HAWKINS ASH CPAS, LLP 3720 NOTTINGHAM DR NW, SUITE 100 ROCHESTER, MN 55901

THE VILLAGE AGRICULTURAL COOPERATIVE PO BOX 7723 ROCHESTER, MN 55903

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Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

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

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** **-**6784 THE VILLAGE AGRICULTURAL COOPERATIVE File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour PO BOX 7723 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROCHESTER, MN 55903 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 12 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of AMANDA NIGON-CROWLEY PO BOX 7723 - ROCHESTER, MN 55902 Telephone No. 507.271.7069 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 ,20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning _____ , 20 ____ , and ending _ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A I	For the	e 2023 calendar year, or tax year beginning and e	ending		
	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	THE VILLAGE AGRICULTURAL COOPERATIVE			
Ļ	chang	Doing business as		**-***678	84
	Initial return Final return	PO BOX 7723	Room/suite	E Telephone number 507.271.	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	219,056.
	Ameno return	ROCHESIER, MN 55905		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: APIANDA NIGON—CROWLE	Y	for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Гах-ех	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	r 527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemption	n number
	orm of	organization: X Corporation Trust Association Other Summary	L Year	of formation: 2020 N	1 State of legal domicile: MN
	1	Briefly describe the organization's mission or most significant activities: CONNE	CT PE	OPLE WITH LA	AND, WATER,
Governance	-	AND CULTURE. PROVIDE EDUCATION AND RESOURCE			
nar	2	Check this box if the organization discontinued its operations or dispose			
Ver	3			3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
- ა		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			9
ij		Total number of volunteers (estimate if necessary)			400
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		92,960.	167,351.
Revenue	9	Program service revenue (Part VIII, line 2g)		26,635.	51,064.
e ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	31.
ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,793.	610.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		122,388.	219,056.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,800.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		56,322.	135,124.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	488.
e d	. ь	Total fundraising expenses (Part IX, column (D), line 25) 10,12	5.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		25,282.	79,832.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		92,404.	215,444.
	19	Revenue less expenses. Subtract line 18 from line 12		29,984.	3,612.
Net Assets or	3		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		58,016.	61,628.
AS	21	Total liabilities (Part X, line 26)		0.	0.
<u>S</u>	22	Net assets or fund balances. Subtract line 21 from line 20		58,016.	61,628.
Pa	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.	
Sig		Signature of officer		Date	
Her	е	AMANDA NIGON-CROWLEY, EXECUTIVE DIRECTOR			
		Type or print name and title	Te		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		DAVID FOCHS DAVID FOCHS	1	1/08/24 self-employe	
	parer	Firm's name HAWKINS ASH CPAS, LLP		Firm's EIN *	*-***2608
Use	Only	Firm's address 3720 NOTTINGHAM DR NW, SUITE 100			T 404 4000
		ROCHESTER, MN 55901		Phone no. 50	7.424.1233
May	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	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: CONNECT PEOPLE WITH LAND, WATER, AND CULTURE. PROVIDE EDUCATION AND
	RESOURCE CONNECTIONS. GROW THE FARMERS AND FOOD PRODUCERS OF TOMORROW.
	TERROTTON CONTINUE TIME TIME TO THE TRANSPORT OF TOTAL TIME
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 63,002 • including grants of \$) (Revenue \$ 24,450 •)
	URBAN FARMLAND ACCESS PROGRAM: FIVE URBAN FARMS AND ONE RURAL FARM
	PROVIDE OVER 200 SMALL FARMS FOR FARMERS WHO ARE LOW-INCOME, FOOD
	INSECURE, AND FROM MARGINALIZED POPULATIONS WHO LACK ACCESS TO LAND.
4b	(Code:) (Expenses \$ 38,893. including grants of \$) (Revenue \$ 26,614.)
40	(Code:) (Expenses \$38,893.e. including grants of \$) (Revenue \$26,614.e.) TECHNICAL SUPPORT FOR FARMER'S: THROUGH PARTNERSHIPS, THE COOP HAS
	ESTABLISHED A FARMER'S MARKET THAT SERVES 75 PEOPLE PER WEEK.
	TWENTY-FIVE FARMERS ARE BUILDING AN ONLINE HUB FOR THE DISTRIBUTION OF
	OUR FARMER'S FOOD. THE COOP ALSO EDUCATES 60+ INDIVIDUALS ON GOOD
	AGRICULTURAL PRACTICES, FOOD PRESERVATION LAWS AND LICENSES, AND
	BUSINESS DEVELOPMENT.
4:	(Code:) (Expenses \$ 39,890 • including grants of \$) (Revenue \$)
4C	(Code:) (Expenses \$39,890 • including grants of \$) (Revenue \$) COMMUNITY ENGAGEMENT AND INTEGRATION: 10 FARMERS FROM DIVERSE
	COMMUNITIES IDENTIFYING THE BEST STAPLE CROP VARIETIES TO GROW IN
	NORTHERN CLIMATES. RESEARCH FINDINGS WILL BE DISTRIBUTED TO A LOCAL
	IMMIGRANT POPULATION OF UP TO 11,000 INDIVIDUALS.
	·
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$\frac{\text{including grants of \$}}{\text{1 total program service expenses}} \text{) (Revenue \$}{\text{)}} \text{ (Revenue \$}{\text{)}}{\text{ (Revenue \$}}{\text{)}}
<u>4e</u>	Total program service expenses 141, 785. Form 990 (2023)
	Form 600 (2023)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''		
ıza		12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,.
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

	rt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b	L	Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	 •		
U.	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		X
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
		35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_V
- -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			₩
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
. a	Check if School Id. O centains a vennence or note to any line in this Dark V			
	Check if Scriedule 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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	

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023) THE VILLAGE AGRICULTURAL COOPERATIVE Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a Enter the number of employees reported on Form W3. Transmittation Wage and Tax Statements. 1ded for the calendary sear ending with or within the year covered by this return. 2				Yes	No
b If a least one is reported on line 2a, did the organization fall all required federal amployment tax returns? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did If "Yes," has it field a Form 980-1 for this year? "No" to line 3b, provide an explanation on Schedule 0 4 A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a far and interest of the organization and the organization and the provides account, or other financial account? 4 B If "Yes," either the name of the foreign country Sees instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization file Form 888817? 5 Did any taxable party notify the organization file Form 888817? 5 Did was the organization and prosess statement that such contributions or gifts were not tax deductible? 5 Different organization that may receive deductible contributions under section 170(c). 5 Different organization that may receive deductible contributions under section 170(c). 5 Different organization that may receive deductible contributions under section 170(c). 6 Different organization receive any purment is excess of \$15 made party as a combination and party for goods and services provided to the payor? 7 Different organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Different form 8282? 6 Different organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Different form 8282 is a contribution of qualified intellectual property, did the organization file a Form 1898 C? 5 Different foreas and partial contributions in a contribution of organization f	2a				
3a Dit the organization have unrelated business gross income of \$1,000 or more curring the year? 3b If Yes, 'has it filed a Form 9901' for this year? If 'Ne' to fine 3b, provide an explanation on Schedule O 4a At any time during the calendary 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? 5b If 'Yes,' relief the name of the foreign country 5ce instructions for illing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAH). 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If 'Yes,' and 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 dentatable contributions? 6c If 'Yes' to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and analysis of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and analysis of the organization receive a payment in excess of \$5' make party as a contribution and party for goods and services provided to the payor? 7b If 'Yes,' indicates the number of Forms 8282 filed during the year 7c If If Yes,' indicates the number of Forms 8282 filed during the year 7c If If the organization received a contribution or case, books, any premiums, directly or indirectly, or personal benefit contract? 7c If If the organization received a contribution or case, books, any premiums on a personal benefit contract? 7d If If the organization received a contribution or case, soles, any premiums on a personal benefit contract? 7d If If the organization security and organiz		filed for the calendar year ending with or within the year covered by this return 2a 9			
b If Viscs, 1 filled a Form 990.7 for this year? If Viso 1 for 8.3, provide an explanation on Schedule 0 A all any time during the calendary 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 accounts? A If Viscs, 1 first the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filling requirements for FiroCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization aparty to a prohibert bat scheller funanciation at any time during the tax year? So Was the organization aparty to a prohibert bat scheller funanciation of the fire of the first organization and party to a prohibert bat scheller funanciation? So Dos the reginalization party to a prohibert bat scheller funanciation sclick any contributions that were not tax deductible as charitable contributions? If Viscs, 1 fill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? If Viscs, 1 fill the organization receive a payment in excess of \$35 made party as a contribution and party for goods and services provided to the promise of the organization receive a payment in excess of \$35 made party as a contribution of party for which it was required to the form 8892 riled during the year If Viscs, 1 indicate the number of Forms 8292 filed during the year If Viscs, 1 indicate the number of Forms 8292 filed during the year If Wiscs, 2 indicate the number of Forms 8292 filed during the year If Wiscs, 2 indicate the number of Forms 8292 filed during the year If Wiscs, 2 indicate the number of Forms 8292 filed during the year If Wiscs, 2 indicate the number of Forms 8292 filed during the year If Wiscs, 2 indicate the number of Forms 8292 filed during the year If Wiscs, 2 indicate the number of Forms 8292 filed during the year organizatio	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
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If "Yes," complete Form 6069.	1/				
	332009		Form	990	(2023)

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

500	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management					.,	
		۱.	I	9 [Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		긕			
	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.	١		او			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	L	긕			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						Х
•	officer, director, trustee, or key employee?			\vdash	2		
3	Did the organization delegate control over management duties customarily performed by or under the	airec	supervision				v
			- 6110		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			╌├	5		X
6	Did the organization have members or stockholders?			\vdash	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				_		v
	more members of the governing body?			\vdash	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						v
_	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	=			v	
_	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			H	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						v
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)				
40				Г	40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			F	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
44-					10b	Х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?		11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				40		v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			· F	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		1.			
40	on Schedule O how this was done			\vdash	12c		
13	Did the organization have a written whistleblower policy?				13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?				14		
15	Did the process for determining compensation of the following persons include a review and approva	i by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				4-		v
	The organization's CEO, Executive Director, or top management official				15a		<u>X</u>
D	Other officers or key employees of the organization			H	15b		
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		:41				
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				10-		Х
	taxable entity during the year?				16a		Λ
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in its interpretation to a grant the arrangement of the state of th	-	· ·				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				4Ch		
Sec	exempt status with respect to such arrangements? tion C. Disclosure				16b		
17 18	List the states with which a copy of this Form 990 is required to be filed MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	74 000	-T (section FO1/c)//	3/c ~	nlv\ -	wailat	
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	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain		shadula (C)				
10			,	nd f	inana	ial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.	i iiiiCt C	л ппетезгропсу, а	iiu II	ıı ıaı IC	ıaı	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke an	d records				
20	AMANDA NIGON-CROWLEY - 507.271.7069	no all	4 10001U3				
	DO BOY 7723 DOCUESTED MN 55002						

Form **990** (2023)

08054661

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do box		Pos heck	c) itior more rson i) than (s both	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) AMANDA NIGON-CROWLEY CEO	40.00	x		x				60,385.	0.	0.
(2) JIM LOCULA	10.00	^		^				00,303.	U•	<u></u>
OFFICER	10.00	х		x				10,824.	0.	0.
(3) KIM SIN	10.00							10,021	•	
OFFICER		х		x				6,240.	0.	0.
(4) CHANDI KATOCH	1.00							,	-	
PRESIDENT - THRU 5/2024		Х						0.	0.	0.
(5) KILEY LANTZ	1.00									
VICE PRESIDENT		Х						0.	0.	0.
(6) ANNA OLDENBURG	1.00									
SECRETARY - THRU 2/2024		Х						0.	0.	0.
(7) VIOLET MAGOMA	1.00	1								
TREASURER - THRU 2/2024		Х						0.	0.	0.
(8) GILBERT OMWENGA	1.00	1								_
MEMBER		Х						0.	0.	0.
(9) MIRIAM GOODSEN	1.00	l								•
MEMBER		Х		-				0.	0.	0.
		_								

Form 990 (2023)

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per	(do box	not cl	Posi heck i	C) ition more son i) than o	one n an	(D) Reportable compensation	(E) Reportable compensatio	n		(F) stimate nount (
		week (list any hours for related organizations below line)	Individual trustee or director Institutional trustee Officer Rey employee Highest compensated employee Former		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	s SC/	com fr org and	other pensar om the anizati d relate	e ion ed				
					0	×	T 9							
_														
1b	Subtotal								77,449.		0.			0.
С	Total from continuation sheets to Part VI	l, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								77,449.		0.			0.
2	Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for si</i>			-	-	-		_	hest compensated empl	•		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	е со	mpe	ensa	tion	and	oth	er compensation from the	ne organization		4		х
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
800	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedule	J fo	or su	ıch r	oers	on .					5		X
1	Complete this table for your five highest course the organization. Report compensation for the organization for the organization.										ensat	tion fro	om	
	(A) Name and business			ONE			, vv.		(B) Description of s		С	(Compe	C) nsatior	า
								-						
	Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	· ·				C								

Form **990** (2023)

Form 990 (2023) THE VIL
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ij gi									
ons,			Government grants (contributions)	1e					
utic		T	All other contributions, gifts, grants, and		167 351				
ĕ			similar amounts not included above		167,351.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$		167 251			
O g		n	Total. Add lines 1a-1f		B	167,351.			
				TOD	Business Code	26 614	26 614		
ce			TECHNICAL SUPPORT	FOR_	111000	26,614.	26,614.		
ervi		b	LAND ACCESS		111000	24,450.	24,450.		
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>a</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f			51,064.			
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			31.			31.
	4		Income from investment of tax-exem						
	5		Royalties						
				i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
			` ' 	ecurities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>e</u>			and sales expenses 7b						
enr		c	Gain or (loss) 7c						
ev			Net gain or (loss)						
her Revenue			Gross income from fundraising events (r						
Ğ.	Ü	u	including \$						
			contributions reported on line 1c). S	-					
			Part IV, line 18		610.				
		h	Less: direct expenses		0.				
			Net income or (loss) from fundraising			610.			610.
			Gross income from gaming activities			010.			010.
	3	а	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less return						
			and allowances						
			Less: cost of goods sold						
_		С	Net income or (loss) from sales of in	ventory					
જ					Business Code				
eor re	11								
Miscellaneous Revenue		b							
Sev Sev		C							
Mis T			All other revenue						
		е	Total. Add lines 11a-11d			010 056	F1 064		C 4.1
	12		Total revenue. See instructions			219,056.	51,064.	0.	641.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 24,154. 6,039. 77,448. 47,255. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 47,511. 47,511. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10,165. 7,624. 2,033. 508. 10 Payroll taxes Fees for services (nonemployees): 16,550. 16,550. Management 1,381. 1,381 Legal 1,491. 1,491. Accounting Lobbying 488. 488. Professional fundraising services. See Part IV, line 17 57. 57. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 13,777. 10,687. 3,090. column (A), amount, list line 11g expenses on Sch O.) 662. 662. Advertising and promotion 12 3,849. 3,849. Office expenses 13 Information technology 14 15 Royalties 25,638. 2,000. 23,638. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 936. 936. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 3,062. 3,062. Depreciation, depletion, and amortization 22 449. 449. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 7,113. 7,113. GARDEN EXPENSES 3,045. FARMERS MARKET EXPENSE 3,045. 1,822. 1,822. PROFESSIONAL DEVELOPMEN С d All other expenses 215,444. 141,785. 63,534. 10,125. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

Form **990** (2023)

if following SOP 98-2 (ASC 958-720)

гаі	τX	Balance Sneet						
		Check if Schedule O contains a response or no	ote to any	/ line in this Part X	(A)		(B)	
					Beginning of year		End of year	
	1	Cash - non-interest-bearing				1		
	2	Savings and temporary cash investments			58,016.	2	23,549.	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4		
	5	Loans and other receivables from any current of	or former	officer, director,				
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%				
		controlled entity or family member of any of the	ese perso	ons		5		
	6	Loans and other receivables from other disqua	-					
		under section 4958(f)(1)), and persons describe	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					
ts	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8	3,130	
Ř	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	38,011.	_			
	b	1		3,062.	0.	10c	34,949.	
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line				12		
	13	Investments - program-related. See Part IV, line		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	F0 016	15	61 600			
	16	Total assets. Add lines 1 through 15 (must equ		58,016.	16	61,628		
	17	Accounts payable and accrued expenses				17		
	18	Grants payable		18				
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21		
es	22	Loans and other payables to any current or form						
Liabilities		trustee, key employee, creator or founder, subs						
Liat		controlled entity or family member of any of the				22		
_	23	Secured mortgages and notes payable to unrel				23		
	24	Unsecured notes and loans payable to unrelate		T T		24		
	25	Other liabilities (including federal income tax, p parties, and other liabilities not included on line						
		of Schodulo D	,	•		25		
	26				0.	26	0.	
	20	Organizations that follow FASB ASC 958, ch			J.	20		
es		and complete lines 27, 28, 32, and 33.	CCK HCI	,				
ľ	27					27		
3ale	28	Net assets with donor restrictions				28		
Jd E		Organizations that do not follow FASB ASC						
Fur		and complete lines 29 through 33.	555, 5116					
ō	29	Capital stock or trust principal, or current funds	3		0.	29	61,628.	
ets	30	Paid-in or capital surplus, or land, building, or e			0.	30	0.	
Ass	31	Retained earnings, endowment, accumulated in			0.	31	0.	
Net Assets or Fund Balances	32	Total net assets or fund balances			58,016.	32	61,628.	
~	33	Total liabilities and net assets/fund balances			58,016.	33	61,628.	

Form **990** (2023)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2023)

За

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

Inspection **Employer identification number**

OMB No. 1545-0047

-*6784 THE VILLAGE AGRICULTURAL COOPERATIVE 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")				92,960.	167,351.	260,311.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3				92,960.	167,351.	260,311.			
5	The portion of total contributions				ĺ		,			
-	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						260,311.			
	ction B. Total Support						200,311.			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Amounts from line 4	(4) 2010	(5) 2020	(0) 2021	92,960.	167,351.	260,311.			
	Gross income from interest,				7 - 7 - 7 - 7					
Ŭ	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
۵	Net income from unrelated business									
9										
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						260,311.			
	Total support. Add lines 7 through 10					40	200,311.			
	Gross receipts from related activities,	•				12				
13	First 5 years. If the Form 990 is for the	-			•					
Sac	organization, check this box and stopetion C. Computation of Publi						·····			
	Public support percentage for 2023 (I			column (fl)		14	100.00 %			
	Public support percentage from 2022					15	<u> </u>			
	33 1/3% support test - 2023. If the o									
102										
	stop here. The organization qualifies		~		Llino 15 io 22 1/20/					
L	33 1/3% support test - 2022. If the c									
47.	and stop here. The organization qual									
1/2	10% -facts-and-circumstances test	_								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
		-		*	-	7				
t	10% -facts-and-circumstances test	_					10% Or			
	more, and if the organization meets the									
40	organization meets the facts-and-circu		-		• •					
18	Private foundation. If the organization	iii did not check a	DUX ON line 13, 16	a, 100, 1/a, 0r 1/k	o, check this box at		(Form 990) 2023			

332022 12-21-23

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

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

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(2) = = 1	(-7	(5) = 5 = 5	χ,
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-)	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u>-</u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

332023 12-21-23

Schedule A (Form 990) 2023

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	0		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		_
	5c		
	6		
	7		
	7		
	8		
	9a		
	9b		
	90		
	9c		
	10a		
	10b		
_	100	~ 000	

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations			
			Yes	No
	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			
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	tion b. All Type III Supporting Organizations		· ·	
	Did the constitution with the control of the contro		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	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. 332025 12-21-23 Schedule A (Form 990) 2023

3b

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

0000

Department of the Treasury Internal Revenue Service

Name of the organization

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

2023

OMB No. 1545-0047

THE VILLAGE AGRICULTURAL COOPERATIVE

Employer identification number

-*6784

Organiz	ation type (check or	ne):
Filers of	f:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	~	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., enplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$
answer '	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

THE VILLAGE AGRICULTURAL COOPERATIVE

-*6784

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	MINNWEST BANK 2575 COMMERCE DR NW STE 100 ROCHESTER, MN 55901	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	SOUTHERN MINNESOTA INITIATIVE FUND 525 FLORENCE AVE OWATONNA, MN 55060	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	THE FOOD GROUPS 8501 54TH AVE. N NEW HOPE, MN 55428	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	THE MARDAG FOUNDATION 101 FIFTH STREET EAST, SUITE 2400 ST. PAUL, MN 55101	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55902	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	THE NATURE CONSERVANCY 136 ST ANTHONY ST S PRESTON, MN 55905	\$7,385.	Person X Payroll			

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE VILLAGE AGRICULTURAL COOPERATIVE

-*6784

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BIG RIVERS FARMS 14220 OSTLUND TRAIL N B MARINE ON ST. CROIX, MN 55047	\$37,638.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE VILLAGE AGRICULTURAL COOPERATIVE

-*6784

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization Employer identification number

	LAGE AGRICULTURAL COO		**-***6784 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
f	from any one contributor. Complete columns (a)	through (e) and the following line ent	try. For organizations
c l	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or l space is needed.	less for the year. (Enter this info. once.) Φ
No.	·	İ	
m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
-			
-		(a) Transfer of aif	
		(e) Transfer of gif	II.
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	·		•
_			
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No.			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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		(e) Transfer of gif	ft .
	Transferee's name, address, a	nd 7 IP + 4	Relationship of transferor to transferee
	Transistre e manie, adarese, a		riolation of transfer of the transfer of
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No.		<u> </u>	1
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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		(e) Transfer of gif	ft
	Transferee's name, address, a	nd 7 ID ± 4	Relationship of transferor to transferee
	Transieree 3 name, address, a	IIU ZIF T T	nelationship of transferor to transferee
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No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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		_	
		(e) Transfer of gif	ft
	Transferee's name, address, a		Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

-*6784 THE VILLAGE AGRICULTURAL COOPERATIVE

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or <i>i</i>	Accounts. Complete if the
	organization anomored Tee Giff of Tee Section 1985	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held	l in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hi	istorically important land area
	Protection of natural habitat			ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribut	ion in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				·
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included on line 2c acqui			
	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			
	year		, ,	•
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enfo	orcing conservation	easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenu	e and expense state	ement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's f	inancial statements	that describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	[·] Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rever	nue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, o	or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	esearch in furtherar	nce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			n, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1	-		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

332051 09-28-23

	t III Organizations Maintaining Col	llections of Ar	t, Hist	orical Tre	asures, o	r Other	Simi	ar Asset	s (continu	rage ued)
3	Using the organization's acquisition, accession	and other records	s. check	any of the t	following that	t make si	onificar	nt use of its	(OOTHING	<u> </u>
_	collection items (check all that apply).	,	o, oo				g			
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	e			nango progre					
c	Preservation for future generations	J								
4	Provide a description of the organization's colle	ections and explain	how th	nev further th	ne organizatio	nn's exen	nnt nur	nose in Part	XIII	
5	During the year, did the organization solicit or re							JOSC IIII GIL	7.III.	
Ū	to be sold to raise funds rather than to be main								Yes	☐ No
Pai	t IV Escrow and Custodial Arrange									110
	reported an amount on Form 990, Part		10 11 1110	organization	ranswored	100 0111	01111 00	,0,1 4111,1	1110 0, 01	
	Is the organization an agent, trustee, custodian		liary for	contribution	s or other as	sets not	include	d		
	on Form 990, Part X?								Yes	No
h	If "Yes," explain the arrangement in Part XIII an									
	Too, oxplain the arrangement in rate xiii an	a complete the for	iownig t	abic.					Amount	
c	Beginning balance						10			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Forr								Yes	No
	If "Yes," explain the arrangement in Part XIII. Cl						•			
Pai										
		(a) Current year		Prior year	(c) Two yea			e years back	(e) Four	years back
19	Beginning of year balance	(2., 2 2 2) 2 2	(-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,)		(,	- ,	(-,	,
b	Contributions									
	Net investment earnings, gains, and losses									
c										
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		- /!: 1	l (-)	\\					
2	Provide the estimated percentage of the current	it year end balance	•	g, column (a)) neid as:					
a	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
С	Term endowment%									
0-	The percentages on lines 2a, 2b, and 2c should	•		A and balaban	and an about a task as					
3 a	Are there endowment funds not in the possess	ion of the organiza	ition tha	it are neid ar	ia administer	rea for th	е		Г	Yes No
	organization by:									162 140
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
	If "Yes" on line 3a(ii), are the related organization								3b	
Dai	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipmen		wment t	unds.						
ı aı	Complete if the organization answered		Dort IV	/ lino 11a S	00 Form 000	Dort V	lino 10			
	· · · · · · · · · · · · · · · · · · ·		-	i					() 5	
	Description of property	(a) Cost or o			or other		ccumul	I	(d) Book	value
		basis (investn	n e nn)	Dasis	(other)	uer	preciation	JI I		
	Land			2	0 011		2	062.	2.4	0.40
	Buildings			3	8,011.		٥,	004.	54	,949.
	Leasehold improvements									
	Equipment									
	Other								2.4	<u>0.</u> ,949.
Tota	. Add lines 1a through 1e. (Column (d) must eau	ial Form 990 Part	X line 1	Oc column	(R))				54	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Schedule D (Form 990) 2023

MIR VIII ACR		COODED A MILLER	+++6704 - 2
Schedule D (Form 990) 2023 THE VILLAGE Part VII Investments - Other Securities	AGRICULTURAL	COOPERATIVE	-***6784 Page 3
Complete if the organization answered "Yes" of	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	d-of-year market value
(1) Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	on Form COO Dort IV line	11a Caa Farm 000 Port V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	Lof-vear market value
	(b) Book value	(c) Method of Valuation. Cost of end	1-01-year market value
<u>(1)</u>			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	T
(a) [Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(D))		
Part X Other Liabilities	(<i>D</i>))		
Complete if the organization answered "Yes" of	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			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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) 2023

(8) (9)

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

Pai	rt XI	Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return	
		Complete if the organization answered "Yes" on Form 990, Part I'	V, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е	Add li	nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial		s per Return	
		Complete if the organization answered "Yes" on Form 990, Part I			
1		expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ted services and use of facilities	l I		
b	Prior y	year adjustments	2b		
С		losses			
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
		ines 4a and 4b			
5 Da	lotal	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, ling Supplemental Information	ne 18.)	5	
		l	and 4. Dort IV lines 1b and 0b. Dor	t V line 4: Dort V line 0: Dort	· VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 4 b; and Part XII, lines 2d and 4b. Also complete this part to provic		t v, iiile 4, Part A, iiile 2, Part	۸۱,
111163	Zu and	and Fart All, lines 2d and 4b. Also complete this part to provid	e any additional information.		

Schedule D (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

THE VILLAGE AGRICULTURAL COOPERATIVE

Inspection
Employer identification number
-*6784

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FARMERS AND FOOD PRODUCERS OF TOMORROW.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION C, LINE 18:
FORM 1023 IS AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2023

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
8	GARDEN SHEDS	08/04/23	150DB	15.00	НҮ19	E 13,463.				13,463.			673.	673.
9	TRACTOR	06/01/23	200DB	7.00	НУ19	c 12,500.				12,500.			1,786.	1,786.
10	WATER/IRRIGATION SYSTEM	07/12/23	150DB	15.00	НУ19	E 5,933.				5,933.			297.	297.
11	HIGH TUNNEL	09/29/23	150DB	15.00	НУ19	E 6,116.				6,116.			306.	306.
12	10 X 20 SHED	07/08/24	150DB	15.00	НУ19	E 5,489.				5,489.			0.	
13	COOLBOT TRAILER	07/08/24	200DB	5.00	НУ19	в 2,750.				2,750.			0.	
14	GREENHOUSE GAS LINE	02/01/24	200DB	7.00	НУ19	d 4,369.				4,369.			0.	
	* TOTAL 990 PAGE 10 DEPR					50,620.				50,620.	0.		3,062.	3,062.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					0.			0.	0.	0.			0.
	ACQUISITIONS					38,012.			0.	38,012.	0.			3,062.
	DISPOSITIONS/RETIRED					0.			0.	0.	0.			0.
	ENDING BALANCE					38,012.			0.	38,012.	0.			3,062.
	ENDING ACCUM DEPR										3,062.			
	ENDING BOOK VALUE										34,950.			

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

990 Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179**

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

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

Business or activity to which this form relates Identifying number

	<u>HE VILLAGE AGRICULTUR</u>				M 990 PA			**-***6784
P	Part Election To Expense Certain Proper	ty Under Section 17	79 Note: If yo	u have any lis	ted property, c	omplete Part	V before y	ou complete Part I.
1	Maximum amount (see instructions)						1	1,160,000.
2	Total cost of section 179 property place							
	Threshold cost of section 179 property							2,890,000.
	Reduction in limitation. Subtract line 3 f							
	Dollar limitation for tax year. Subtract line 4 from line						5	
6	(a) Description of pro	pperty		(b) Cost (busine	ess use only)	(c) Elected	cost	
7	Listed property. Enter the amount from	line 20			7			
	Total elected cost of section 179 proper						8	
	Tentative deduction. Enter the smallerCarryover of disallowed deduction from							
	Business income limitation. Enter the sr Section 179 expense deduction. Add lir		•					
							12	
	Carryover of disallowed deduction to 20 ote: Don't use Part II or Part III below for I				13			
	Part II Special Depreciation Allowa				a listed propert	v 1		
	Operation Bepresidation / tireman		•					
14	Special depreciation allowance for qual					ŭ		
	the tax year							
	Property subject to section 168(f)(1) ele							
		in aluda liatad ara					16	
	Part III MACRS Depreciation (Don't	include listed pro	· •	•				
_				ection A				
	MACRS deductions for assets placed in	n service in tax ye	ars beginnin	g before 2023			17	
18								
	If you are electing to group any assets placed in servi				nts, check here		tion Conto	
	If you are electing to group any assets placed in serving Section B - Assets	Placed in Servic	e During 20	23 Tax Year U	nts, check here Jsing the Gene		tion Syste	m
			e During 202 (c) Basis fo (business/ir		nts, check here			m (g) Depreciation deduction
19a	Section B - Assets (a) Classification of property	Placed in Servic (b) Month and year placed	e During 202 (c) Basis fo (business/ir	23 Tax Year U	Jsing the Gene	eral Deprecia		
	Section B - Assets (a) Classification of property	Placed in Servic (b) Month and year placed	(c) Basis fo (business/ir only - see	23 Tax Year Ur depreciation investment use instructions)	nts, check here Ising the Gene (d) Recovery period	eral Deprecia (e) Convention	(f) Method	(g) Depreciation deduction
b	Section B - Assets (a) Classification of property 3-year property	Placed in Servic (b) Month and year placed	(c) Basis fo (business/ir only - see	23 Tax Year U	Jsing the Gene	eral Deprecia (e) Convention		
b	Section B - Assets (a) Classification of property a 3-year property b 5-year property	Placed in Servic (b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year Ur depreciation evestment use instructions)	Ising the Gene (d) Recovery period 7 YRS.	(e) Convention	(f) Method	(g) Depreciation deduction
c c	Section B - Assets (a) Classification of property a 3-year property 5-year property 7-year property	Placed in Servic (b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year Ur depreciation investment use instructions)	nts, check here Ising the Gene (d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
c c	Section B - Assets (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property	Placed in Servic (b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year Ur depreciation evestment use instructions)	Ising the Gene (d) Recovery period 7 YRS.	(e) Convention	(f) Method	(g) Depreciation deduction
c c c	Section B - Assets (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	Placed in Servic (b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year Ur depreciation evestment use instructions)	Ising the Gene (d) Recovery period 7 YRS.	(e) Convention	(f) Method	(g) Depreciation deduction
c c e f	Section B - Assets (a) Classification of property a 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	Placed in Servic (b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year Ur depreciation evestment use instructions)	rits, check here Jsing the Gene (d) Recovery period 7 YRS.	(e) Convention	(f) Method 200DB 150DB	(g) Depreciation deduction
c c e f	Section B - Assets (a) Classification of property (a) 3-year property (b) 5-year property (c) 7-year property (d) 10-year property (e) 15-year property (f) 20-year property	Placed in Servic (b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year Ur depreciation evestment use instructions)	rits, check here Jsing the Gene (d) Recovery period 7 YRS 15 YRS 25 yrs.	(e) Convention HY HY	(f) Method 200DB 150DB S/L	(g) Depreciation deduction
b c c e f	Section B - Assets (a) Classification of property a 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 h Residential rental property	Placed in Servic (b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year Ur depreciation evestment use instructions)	7 YRS 15 YRS 25 yrs. 27.5 yrs.	eral Deprecia (e) Convention HY MM	(f) Method 200DB 150DB S/L S/L	(g) Depreciation deduction
b c c e f	Section B - Assets (a) Classification of property a 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	Placed in Servic (b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year Ur depreciation evestment use instructions)	7 YRS 15 YRS 25 yrs. 27.5 yrs.	eral Deprecia (e) Convention HY MM MM	(f) Method 200DB 150DB S/L S/L S/L	(g) Depreciation deduction
b c c e f	Section B - Assets (a) Classification of property a 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 h Residential rental property	Placed in Servic (b) Month and year placed in service // / / / / /	e During 20: (c) Basis for (business/ii only - see	23 Tax Year U r depreciation expectation e	7 YRS 25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention HY MM MM MM MM	(f) Method 200DB 150DB S/L S/L S/L S/L S/L	(g) Depreciation deduction 1,786.
b c c e f	Section B - Assets (a) Classification of property (a) 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 (h) Residential rental property (i) Nonresidential real property Section C - Assets P	Placed in Servic (b) Month and year placed in service // / / / / /	e During 20: (c) Basis for (business/ii only - see	23 Tax Year U r depreciation expectation e	7 YRS 25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention HY MM MM MM MM	(f) Method 200DB 150DB S/L S/L S/L S/L S/L	(g) Depreciation deduction 1,786.
the contract of the contract o	Section B - Assets (a) Classification of property (a) 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 (h) Residential rental property (i) Nonresidential real property Section C - Assets P	Placed in Servic (b) Month and year placed in service // / / / / /	e During 20: (c) Basis for (business/ii only - see	23 Tax Year U r depreciation expectation e	7 YRS 25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention HY MM MM MM MM	(f) Method 200DB 150DB S/L S/L S/L S/L S/L S/L S/L ation Syst	(g) Depreciation deduction 1,786.
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b c c c c c c c c c	Section B - Assets (a) Classification of property b	Placed in Service (b) Month and year placed in service // // // laced in Service // // // laced in Service	e During 20: (c) Basis for (business/ir only - see During 2023 es 19 and 20 artnerships artnerships and 20 artnerships	23 Tax Year U r depreciation restment use instructions) 12,500. 25,512. 3 Tax Year Us 3 in column (g) and S corporati	7 YRS 15 YRS 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ing the Alterna 12 yrs. 30 yrs. 40 yrs.	eral Deprecia (e) Convention HY MM MM MM MM MM MM MM MM MM	(f) Method 200DB 150DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction 1,786. 1,276.

Page 2

Part V List

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? No Yes Nο Yes (b) (c) (e) (i) (f) (g) (h) (a) Type of property Date Business/ Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) Convention deduction other basis period use only) service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use % S/L · % S/L % S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (don't include commuting miles) Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 _____ Yes Yes Yes Yes Yes Yes 34 Was the vehicle available for personal use No No No No No No during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization (b) (f) (a) (c) (d) (e) Description of costs Amortization Date amortization Amortizable Amortization for this year Code section begins amount period or percentage 42 Amortization of costs that begins during your 2023 tax year 43 43 Amortization of costs that began before your 2023 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

THE VILLAGE AGRICULTURAL COOPERATIVE

Asset No.	Description	Da Acqu		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
8	GARDEN SHEDS	0804	423	150DB	15.00	19E	13,463.			13,463.			673.
	TRACTOR WATER/IRRIGATION	060:	123	200DB	7.00	19C	12,500.			12,500.			1,786.
		071	223	150DB	15.00	19E	5,933.			5,933.			297.
11	HIGH TUNNEL	0929	923	150DB	15.00	19E	6,116.			6,116.			306.
12	10 X 20 SHED	0708	824	150DB	15.00	19E	5,489.			5,489.			0.
13	COOLBOT TRAILER	0708	824	200DB	5.00	19в	2,750.			2,750.			0.
14	GREENHOUSE GAS LINE	0201	124	200DB	7.00	19C	4,369.			4,369.			0.
	* TOTAL 990 PAGE 10 DEPR						50,620.		0.	50,620.	0.		3,062.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						0.		0.	0.	0.		
	ACQUISITIONS						38,012.		0.	38,012.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						38,012.		0.	38,012.	0.		

- NEXT YEAR FEDERAL -

THE VILLAGE AGRICULTURAL COOPERATIVE

Asset No.	Description		Date quire	d	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
8	GARDEN SHEDS	080	042	23	150DB	15.00	13,463.		13,463.	673.	1,279.
	TRACTOR	060	012	23	200DB	7.00	12,500.		12,500.		3,061.
10	WATER/IRRIGATION SYSTEM	07	122	23	150DB	15.00	5,933.		5,933.	297.	564.
	HIGH TUNNEL	092	292	23	150DB	15.00	6,116.		6,116.	306.	581.
	10 X 20 SHED	07	082	24	150DB	15.00	5,489.		5,489.		274.
	COOLBOT TRAILER	070	082	24	200DB	5.00	2,750.		2,750.		550.
	GREENHOUSE GAS LINE	02	012	24	200DB	7.00	4,369.		4,369.		624.
	* TOTAL 990 PAGE 10 DEPR						50,620.		50,620.	3,062.	6,933.
							,				,

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Form 8879-TF

For

IRS E-file Signature Authorization for a Tax Exempt Entity

calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN **-***6784 THE VILLAGE AGRICULTURAL COOPERATIVE AMANDA NIGON-CROWLEY Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b ____ 219,056. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here **b Tax due** (Form 5330, Part II, line 19) Form 5330 check here 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 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 X | authorize HAWKINS ASH CPAS, LLP 05466 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 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 2023 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. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 41738812608 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 2023 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. 11/08/24 DAVID FOCHS ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA 302521 01-05-24

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

Form **8879-TE** (2023)

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

The Village Agricultural Cooperative PO Box 7723 Rochester, MN 55903

Prepared By:

Hawkins Ash CPAs, LLP 3720 Nottingham Dr NW, Suite 100 Rochester, MN 55901

Amount of Tax:

Balance due of \$25

Make Check Payable To:

State of Minnesota

Mail Tax Return To:

Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Return must be mailed on or before:

November 15, 2024

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Include the organization's Federal Employer Identification Number and 2023 Annual Report on the check or money order.

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

CHARITABLE ORGANIZATION

ANNUAL REPORT FORM

STATE OF MINNESOTA

C2

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information	
Legal Name of Organization THE VILLAGE AGR	ICULTURAL COOPERATIVE
Federal EIN: **-***6784	Fiscal Year-End: 12312023
	mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address: AMANDA NIGON-CROWLEY	Physical Address: AMANDA NIGON-CROWLEY
Contact Person PO BOX 7723	Contact Person PO BOX 7723
Street Address ROCHESTER, MN 55903	Street Address ROCHESTER, MN 55903
City, State, and ZIP Code 507-271-7069	City, State, and ZIP Code 507-271-7069
Phone Number AMANDANC@ROCHVILLAGE.ORG	Phone Number AMANDANC@ROCHVILLAGE.ORG
Email Address	Email Address
Organization's website: <u>WWW.ROCHVILLAGE.(</u> List all of the organization's alternate and former names (at	
3. List all names under which the organization solicits contribute THE VILLAGE AGRICULTURAL COOPE	
Is the organization incorporated pursuant to Minn. Stat. ch.	. 317A? X Yes No
5. Total amount of contributions the organization received from	m Minnesota donors: \$ 166,271.
6. Has the organization's tax-exempt status with the IRS chan Yes X No If yes, attach explanation.	nged?
7. Has the organization significantly changed its purpose(s) or Yes X No If yes, attach explanation.	r program(s)?

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by a Yes X No If yes, attach explanation.	ny court or gover	nment agency?	
9.	Does the organization use the services of a professional fundraiser (out solicit contributions in Minnesota? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		consultant) to	
	Name of Professional Fundraiser		Compensation	
	Street Address		City, State, and ZIP Co	ode
10.	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit Note: An organization that has total revenue of more than \$750,000 is accordance with generally accepted accounting principles by an indep donated food to a nonprofit food shelf may be excluded from the total subsequent distribution at no charge and is not resold.	required to file ar endent CPA or LI	PA. The value of	
11.	Do any directors, officers, or employees of the organization or its relate compensation* of more than \$100,000? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		receive total	
	Name and title		Compensation*	Other compensation
	*Compensation is defined as the total amount reported on Form W-2 (Eissued by the organization and its related organizations to the individual 3(i) and Minn. Stat. § 317A.011 for definitions.	•		
12.	A full list of the organization's board of directors, including names, add each (attach list if more space is needed).	resses, and total	compensation paid to	
	SEE STATEMENT 1			

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

3. A full list of the names of all banks or other financial institutions in which the organization's funds are	
deposited. DO NOT include account numbers. (Attach list if more space is needed.)	
MINNWEST BANK	507-288-0224
2575 COMMERCE DR NW STE 100, ROCHESTER, MN 55901	
PREMIER BANK	507-285-3800
3800 US-52. ROCHESTER. MN 55901	

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME 1. Contributions Received Government Grants 3. Program Service Revenue Other Revenue 4. **TOTAL INCOME EXPENSES** 6. Program Expenses 7. Management & General Expenses Fund-raising Expenses 9. TOTAL EXPENSES 10. EXCESS or DEFICIT (Line 5 minus Line 9) **ASSETS** 11. Cash 12. Land, Buildings & Equipment 13. Other Assets 14. TOTAL ASSETS **LIABILITIES** \$ ______ 15 \$ ______ 16 15. Accounts Payable 16. Grants Payable 17. Other Liabilities 18. TOTAL LIABILITIES **FUND BALANCE/NET WORTH**

(Line 14 minus Line 18)

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	·	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to individuals in the o.o.				
3.	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
".	trustees, and key employees				
6.	Compensation not included above, to disqualified				
".	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
8.	Pension plan contributions (include section				
.	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
	Management				
	. Legal				
	. Accounting				
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other				
12.	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
	Payments of travel or entertainment expenses				
.0.	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a	,				
b					
C					
d					
25.	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here if following				
20.	SOP 98-2. Complete this line only if the organi-				
	zation reported in Column B joint costs from a				
	combined educational campaign and fundraising solicitation				
	ranaraioning contribution		1	L	l .

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the BOARD CHAIR ____ (Title) and BOARD MEMBER (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the (Board of Directors, Trustees, or Managing Group) adopted on the , 20 , approving the contents of the document, and do hereby certify that the _ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge. AMANDA NIGON-CROWLEY Name (Print) Name (Print) Signature Signature BOARD CHAIR BOARD MEMBER Title Title

Date

Date

ANNUAL REPORT INITIAL REGISTRATION	BOARD OF DIRECTORS	STATEMENT 1
NAME AND ADDRESS		COMPENSATION
CHANDI KATOCH PO BOX 7723, ROCHESTER, M	N 55903	0.
KILEY LANTZ PO BOX 7723, ROCHESTER, M	N 55903	0.
ANNA OLDENBURG PO BOX 7723, ROCHESTER, M	N 55903	0.
VIOLET MAGOMA PO BOX 7723, ROCHESTER, M	N 55903	0.
GILBERT OMWENGA PO BOX 7723, ROCHESTER, M	N 55903	0.
MIRIAM GOODSEN PO BOX 7723, ROCHESTER, M	N 55903	0.
AMANDA NIGON-CROWLEY PO BOX 7723, ROCHESTER, M	N 55903	60,385.
KIM SIN PO BOX 7723, ROCHESTER, M	N 55903	6,240.
JIM LOCULA PO BOX 7723, ROCHESTER, M	N 55903	10,824.