPLICANT INFORMATION**

Applicant Organization Name:	Taproot Farm & Environmental Education Center
Entity Type:	Nonprofit organization
UEI:	[REDACTED]
Phone Number:	603-788-4183
Email Address:	melissa@taprootnh.org
Physical Address	
Street:	101 Main Street
City:	Lancaster
State:	NH
Zip:	03584

**Mailing Address (If different from above)**

Street:	
City:	
State:	
Zip:	

**PRIMARY POINT OF CONTACT**

List the person who will be the main contact for any correspondence and is responsible for signing any documentation should the grant be awarded.

Name:	Melissa Grella
Title:	Executive Director
Phone Number:	603-788-4183 ext. 2
Email Address:	melissa@taprootnh.org

**Mailing Address**

Street: 101 Main Street  
City: Lancaster  
State: NH  
Zip: 03584

**DISTRESSED COMMUNITIES INDEX**

Using the *Distressed Communities Index Map*, provide the community distress score for the county(ies) benefiting from your project.  
Note: U.S. Territories are not required to submit Distressed Communities Index data.  
Click the + or - button to add or remove items as needed.

FOR EXAMPLE:  
County 1: Enter County name      Distress Score1: Enter County Distress Score  
County 2: Enter County name      Distress Score2: Enter County Distress Score

	+	County	Distress Score
	-	Coos	65.2
	-	Grafton	19.7
	-	Rockingham	3.4
	-	Merrimack	16.1

**TYPE OF APPLICANT**

- Select applicant type:
- Agricultural producers or processors, or groups of agricultural producers and processors.
  - For-profit entities operating middle-of-the-supply-chain activities such as processing, aggregation, or distribution of targeted agricultural products, whose activities are primarily focused for the benefit of local and regional producers, and that meet the eligibility requirements of the SBA small business size standards are eligible. For more information on these size standards, please visit [SBA's Size Standards webpage](#). For a quick check on whether your business qualifies, please use the [Size Standards Tool](#).
  - Nonprofit organizations operating middle-of-the-supply-chain activities such as processing, aggregation, distribution of targeted agricultural products
  - Local government entities operating middle-of-the-supply-chain activities such as processing, aggregation, distribution of targeted agricultural products
  - Tribal governments operating middle-of-the-supply-chain activities such as processing, aggregation, distribution of targeted agricultural products.
  - Institutions such as schools, universities, or hospitals bringing producers together to establish cooperative or shared infrastructure or invest in equipment that will benefit multiple producers middle-of-the-supply-chain activities such as processing, aggregation, distribution of targeted agricultural product.

**PROJECT TITLE**

Provide a descriptive project title in 15 words or less in the space below.

Expanding Markets Through Taproot North Country Food Hub Operations Project

**DURATION OF PROJECT**

Project Start Date: 04/01/2025

Project End Date: 05/24/2027

**EXECUTIVE SUMMARY**

*Include a project summary of 250 words or less suitable for dissemination to the public. A Project Summary provides a very brief (one sentence, if possible) description of your project. A Project Summary includes:*

- 1. The name of the applicant organization that if awarded a grant will establish an agreement or contractual relationship with the State Applicant to lead and execute the project,
- 2. The project's purpose, deliverables, and expected outcomes and
- 3. A description of the general tasks/activities to be completed during the project period to fulfill this goal

Taproot Farm & Environmental Education Center (Taproot) is a NH nonprofit organization and 501(c)(3) focused on environmental education, food access, and supporting/increasing the local food system in NH's North Country through our food hub, Taproot Marketplace. The Expanding Markets Through Taproot North Country Food Hub Operations project allows for increased transport, storage, and distribution of NH grown and produced food, particularly moving local products from southern and central NH to the North Country. This will increase sales for farmers and producers in the more populated regions of the state while getting local products that are otherwise limited or unavailable to consumers in Coös and northern Grafton Counties. Similarly, Taproot will transport unique North Country products south (such as fiddleheads or maple syrup), expanding markets for growers and producers throughout the state. This will be accomplished by purchasing a van to transport produce and other goods and a walk-in cooler/freezer to store them, along with the creation of a new position at Taproot – North Country Food Hub Planning Coordinator to develop and oversee the program for the first two years as it gets off the ground. The project will directly support 50+ NH farms and food producers, thousands of North Country consumers, and dozens of institutions Taproot works with to provide local food including schools, restaurants, and food access recipient organizations (e.g. food pantries, a backpack program, senior housing, and homeless shelters).

**PROJECT PURPOSE**

**APPLICANT PROJECT TYPE (EACH PROJECT MAY INCLUDE MORE THAN ONE)**

- Expanding processing capacities, including adding product types, increasing production volumes, and supporting new wholesale/retail, product lines;
- Modernizing equipment or facilities through upgrades, repairs, or retooling; (e.g., adapting product lines for institutional procurement or adding parallel processing capacity);
- Purchase and installation of specialized equipment, such as processing components, sorting equipment, packing and labeling equipment, or delivery vehicles;
- Modernizing manufacturing, tracking, storage, and information technology systems;
- Enhancing worker safety through adoption of new technologies or investment in equipment or facility improvements;
- Construction of a new facility;

- Increasing packaging and labeling capacities that meet compliance requirements under applicable laws (e.g. sealing, bagging, boxing, labeling, conveying, and product moving equipment);
- Increasing storage space, including cold storage;
- Develop, customize, or install climate-smart equipment that reduces greenhouse gas emissions, increases efficiency in water use, improves air and/or water quality, and/or meets one or more of USDA's climate action goals;
- Modernize equipment or facilities to ensure food safety, including associated Hazard, Analysis, and Critical Control Points (HACCP) consultation, plan development and employee training;
- Training on the use of all equipment purchased under the grant and associated new processes.

Other:

**PROVIDE THE SPECIFIC ISSUE, PROBLEM OR NEED THAT THE PROJECT WILL ADDRESS**

Coös is the most remote and most economically underserved county in New Hampshire, with the fewest farms and food producers. Given its past in the now diminished forest products industry, along with a colder climate, rocky soil, and shorter growing season, Coös never developed the thriving agricultural systems found in the southern part of the state. Since 2015, Taproot's food hub (Taproot Marketplace) in Lancaster has strengthened the local food economy by aggregating local and regional products in order for its community – both Marketplace customers and those reached by our Food Access work – to have centralized, year-round access to farm products. This involves supporting North Country farmers through our Local Direct Vendor program which provides resources for local producers and gives them a better-than-wholesale price to maximize their profits. It also means sourcing local food from the wider region of VT, ME, MA, and elsewhere in NH. However, it has always been difficult to get the abundance of local products found in southern and central NH up to us in the North Country. There is no distributor that aggregates those products to send north. The main way we receive them is through grass roots efforts: individual farms & businesses self-distributing intermittently (sometimes bringing other farms' products, such as Dunk's Mushrooms, along) and a hodgepodge of employees, family, and friends occasionally picking up from farms when on trips "down south" in their personal vehicles. However, recently many of these businesses, such as Brookford Farm and Micro Mama's fermented foods, have found it's not economically viable to deliver up here and have ceased doing so, and relying on personal trips isn't sustainable. Through Taproot's sourcing of NH food over the years, and through our work as a member of the NH Food Hub Network, we have strong relationships with farms and businesses throughout the state. Now we need a way to consistently get their products here, and our Expanding Markets Through Taproot North Country Food Hub Operations Project will finally accomplish this in a systemic way – creating 1 new market for farms & producers south of the North Country while feeding those with the lowest access to local, fresh, nourishing food. That said, we anticipate aggregating, storing, and distributing around 100 products from these NH farms and food producers, including products such as cheeses, mushrooms, kim chi, rolled oats, yogurt, and assorted fresh vegetables.

**PROVIDE A LIST OF THE OBJECTIVES THAT THIS PROJECT HOPES TO ACHIEVE**

<input type="button" value="Remove Objective"/>		<input type="button" value="Add Objective"/>
Objective #	Objective Description	

Objective #	Objective Description
1	Purchase distribution vehicle (van)
2	Purchase and install cold storage (walk-in cooler/freezer combo)
3	Hire term limited North Country Food Hub Project Coordinator to develop and oversee the initial stages of the program.
4	Create one new market for the 50+ vendors in southern and central NH to sell their products in the North Country

**PROJECT BENEFICIARIES (AS DEFINED IN THE PROGRAM SCOPE AND REQUIREMENTS )**

Estimate the number of project beneficiaries:

*Does this project directly benefit: Check box for all that apply below*

- Underserved farmers and ranchers?
- New and beginning farmers and ranchers?
- Veteran Producers?
- Processors or other middle-of-the-supply businesses owned by socially disadvantaged individuals?

**OTHER SUPPORT FROM FEDERAL OR STATE GRANT PROGRAMS**

Has this project been submitted for funding to a Federal or State grant program other than the RFSI and/or is a Federal or State grant program other than the RFSI funding the project currently? If yes, please explain below:

Yes  No

**EXTERNAL PROJECT SUPPORT**

*Describe the stakeholders who support the need for this project and why (other than the applicant and organizations involved in the project).*

Taproot's Food Hub Operations project is strongly supported by three categories in our community, state, and region: farmers and producers, customers, and food access recipient organizations and their clients.

- Farmers and producers: Taproot will transport, store, and distribute NH food products from Three

River Farmers Alliance food hub in Fremont, whose 40 farmers and producers will have the opportunity to expand their market reach into the North Country. Added to this are farms and producers like Longview Farm and Brookford Farm whose produce we'll also pick up, along with a handful of North Country businesses whose products we'll move south (e.g. White Mountain Forager). All in all, over 50 NH farms and food producers will benefit from and support this endeavor.

- **Customers:** Taproot Marketplace's thousands of customers will gain access to new and diverse local NH grown and made products, including having local produce accessible earlier in the spring, later in the fall, or year round in a way that isn't available from North Country growers alone. These customers include SNAP recipients who get 50% off all local produce at the Marketplace. In addition to Marketplace customers, the project is supported by the schools, restaurants, and other institutions that purchase food through Taproot and will be able to greatly expand their local offerings.
- **Recipient Organizations:** Through our Food Access work, Taproot partners with up to a dozen recipient organizations to provide those in need with gleaned or purchased fresh, local, nourishing produce for free. An example of this is a volunteer-run "backpack program" that provides low income children and families with weekly snacks and meals; now they will have access to far more local NH food products on a regular basis.

**EXPECTED PERFORMANCE MEASURES**

The outcomes and performance measures below provide a framework that allows grant recipients to track and evaluate project activities. Please provide expected numbers based on the projects scope of work. Select N/A if not applicable to the specific project.

**OUTCOME 2: CAPACITY IN THE MIDDLE OF THE SUPPLY CHAIN FOR LOCAL/REGIONAL FOOD PRODUCTS**

Indicator	Description	Expected Numbers	N/A
2.1	Number of new facilities constructed:		<input checked="" type="checkbox"/>
2.2	Number of existing facilities improved or expanded:		<input checked="" type="checkbox"/>
2.3	Number of processing equipment units purchased and installed:		<input checked="" type="checkbox"/>
2.4	Number of processing equipment units modernized through upgrades, repairs, or retooling:		<input checked="" type="checkbox"/>
2.5	Number of aggregation, storage, distribution equipment units purchased and installed:	2	<input type="checkbox"/>
2.6	Number of aggregation, storage, distribution equipment units modernized through upgrades, repairs, or retooling:		<input checked="" type="checkbox"/>
2.7	Number of employees trained on new equipment and processes:	9	<input type="checkbox"/>
2.8	Number of employees that received food safety training:	6	<input type="checkbox"/>
2.9	Number of employees that received worker safety training:	8	<input type="checkbox"/>
2.10	Number of new or improved wastewater management systems:		<input checked="" type="checkbox"/>
2.11	Number of new or improved information technology systems:		<input checked="" type="checkbox"/>

**OUTCOME 3: INCREASE ECONOMIC VIABILITY OF LOCAL/REGIONAL PRODUCERS AND PROCESSORS**

Indicator	Description	Expected Numbers	N/A
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Indicator	Description	Expected Numbers	N/A
3.1	Number of new jobs created:	1	<input type="checkbox"/>
3.2	Number of local/regional agricultural producers who benefited from the new or improved processing/aggregation/storage or distribution capacity:	50	<input type="checkbox"/>
3.3	Number of new local/regional products processed, aggregated, stored or distributed:	100	<input type="checkbox"/>
3.4	Number of new value-added products developed:		<input checked="" type="checkbox"/>
3.5	Number of new market-outlets established:	1	<input type="checkbox"/>

### BUDGET NARRATIVE

The budget must show the total cost for the project and describe how category costs listed in the budget are derived. The budget justification must provide enough detail for reviewers to easily understand how costs were determined and how they relate to the Project Objectives and Expected Outcomes. The budget must show a relationship between work planned and performed to the costs incurred. Add additional rows to a table as needed. Refer to the Program Scope and Requirements section 4.4 for more information on allowable and unallowable expenses. Please be sure to list and justify all expenses to be covered with matching funds separately and where they will be coming from. If applicable, ensure that you have included Critical Resources and Infrastructure letter(s) to support the application information.

### MATCHING FUNDS

All eligible entities must provide a 50% match OR a 25% graduated match of the total project cost. See Section 1.5.3 of the Program Scope and Requirements for more information. Applicants must submit written and signed verification of match commitment from any party, including the eligible entity, who will contribute a match of non-Federal resources to this project.

### SELF-CERTIFICATION FOR GRADUATED MATCH

To qualify for the 25% graduated match, the applicant must meet the definition of one of the following groups. See section 1.5.3 of the Program Scope and Requirements for definitions and additional information.

- Beginning Farmer or Rancher
  - Veteran Farmer or Rancher
  - Limited Resource Farmer or Rancher
  - Socially Disadvantaged Farmer or Rancher
  - Small Disadvantages Business
  - Women-Owned Small Business
  - Historically Underserved Farmers and Ranchers
- By checking this box, I certify that my entity qualifies for the graduated match reduction of 25%

### BUDGET SUMMARY

Expense Category	Funds Requested	Match Value	Match Type
Personnel	\$4,963.00	\$101,637.00	In-Kind
Fringe Benefits	\$0.00	\$0.00	N/A
Travel	\$0.00	\$0.00	N/A
Equipment	\$101,506.00	\$10,000.00	Cash

Supplies	\$2,468.00	\$0.00	N/A
Construction	\$2,700.00	\$0.00	N/A
Contractual	\$0.00	\$0.00	N/A
Other	\$0.00	\$0.00	
<b>Direct Costs Sub-Total</b>	<b>\$111,637.00</b>	<b>\$111,637.00</b>	
Indirect Costs	\$0.00	\$0.00	N/A
<b>Total Budget</b>	<b>\$111,637.00</b>	<b>\$111,637.00</b>	

**PERSONNEL**

List the personnel whose time and effort can be specifically identified and easily and accurately traced to Cooperative Agreement activities.

+	#	Personnel Name/Title	Level of Effort (# of hours OR % FTE)	Funds Requested	Match Value	Match Type
-	1	North Country Food Hub Project Coordinator	100%	\$4,963.00	\$78,273.00	In-Kind
-	2	Lead Crew & Farm to School Coordinator	25%	\$0.00	\$20,800.00	In-Kind
-	3	Executive Director	2.5%	\$0.00	\$2,600.00	In-Kind
<b>Personnel Subtotal</b>				<b>\$4,963.00</b>	<b>\$101,673.00</b>	

**PERSONNEL JUSTIFICATION**

For each individual listed in the above table, describe the activities to be completed by name/title including approximately when activities will occur. Add more personnel by copying and pasting the existing list or deleting personnel that aren't necessary.

FOR EXAMPLE:

Personnel 1: Description and justification

Personnel 2: Description and justification

Personnel 1: North Country Food Hub Project Coordinator - This is a term limited position during the grant period created specifically to develop and oversee the program in its initial stages, focused on the distribution, aggregation, storage, and new market development of southern/central NH food in the North Country. The position will organize construction and assembly for the walk-in cooler, oversee purchase, registration, and maintenance of the van and all equipment, create kitchen and delivery guidelines, train staff in kitchen and delivery protocols and practices, and setup distribution, aggregation, and storage processes working with the Lead Crew & Farm to School Coordinator.

Personnel 2: Lead Crew & Farm to School Coordinator - During the grant period, this employee will spend 10 hours a week/25% of their hours working with the North Country Food Hub Project Coordinator to establish distribution, aggregation, and storage processes.

Personnel 3: Executive Director - Overall project guidance and support along with grant reporting/administration of project during the grant period. This will take 1 hour a week/2.5% of the Executive Director's time on top of other duties that fall under Taproot's operations.

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**FRINGE BENEFITS**

Provide the fringe benefit rates for each of the project's employees described in the Personnel section that will be paid with RFSI funds.

+	#	Fringe Benefits Name/Title	Fringe Benefit Rate	Funds Requested	Match Value	Match Type
-				\$0.00	\$0.00	
<b>Fringe Subtotal</b>				<b>\$0.00</b>	<b>\$0.00</b>	

**TRAVEL**

Explain the purpose for each Trip Request. Please note that travel costs are limited to those allowed by formal organizational policy; in the case of air travel, project participants must use the lowest reasonable commercial airfares. For recipient organizations that have no formal travel policy and for-profit recipients, allowable travel costs may not exceed those established by the Federal Travel Regulation, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at <http://www.gsa.gov>.

+	#	Trip Destination	Type of Expense (e.g. airfare, car rental, hotel, etc.)	Unit of Measure (e.g. days, nights, miles)	# of Units	Cost per Unit	# of Travelers Claiming Expense	Funds Requested	Match Value	Match Type
-						\$0.00		\$0.00	\$0.00	
<b>Travel Subtotal</b>								<b>\$0.00</b>	<b>\$0.00</b>	

**TRAVEL JUSTIFICATION**

For each trip listed in the above table, describe the purpose of this trip and how it will achieve the objectives and outcomes of the project. Be sure to include approximately when the trip will occur. Add more trips by copying and pasting the existing listing or delete trips that aren't necessary.

**FOR EXAMPLE:**

Trip 1: (Approximate Date of Travel MM/YYYY), justification

Trip 2: (Approximate Date of Travel MM/YYYY), justification

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**CONFORMING WITH YOUR TRAVEL POLICY**

By checking the box to the right, I confirm that my organization's established travel policies will be adhered to when completing the above-mentioned trips in accordance with 2 CFR 200.474 or 48 CFR subpart 31.2 as applicable.

**EQUIPMENT**

*Describe any special purpose equipment to be purchased or rented under the award. "Special purpose equipment" is tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost that equals or exceeds \$5,000 per unit and is used only for research, medical, scientific, or other technical activities. Rental of "general purpose equipment" must also be described in this section. Purchase of general-purpose equipment is not allowable under this award.*

+	#	Equipment Item Description	Rental or Purchase	Acquisition Date	Funds Requested	Match Value	Match Type
-	1	Walk in cooler/freezer combo	Purchase	Spring, 2025	\$30,721.00	\$10,000.00	Cash
-	2	Van	Purchase	Spring, 2025	\$70,785.00	\$0.00	N/A
<b>Equipment Subtotal</b>					<b>\$101,506.00</b>	<b>\$10,000.00</b>	

**EQUIPMENT JUSTIFICATION**

*For each Equipment item listed in the above table describe how this equipment will be used to achieve the objectives and outcomes of the project. Add more equipment by copying and pasting the existing listing or delete equipment that isn't necessary.*

**FOR EXAMPLE:**

Equipment 1: Description and justification  
 Equipment 2: Description and justification

The van will enable the transportation of local NH agricultural products from southern and central New Hampshire to Taproot Marketplace in the North Country. After contacting several dealerships to compare prices, the price of the van, a new 2024 Ford Transit, was provided verbally by Merchant's Auto in Hooksett, NH. It includes the following:  
 \$64,500 - cost of van  
 \$800 - winter tires  
 \$2000 - 2 years maintenance  
 \$425 - undercoat  
 \$1200 - registration for 2 years  
 \$1860 - 2 years insurance

The walk-in cooler/freezer combo will allow for short and long term storage of local agricultural products Taproot purchases so they are able to reach the varied consumers we serve, while providing space for farmers, producers, and recipient organizations to store their surplus goods. The price of the walk-in was determined by looking at several companies, with the written quote

ultimately provided by Singer Kittredge in Bowe, NH. The unit is manufactured by Bally Refrigerated Boxes inc., Model No. 31690-001-R01-SM; it is 12' 3/4" x 7' 9" x 7' 7" and includes refrigeration equipment for both a cooler and freezer section; the total cost is \$35,161

North Country Mechanical in Sugar Hill, NH, Taproot's regular refrigeration equipment contractor, will do the installation of electronic and mechanical parts; their verbal quote was based on 48 hours of work, and includes \$4560 for the install and \$1000 for the electrician.

**SUPPLIES**

List the materials, supplies, and fabricated parts costing less than \$5,000 per unit and describe how they will support the purpose and goal of the proposal and enhance the mid-supply chain and infrastructure efforts of this cooperative agreement.

+	#	Supplies Item Description	Cost per Unit	Number of Units	Acquisition Date	Funds Requested	Match Value	Match Type
-		Coolers for transporting food	\$298.00	4	Spring, 2025	\$1,192.00	\$0.00	N/A
-		Walk-in Shelving	\$62.74	19	Spring, 2025	\$1,276.00	\$0.00	N/A
<b>Supplies Subtotal</b>						<b>\$2,468.00</b>	<b>\$0.00</b>	

**SUPPLIES JUSTIFICATION**

Describe the purpose of each supply listed in the table above purchased and how it is necessary for the completion of the project's objective(s) and outcome(s).

FOR EXAMPLE:

Supply 1: Description and justification

Supply 2: Description and justification

The coolers – 15" x 27" x 18" Cambro insulated food carriers – will be used to transport NH agricultural products in the van, while the Centaur green epoxy shelving will be used to store food in the walk-in as per design. The pricing for both was provided in writing by the walk-in company, Singer Kittredge from Bowe, NH. Cost per unit on shelving is an average of the total units.

**CONSTRUCTION**

Describe costs including administrative and legal expenses, structures, relocation expenses and payments, architectural and engineering fees, project inspection fees, site work, demolition and removal, construction, and miscellaneous expenses related to modernizing or expanding a new or existing facility.

+	#	Description	Acquire When?	Funds Requested	Match Value	Match Type
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-	1	Concrete Pad	Spring, 2025	\$2,700.00	\$0.00	N/A
<b>Construction Subtotal</b>				<b>\$2,700.00</b>	<b>\$0.00</b>	

**CONSTRUCTION JUSTIFICATION**

*Describe the need for construction costs. For projects involving construction, include any design and construction documents. If you are selected for funding, the grantee will be required to follow all applicable federal regulations regarding the construction activities.*

**FOR EXAMPLE:**

Line Item 1: Description and justification

Line Item 2: Description and justification

A 4 inch thick, 12' x 8' concrete pad will be poured for the walk-in cooler/freezer combo to sit on and be attached to. Attached but extending behind the walk-in there will be a 6' x 6' pad for the dumpster, which currently sits where the walk-in will go. In front by the walk-in doors will be a 3' x 4' concrete ramp. The construction will occur in May of 2025. The quote was provided via text on 4/11/24 by a local Lancaster, NH contractor, David Chessman Construction. The costs are based on the square footage of the pad (132 sq. ft), the price of concrete and rebar in April 2024 and David Chessman's estimated labor, including site preparation and pouring the pad. The quote (\$2,200) provided did not include the 3' x 3' concrete ramp, so we added another \$500 to the total as a reasonable estimate of the additional labor and materials.

**CONTRACTUAL/CONSULTANT**

*Provide a list of contractors/consultants, detailing out the name, hourly/flat rate, and overall cost of the services performed. Please note that any statutory limitations on indirect costs also apply to contractors and consultants.*

+	#	Contractual Name/Organization	Hourly Rate/Flat Rate	Funds Requested	Match Value	Match Type
-				\$0.00	\$0.00	
<b>Contractual/Consultant Subtotal</b>				<b>\$0.00</b>	<b>\$0.00</b>	

**CONTRACTUAL JUSTIFICATION**

*Provide for each of your real or anticipated contractors listed above a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are to be used to meet the anticipated outcomes and objectives. Include timelines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a GS-15 step 10 Federal employee in your area, provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses.*

**FOR EXAMPLE:**

Contractual 1: Description and justification

Contractual 2: Description and justification

**CONFORMING WITH YOUR PROCUREMENT STANDARDS**

*By checking the box to the right, I confirm that my organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable State and local laws and regulations and conform to the Federal laws and standards identified in 2 CFR Part 200.317 through .326, as applicable. If the contractor(s)/consultant(s) are not already selected, my organization will follow the same requirements.*

**OTHER**

*Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection. If you budget meal costs for reasons other than meals associated with travel per diem, provide an adequate justification to support that these costs are not entertainment costs.*

+	#	Other Item Description	Cost per Unit	Number of Units	Acquisition Date	Funds Requested	Match Value	Match Type
-			\$0.00			\$0.00		
<b>Other Subtotal</b>						<b>\$0.00</b>		

**OTHER JUSTIFICATION**

*Describe the purpose of each item listed in the table above and how it is necessary for the completion of the project's objective(s) and outcome(s). Please note, the Supply Chain Coordination justification should be broken down within the budget narrative in Appendix A.*

**FOR EXAMPLE:**

Other 1: Description and justification

Other 2: Description and justification

## INDIRECT COSTS

*Indirect costs are any costs that are incurred for common or joint objectives that therefore, cannot be readily identified with an individual project, program, or organizational activity. They generally include facilities operation and maintenance costs, depreciation, and administrative expenses. If an applicant has a NICRA, it is required to use this amount, and a copy of the NICRA must be submitted with the application. Otherwise, applicants may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC). See Program Scope and Requirements section 4.2 Indirect Costs for further guidance.*

<b>Indirect Cost Rate (%)</b>	<b>Funds Requested</b>	<b>Match Value</b>	<b>Match Type</b>
	\$0.00	\$0.00	
<b>Indirect Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	