

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0047

2009

Open to Public Inspection

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Research
Application pending Install return
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Tax-exempt status
Tax-exempt status X 501(c) (3
Website:
Form of organization X Corporation Trust Association Other L Year of Formation 1985 M State of legal domicile IL
Part Summary
1 Briefly describe the organization's mission or most significant activities. FARM AID'S MISSION IS TO BUILD A VIBRANT. FAMILY FARM-CENTERED SYSTEM OF AGRICULTURE IN AMERICA. FARM AID HOSTS AN ANNUAL CONCERT TO RAISE FUNDS TO SUPPORT WORK WITH FAMILY FARMERS AND TO INSPIRE PEOPLE TO CHOOSE FAMILY-FARMED FOOD. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets with the property of the governing body (Part VI, line 1a) 3 1.1
VIBRANT, FAMILY FARM-CENTERED SYSTEM OF AGRICULTURE IN AMERICA. FARM AID HOSTS AN ANNUAL CONCERT TO RAISE FUNDS TO SUPPORT WORK WITH FAMILY FARMES AND TO INSPIRE.
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ANNUAL CONCERT TO RAISE FUNDS TO SUPPORT WORK WITH FAMILY FARMERS AND TO INSPIRE PEOPLE TO CHOOSE FAMILY-FARMED FOOD 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of ovolunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from P90-T, line 34 7b 0. Prior Year Current Year Current Year 1, 243, 998. 1, 109, 726. 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Universiment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation (Part IX, column (A), lines 1-3) 16a Professional fundraising less enses (Part IX, column (A), line 11e) 17 Other expenses Part IX, column (A), line 11e) 18 Total synches of Part IX, column (A), line 25) 19 Revenue less expenses (Distract line 18 from line 25) 10 Total labilities (Part X, line 16) 11 Total labilities (Part X, line 26) 12 Net assets or fund balances Subtract line 21 from line 20 18 Sold labilities (Part X, line 26) 19 Reserved the distract line 21 from line 20 19 Reserved the distract line 21 from line 20 19 Reserved the distract line 21 from line 20 10 Investment investment of volume and part IX in the properties of the part IX column (A), line 11e) 10 Investment income (Part X, line 26) 11 Total labilities (Part X, line 26) 12 Note the representation of the part IX column (A) line 11e) 11 Total publication of the part IX
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122 Net assets of full balances Subtract line 21 from line 20 300, 323. 830, 148.
122 Net assets of full balances Subtract line 21 from line 20 300, 323. 830, 148.
Part II Signature Block
Under cenalties of perjuly /I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
Sign 8-13-2010
Here Signature of office Date
► WILLIE NELSON PRESIDENT
Type or print name and title
Date Check of Preparer's identifying number
(see instructions)
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3	Did the	orgai	nization c	ease cond	ucting, or	make signific	ant change	s in how it	conduct	ts, any prograr	m services?		Yes	X	No
				e changes											
4	Describ and 50	e the	exempt p	ourpose ac	hievemer	nts for each of 1947(a)(1) trus	the organiz	zation's throne	ee large ort the a	est program se	rvices by expends	nses Se	ction 5 hers t	01(c)((3) al
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Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? 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 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Х 4 Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 X complete Schedule D, Part III Did the organization report an amount in Part X, line 21, 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 9 X Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 11 Х X as applicable Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI • 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 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 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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? If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12 12 A Was the organization included in consolidated, independent audited financial statement for the tax Yes No X year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A 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 **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 17 Х 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 II18 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 X complete Schedule G, Part III

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

X

20

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22	х	
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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		Х
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		 X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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? If 'Yes,' complete Schedule N, Part II	32_		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36_		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
ВАА		Form	990 (2009

Form 990 (2009) FARM AID, INC. 36-338323	3	F	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
•		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a 15			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	\vdash		
7 Organizations that may receive deductible contributions under section 170(c).	 		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		-	
benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	- 8		
9 Sponsoring organizations maintaining donor advised funds.	۰		
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b	-	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		_	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Form 990 (2009)

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 in Schedule O. See instructions.

<u>se</u>	Ction A.	Governing Body and Management						
							Yes	No
		number of voting members of the governing body	_1a		11			
	b Enter the	number of voting members that are independent	1 b		11			
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee? SEE SCHEDULE O	elations	hip with any	other		X	
3	Did the o	organization delegate control over management duties customarily performed by or its, directors or trustees, or key employees to a management company or other personance.	under th	ne direct sup	pervision	3		х
4		rganization make any significant changes to its organizational documents				4		X
		prior Form 990 was filed?						
5		Irganization become aware during the year of a material diversion of the organizatio	n's ass	ets?		5		Х
6	Does the	organization have members or stockholders?				6		X
7	a Does the	organization have members, stockholders, or other persons who may elect one or a body?	more m	embers of t	he	7a		x
	•	decisions of the governing body subject to approval by members, stockholders, or o	ther pe	rsons?		7b		X
	the follow	•	ertaken	during the y	ear by			
	a The gove	rning body?				8a	X	
	b Each cor	nmittee with authority to act on behalf of the governing body?				8b		X
9	Is there a organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i> S	nnot be	reached at	the O	9	х	
Se	ction B.	Policies (This Section B requests information about policies not	require	ed by the	Internal			
Rev	renue Code	2)						
							Yes	No
10	a Does the	organization have local chapters, branches, or affiliates?				10a		X
	b If 'Yes,' o	does the organization have written policies and procedures governing the activities of the organization?	of such	chapters, at	ffiliates,	10 b	·	
11		organization provided a copy of this Form 990 to all members of its governing body	hefore	filing the for	m?	11	Х	
		in Schedule O the process, if any, used by the organization to review this Form 990		•				-
		organization have a written conflict of interest policy? If 'No,' go to line 13	J. UL	L DOMED.	0111	12a	Х	'
		ers, directors or trustees, and key employees required to disclose annually interests	that co	יוול מועם זוכנ		12.0	^	
	to conflic	ts?		ŭ		12b	Х	
	Schedule	organization regularly and consistently monitor and enforce compliance with the po O how this is done	olicy? If	'Yes,' desc	ribe in	12 c		<u>X</u>
		organization have a written whistleblower policy?				13	X	
14	Does the	organization have a written document retention and destruction policy?				14		<u>X</u>
15	Did the p persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approv cision?	al by indepe	endent			
	a The orga	nization's CEO, Executive Director, or top management official SEE SCHEDULE	0 2			15 a	X	
	b Other off	icers of key employees of the organization				15 b		X
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions)						
16	a Did the o entity dui	rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrang	ement with	a taxable	16a		
	b If 'Yes,' h	nas the organization adopted a written policy or procedure requiring the organization	n to eva	luate its pai	rticipation			
	in joint ve	enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	the or	ganization's	exempt	16b		
Sec		Disclosures						
		tates with which a copy of this Form 990 is required to be filed SEE SCHEDUL	ΕO					
		i104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a		T (501(c)(3)	s only) av	– – – aılabl	e for r	
_	inspectio	n Indicate how you make these available. Check all that apply website X Upon request		(= = : (=)(0)	, , , 		- ·•·	
19		In Schedule O whether (and if so, how) the organization makes its governing docur its available to the public SEE SCHEDULE O	ments, d	conflict of in	terest poli	cy, ar	nd fina	incial
		ts available to the public SEE SCHEDULE O name, physical address, and telephone number of the person who possesses the t						
				, MA 02	_			22_

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no	ot compen	sate a	any c	curre	ent d	officer	, dır	ector, or trustee		
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours		tion (k all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Inst	Officer	ey	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		/idua	tutio	ĕ	Key employee	lest o	ner	(W-2/1099-WII3C)	(W-2/1055-WIISC)	organization and related
		ž	nalt		loye	ecomp				organizations
		stee	Institutional trustee		ro	bens				
			8			ated				
MARK ROTHBAUM			П							
DIRECTOR	1 1	X						0.	0.	0.
DAVID ANDERSON			П							
DIRECTOR] 1	Х						0.	0.	0.
JOHN MELLENCAMP			П							
DIRECTOR] 1	Х						0.	0.	0.
DAVE MATTHEWS										
DIRECTOR	1	Х						0.	0.	0.
JOEL KATZ										· - •
DIRECTOR	1	Х						0.	0.	0.
EVELYN SHRIVER]		li							
DIRECTOR	1	Х						0.	0.	0.
NEIL YOUNG			1							
DIRECTOR	1	Х	Ш					0.	0.	0.
RICHARD FIELDS										
DIRECTOR	1	Х	Ш					0.	0.	0.
WILLIE NELSON										
PRESIDENT	1		Ш	X				0.	0.	0.
PAUL ENGLISH						i		_	_	
TREASURER	1		Ш	X				0.	0.	0.
LANA NELSON	1 _							_		_
SECRETARY	1		Ш	X				0.	0.	0.
CAROLYN MUGAR									_	
EXECUTIVE DIREC	20	<u> </u>	\sqcup	Х	\vdash		_	39,026.	0.	0.
GLENDA YODER	٠,-		li					76 004		•
CFO	35		\vdash	Х	-		ļ	76,384.	0.	0.
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Part VII Section A. Officers, Directors, Trus		(ey	En			es,	an			
· (A) Name and Title	(B) Average	Posi	tion (c) k all t	hat a	pply)	(D)	(E)	(F) Estimated
Name and the	hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of othe compensation from the organization and related organizations
								,		
									<u> </u>	
							_			
		ļ								
				_	-					
									•	
1 b Total							•	115,410.	0.	
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	stec	d ab	ove)) wh	o re	ceived more than	\$100,000 in repor	table compensat
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rethe organization and related organizations greater trindividual 	<i>ndıvıdua</i> portable	al e cor	npe	nsa	tion	and	l oth	er compensation	from	3
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens	atioi	n fro	om a	any	unre	elate	ed organization foi	services	5
Section B. Independent Contractors	icuule .	, 101	JUL	ιι με	.13U	.,				
Complete this table for your five highest compensate compensation from the organization	ed inde	pend	dent	cor	ntrac	ctors	tha	t received more t	han \$100,000 of	
(A) Name and business addres	s							Description o	of Services	(C) Compensation
VANGUARD COMMUNICATIONS 2121 K ST, NW SUITE	300 WA	SHI	NGT	ON,	DC	200	037	PUBLIC RELATI	ONS	128,17
		_								
2. Total number of independent contractors (including	but not	lum	ł o d	+~ ++	2000	Liet	~d ~	shows) who room	ad mara than	

\$100,000 in compensation from the organization ► 1

Pa	t VIII Statement of Revenue			, -		
1	·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f	59,101. 474,805. 575,820. 48,900. Business Code	1,109,726.			
PROGRAM SERVICE R	b c d f All other program service revenue g Total. Add lines 2a-2f	•				
	 Investment income (including dividend other similar amounts) Income from investment of tax-exemp Royalties 	▶	20,810. 39,208.			20,810.
	(i) Real 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory 377, 808	(ii) Personal (ii) Other . 486.				
	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	. 191.	14,401.			14,401.
OTHER REVENUE	b Less: direct expensesc Net income or (loss) from fundraising	a 1,252,642. b 916,848. events	335,794.			335,794.
	 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 	a b				
	10 a Gross sales of inventory, less returns and allowancesb Less cost of goods sold	a 13,681. b 6,704.				
	c Net income or (loss) from sales of inve	entory •	6,977.	6,977.		
	Miscellaneous Revenue 11 a b	Business Code				
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions	•	1,526,916.	6,977.	0.	410,213.

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

All other organizations must co	emplete column (A) but are not required to	o complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	501,669.	501,669.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,672.	23,672.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	==, ===	,		
4					
5	Compensation of current officers, directors, trustees, and key employees	115,410.	88,293.	10,694.	16,423.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages	383,524.	249,935.	86,477.	47,112.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,686.	9,795.	1,606.	1,285.
9	Other employee benefits	84,016.	56,900.	16,396.	10,720.
10	Payroll taxes	37,867.	25,670.	7,375.	4,822.
	Fees for services (non-employees)				
	a Management	1 000			***
	b Legal	1,209.		1,209.	
	c Accounting	32,457.		32,457.	
	d Lobbying	6,750.			6,750.
	e Prof fundraising svcs See Part IV, In 17 I Investment management fees	6,750.		6,858.	6,730.
	g Other	40,652.	8,002.	1,479.	31,171.
	Advertising and promotion	111,198.	111,198.	1,4/).	31,111.
13	- '	84,713.	55,780.	10,441.	18,492.
14	Information technology	54,881.	50,510.	221.	4,150.
15	Royalties	,		1.00	
16	Occupancy	76,486.	51,882.	14,858.	9,746.
17	Travel	35,142.	31,108.	21.	4,013.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings.	10,669.	8,027.	1,357.	1,285.
20					
	Payments to affiliates	21 222	0.4.000	570	5 350
22	Depreciation, depletion, and amortization	31,328. 8,294.	24,999.	579. 1,050.	5,750. 840.
23 24	Insurance Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	0,234.	6,404.	1,030.	040.
	a MISCELLANEOUS	11,483.	7,836.	296.	3,351.
	b_SUBSCRIPTIONS	9,071.	7,595.	30.	1,446.
	c FILING FEES	3,812.	· · · · · · · · · · · · · · · · · · ·	3,812.	
	d PREMIUMS	745.	745.		
	e FOOTAGE	610.		510.	100.
	f All other expenses	1 605 202	1 220 020	107 706	167 456
25 26	•	1,685,202.	1,320,020.	197,726.	167,456.
BAA	costs from a combined educational campaign and fundraising solicitation				Form 990 (2009)

Part X

(B) End of year (A) Beginning of year 144. Cash - non-interest-bearing 144 1 583,774 2 423,355. 2 Savings and temporary cash investments 19,215. 3 Pledges and grants receivable, net 3 43,592 6,785. 4 9,848. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net. 38,919. 25,498 8 8 Inventories for sale or use 25,534. 9 20,658 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10a 32,419. Complete Part VI of Schedule D 9,732 10b 6.969. 25,450 10 c **b** Less: accumulated depreciation 17.434. 11 16.144. 11 Investments - publicly-traded securities. 12 12 Investments - other securities See Part IV, line 11 420,895 445,198. 13 Investments - program-related See Part IV, line 11 13 60,950. 28,907. 14 14 Intangible assets 8,148. 15 8,768. 15 Other assets See Part IV, line 11 1,042,502. 1,178,109. 16 16 Total assets Add lines 1 through 15 (must equal line 34). 18,314. 17 60,396. 17 Accounts payable and accrued expenses 18 Grants payable 14,156. 18 10,586. 126,609. 87,401. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 30,501 27,971 25 25 Other liabilities Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25 189,580. 26 186,354 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 581,995. 27 27 Unrestricted net assets 389,890. 406,534. 28 466,258. 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here and complete FUND lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 988,529. 856,148. 33 Total net assets or fund balances. 33 042,502 178,109 34 34 Total liabilities and net assets/fund balances Form 990 (2009) BAA

TEEA0111L 01/30/10

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0	- 3	3	Ö	3	L	J	J

		FARM			
Part X	Fina	ancial S	tateme	ents and	Rep

aı	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		X
ı	b Were the organization's financial statements audited by an independent accountant?	2 b	Х	
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
(d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

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Form **990** (2009)

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SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2009

)non to Bublic

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

FARI	M 2	AID,	INC.								36-33	383233	3		
Part	l	Reas	on for Pu	blic Charity Statu	s (All orga	anizations	must c	omple	te this	part.)	See ir	nstruct	ions		
The o	rga	nızatıon	is not a pri	ıvate foundatıon becau	ise it is (Fo	r lines 1 thro	ugh 11,	check o	nly one	box)					
1	Ц	A churc	h, convent	on of churches or ass	ociation of c	hurches desc	cribed in	section	170(b)	(1)(A)(1)	•				
2	Ц	A school	ol described	d in section 170(b)(1)(A)(ii). (Attac	h Schedule f	Ξ)								
3	Ц	•	•	erative hospital servic	•			•		•					
4		A medi	cal researc	h organization operate	ed in conjunc	tion with a h	iospital d	describe	d in sec	tion 17	0(b)(1)(A)(iii) Er	iter the ho	spital's	5
_	$\overline{}$		city, and sta												
5		170(b)(1)(A)(iv). (perated for the benefit Complete Part II)	-	_		-	_	_	nmentai	unit des	scribed in s	section	n
6 7	X	An orga	anization th	r local government or at normally receives a I)(A)(vi). (Complete P	substantial						t or from	the ger	neral public	desc	ribed
8	Ш	A comm	nunity trust	described in section	170(b)(1)(A)((vi). (Comple	te Part I	I)							
9		from act	tivities relate ient income	t normally receives (1) ed to its exempt function e and unrelated busine e section 509(a)(2). (C	ns – subject t ess taxable ii	o certain exce ncome (less	eptions, a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from gro	SS	ıfter
10		An orga	anızatıon or	ganized and operated	exclusively	to test for pu	ublic safe	ety See	section	509(a)	(4).				
11		more p	ublicly supp	ganized and operated ported organizations of of supporting organi	described in	section 509(a)(1) or	section	509(a)(2						
		a Ty	ype I	b Type II	(c 🗌 Type II	l – Fund	tionally	ıntegrat	ed		d 🗍	Type III-	Other	•
е		By check than for 509(a)(undation m	ox, I certify that the or anagers and other tha	rganization i in one or mo	s not control ore publicly s	led direc upportec	tly or in d organi	directly zations	by one describ	or more ed in sec	disquali ction 509	ified perso (a)(1) or s	ons oth section	ner
f		If the o	rganızatıon hıs box	received a written det	termination f	from the IRS	that is a	a Type I	Type II	or Typ	e III sup	porting (organizatio	n,	
g		Since A	August 17, 2	2006, has the organiza	ation accepte	ed any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	,7		
														Yes	No
		(i) a	person who elow, the ac	o directly or indirectly overning body of the s	controls, eitl	her alone or	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		
			- · · · · -	nber of a person desc		-							11 g (ii)		
			•	olled entity of a persor	,,		bove?						11 g (iii)		
h				ing information about											
	((Name of Organi	Supported zation	(iı) EIN	(described above or	organization on lines 1-9 IRC section tructions))	organizat	s the ion in cold in your rning ment?	(v) Did y the organ col your su	ization in	(vi) I organızatı (i) organız U S	on in col	(vii) Amoui	nt of Sup	port
							Yes	No	Yes	No	Yes	No			
															
									_						
Fotal					;	• .•									_

BAA

Schedule A (Form 990 or 990-EZ) 2009

5011	tul C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	7, 1140.	0 11 470		30-336323.	3 rage Z
Pai	t II Support Schedule for				(b)(1)(A)(iv) ar	id 1/0(b)(1)(A)	(VI)
Car	· (Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	t1)			
	tion A. Public Support	r	<u> </u>	T	I		<u> </u>
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	1,214,503.	1,027,591.	1,166,216.	1,243,998.	1,109,726.	5,762,034.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3	1,214,503.	1,027,591.	1,166,216.	1,243,998.	1,109,726.	5,762,034.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,271,660.
	Public support. Subtract line 5 from line 4						4,490,374.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,214,503.	1,027,591.	1,166,216.	1,243,998.	1,109,726.	5,762,034.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	128,043.	135,980.	146,451.	67,667.	60,018.	538,159.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10						6,300,193.
12	Gross receipts from related activ	rities, etc (see in:	structions)			12	7,428,464.
13	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)
Sec	tion C. Computation of Pu	blic Support P	Percentage				
	Public support percentage for 20	• •	,,	ne 11, column (f)		14	71.3%
15	Public support percentage from	2008 Schedule A,	Part II, line 14			15	68.6%
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	ox on line 13, and rganization	the line 14 is 33	-1/3 % or more, cl	heck this box
t	33-1/3 support test - 2008. If the and stop here. The organization	e organization did qualifies as a put	I not check a box olicly supported o	on line 13, or 16a rganization	a, and line 15 is 3	3-1/3% or more, o	check this box
17 a	1 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	IV how
ŀ	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	IV how the
18	Private foundation. If the organi		_	•		J	—

Schedule A (Form 990 or 990-EZ) 2009 FARM AID, INC. 36-3383233 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Giffs, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 3 received from disqualified **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 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 IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here • Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	-	,' to Form 990, Part IV, line 5 (Proxy Tax), t rganızatıons Complete Part III	then				
	of organization	rganizations Complete Fart III		Employer identifica	tion number		
	RM AID, INC.	36-338323					
		rganization is exempt under section	on 501(c) or is a s				
		organization's direct and indirect political of		•	-		
2	Political expenditures			► \$			
3	Volunteer hours			•			
Par	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		•		
		ise tax incurred by the organization under		▶\$	0.		
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	► \$	0.		
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?	•	Yes No		
4 a	Was a correction made?				Yes No		
b	If 'Yes,' describe in Part IV						
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c) , except	section 501(c)(3).			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities 🕨 🗦			
2							
3	Total of exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b						
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No		
	made For each organization	and employer identification number (EIN) I listed, enter the amount paid from the filing were promptly and directly delivered to a se the (PAC). If additional space is needed, pro-	ng organization's fund enarate political organ	ls. Also enter the amou	nt of political		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0		

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009				36-3383	
Part II-A Complete if t section 501(is exempt under sec	tion 501(c)(3) and	d filed Form 5768 (el	ection under
—		gs to an affiliated group ed box A and 'limited cor	atrol' provisions apply		
	Limits on Lobbying	***		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence publ	ıc opınıon (grass roots lot	obying).	50.	
b Total lobbying expenditu	ires to influence a leg	gislative body (direct lobb	yıng).		
c Total lobbying expenditu	ires (add lines 1a and	d 1b).		50.	0.
d Other exempt purpose e	expenditures			2,608,704.	
e Total exempt purpose e	xpenditures (add line	s 1c and 1d)		2,608,754.	0.
f Lobbying nontaxable am both columns	nount Enter the amor	unt from the following tab	le in	280,438.	
If the amount on line 1e, colu	ımn (a) or (b) ıs. Th	e lobbying nontaxable a	mount is		
Not over \$500,000		0% of the amount on line 1e.			Ì
Over \$500,000 but not over \$1,		100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		75,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		225,000 plus 5% of the excess of	ver \$1,500,000.		
Over \$17,000,000	<u> </u>	1,000,000		70 110	 0.
g Grassroots nontaxable a	•	•		70,110.	0.
h Subtract line 1g from line i Subtract line 1f from line				0.	0.
i If there is an amount of	her than zero on eith		ne organization file Fo		
section 4911 tax for this					Yes No
(Some	e organizations that (Year Averaging Period U made a section 501(h) ele below. See the instruction	ection do not have to	complete all of the five jh 2f.)	
	Lobbyi	ng Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	276,581	. 321,223.	277,683.	280,438.	1,155,925.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,733,888.
c Total lobbying expenditures	178	. 92.		50.	320.
d Grassroots nontaxable amount	69,145	. 80,306.	69,421.	70,110.	288,982.
e Grassroots ceiling amount (150% of line 2d, column (e))					433,473.
f Grassroots lobbying		. 92.		50.	320.

BAA

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 FARM AID, INC.	36-33				Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed Fe	orm	5768		
	(a)		. ((b)	
	Yes No	,	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				•	
a Volunteers?		4			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		վ .		-	
c Media advertisements?					
d Mailings to members, legislators, or the public?		-			
e Publications, or published or broadcast statements?		4_			
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If 'Yes,' describe in Part IV					
j Total Add lines 1c through 1ι		. L			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		_			
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5), or	sec	tion 5	01(c)(6) .
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3	:)(5), or is ansv	sec vere	tion 5 d 'Yes	01(c ;.')(6)
1 Dues, assessments and similar amounts from members	_1				
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year	_ 2	a			
b Carryover from last year	_2	b			
c Total	_ 2	c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	<u> </u>			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	cal	-			

a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	
Part IV Supplemental Information		
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Pai Also, complete this part for any additional information	1 II-B, line	e 1ı
	. :	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

FARM ATD

Employer Identification number

rAr	RM AID, INC.			36-3383233	
Pai		Advised Funds or Other Similar Fund	s or Acc		f
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.		'	
		(a) Donor advised funds	(b) F	unds and other accou	unts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in do to the organization's exclusive legal control?	nor advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private beneather.	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or for a fit??	s may be any other	∏Yes	□No
Pai		ete if the organization answered 'Yes' t	o Form 90		
	Purpose(s) of conservation easements held by		01011113	o, raitiv, iiie /	•
•	Preservation of land for public use (e.g., r		f an historic	ally important land ar	03
	Protection of natural habitat	Preservation of			ca
	Preservation of open space		· cortined in	otorio otractaro	
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in t	the form of a	a conservation easem	nent on the
				Held at the End of t	he Year
á	Total number of conservation easements		2a		
ŀ	Total acreage restricted by conservation ease	ments	2Ь		
•	Number of conservation easements on a certi-	fied historic structure included in (a)	2c		
•	Number of conservation easements included i	n (c) acquired after 8/17/06	2 d		
3	Number of conservation easements modified,	transferred, released, extinguished, or terminate	ed by the or	ganization during the	tax
	year >				
4	Number of states where property subject to co	onservation easement is located >	-		
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, han it it holds?	dling of viol	ations, Yes	No
6	Staff and volunteer hours devoted to monitoring the year •	ng, inspecting, and enforcing conservation ease	ments		_
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conservation easement	s		•
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	tion	Yes	☐ No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expension the organization's financial statements that de-	se statement, escribes the	and balance sheet, ar organization's accou	nd nting for
Pai	Till Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line 8	Other Sin 3.	nilar Assets	
1 a		r SFAS 116, not to report in its revenue stateme lic exhibition, education, or research in furtherar ents that describes these items			
ŀ		r SFAS 116, to report in its revenue statement a lic exhibition, education, or research in furtherar			
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$	
	(ii) Assets included in Form 990, Part X			►\$ ►\$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items	or financial g	gain, provide the follo	wing
ā	Revenues included in Form 990, Part VIII, line			► \$_	
H	Assets included in Form 990, Part X			►Ś	

Schedule D (Form 990) 2009	FARM AID,	INC.		36-3383233	Page 2
Part III Organizations	Maintaining (Collections of Art.	Historical Treasures, or Other	Similar Assets (cont	inued)

Fart III Organizations maintain	ning conections	S OI AIL, MISIC	orical Treasures,	or Other Similar	Assets (continued)		
3 Using the organization's acquisition items (check all that apply)	in accession and ot	her records, che	ck any of the following	ng that are a significa	ant use of its collection		
a Public exhibition		d Loan	or exchange program	ns			
b Scholarly research		e Other					
c Preservation for future genera	c Preservation for future generations						
4 Provide a description of the organ Part XIV							
5 During the year, did the organizat assets to be sold to raise funds ra	ither than to be mai	ntained as part	of the organization's	collection?	Yes No		
Part IV Escrow and Custodial 9, or reported an amou	Arrangements int on Form 990	Complete if o , Part X, line	rganızatıon answ 21.	vered 'Yes' to For	m 990, Part IV, line		
1a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian, or of	her intermediary	for contributions or	other assets not	Yes No		
b If 'Yes,' explain the arrangement	n Part XIV and con	plete the follow	ng table				
					Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
2a Did the organization include an ar	nount on Form 990.	Part X. line 217			Yes No		
b If 'Yes,' explain the arrangement	•						
Part V Endowment Funds Con		ation answer	ed 'Yes' to Form	990, Part IV, line	10.		
	(a) Current year	(b) Prior year					
1 a Beginning of year balance	420,895.	566,2		(2) 11112	(9), 100, 700, 200,		
b Contributions	<u> </u>	000,-					
c Net Investment earnings, gains, and losses	54,075.	-111,5	99.		r		
d Grants or scholarships	24,742.	27,7					
e Other expenditures for facilities and programs							
f Administrative expenses	5,030.	5,9	99.				
g End of year balance	445,198.	420,8	95.				
2 Provide the estimated percentage			•				
a Board designated or quasi-endow	=	0.00%					
b Permanent endowment ►							
c Term endowment ►	8						
3a Are there endowment funds not in organization by	the possession of	the organization	that are held and ad	Iministered for the	Yes No		
(i) unrelated organizations					3a(i) X		
(ii) related organizations					3a(ii) X		
b If 'Yes' to 3a(II), are the related of	rganizations listed a	s required on So	hedule R2		3b		
4 Describe in Part XIV the intended				ÇI	EE PART XIV		
Part VI Investments—Land, Bu					3L THE ALV		
Description of investment	(a) Cos	t or other basis	(b) Cost or other basis (other)	(c) Accumulate Depreciation	d (d) Book Value		
1a Land			, , ,				
b Buildings				1			
c Leasehold improvements			7,397	7,39	97. 0.		
d Equipment			25,022				
e Other			20,022	10,00	0,303.		
Total. Add lines 1a through 1e (Column	(d) must equal For	m 990. Part X o	column (B) line 10(c)))	6,969.		
BAA	(=)	333, , 4,, 7,, 6	(<i>D</i>), iiio 10(0)		Schedule D (Form 990) 2009		
					20110 Guille 2009		

Part VII Investments-Other Securities See Fo	rm 990, Part X, lin	e 12. N/A
, (a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	_	
Total. (Column (b) must equal Form 990 Part X, col (B) line 12) ►		
Part VIII Investments-Program Related (See F	orm 990, Part X, I	ine 13)
(a) Description of investment type	(b) Book value	(c) Method of valuation
NO INCUTUITIONAL COVERNMENT PUND	28,038.	Cost or end-of-year market value END OF YEAR MARKET VALUE
NO. INSTITUTIONAL GOVERNMENT FUND 19656 SHS - PIMCO TOTAL RETURN FUND		END OF YEAR MARKET VALUE
1404 SHS - ALLIANZ NFJ LRGE CAP VALU		END OF YEAR MARKET VALUE
344 SHS - DODGE & COX INTNTL STOCK F		END OF YEAR MARKET VALUE
1950 SHS - GOLDMAN SACHS HIGH YLD FN		END OF YEAR MARKET VALUE
1573 SHS - JANUS ADVSR INTECH RISK M		END OF YEAR MARKET VALUE
475 SHS - MFS INTRNTNL GRWTH FUND	10,990.	
1116 SHS - MFS CORE GROWTH FUND		
11099 SHS - VANGUARD ST BOND INDEX		END OF YEAR MARKET VALUE
TION DIE VIEWOLEE DI DOND TIONI	110,000.	
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)	445,198.	
Part IX Other Assets (See Form 990, Part X, I		
(a) Des	scription	(b) Book value
		
		
Total. (Column (b) must equal Form 990, Part X, col (B), In	ne 15)	>
Part X Other Liabilities (See Form 990, Part 2)		
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
ACCRUED PAYROLL & PAYROLL TAXES	11,56	<u>i1.</u>
EMPLOYEE BENEFITS PAYABLE	16,41	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	27,97	1.

TEEA3304L 02/02/10

36-3383233

Schedule D (Form 990) 2009

Page 4

Schedule D (Form 990) 2009 FARM AID, INC

BAA

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 36-3383233 FARM AID. Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? XNo **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser (or retained by) (i) Name of individual (ii) Activity (vi) Amount paid to (iv) Gross receipts have custody or control of contributions? fundraiser listed in (or retained by) or entity (fundraiser) from activity col (i) organization Yes No 0. Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	τn	f Fundraising Events. Complete if reported more than \$15,000 on F	the organization at form 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, II gross receipts grea	ne 18, or ater than \$5,000.
R			(a) Event #1 CONCERT (event type)	(b) Event #2 EXPO EAST (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
REVERUE	1	Gross receipts	1,696,022.	15,875.	15,550.	1,727,447.
Ē	2	Less Charitable contributions	466,445.	7,250.	1,110.	474,805.
	3	Gross income (line 1 minus line 2)	1,229,577.	8,625.	14,440.	1,252,642.
	4	Cash prizes				
	5	Noncash prizes				
D I R E C T	6	Rent/facility costs	188,063.	14,007.	2,935.	205,005.
	7	Food and beverages	58,209.			58,209.
χP	8	Entertainment		1,000.		1,000.
EXPENSES	9	Other direct expenses	649,975.	2,259.	400.	652,634.
S	10 11	Direct expense summary Add lines 4- to Net income summary Combine lines 3,	• • • • • • • • • • • • • • • • • • • •		>	916,848. 335,794.
Par	t III	Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	rt IV, line 19, or rep	
REVENUE		\$13,000 of 1 of 11 330-L2, fille da	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
E ——	1	Gross revenue				
D X	2	Cash prizes				
D P E N S E S	3	Non-cash prizes				
5	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes%	Yes%	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7	•	
	ls ti	er the state(s) in which the organization of the organization licensed to operate gaming to,' explain:				YES NO
		re any of the organization's gaming license 'es,' explain	es revoked, suspended	or terminated during the	e tax year?	10a
11	– – Doe	s the organization operate gaming activities	es with nonmembers?			
12	Is the	ne organization a grantor, beneficiary or tri ninister charitable gaming?	ustee of a trust or a me	ember of a partnership of	or other entity formed to	0 12

Schedule G (Form 990 or 990-EZ) 2009 FARM AID, INC	C	36-3383233	3	Page 3
			YES	NO S
13 Indicate the percentage of gaming activity operated in		_	ľ	
a The organization's facility	leni di	3a %	j	
b An outside facility	ننا	3b %_		'
14 Enter the name and address of the person who prepare	es the organization's gaming/special events	books and records.		
Name ►				
Address: •				
15a Does the organization have a contact with a third party b If 'Yes,' enter the amount of gaming revenue received	-	· .	15a	
of gaming revenue retained by the third party \$		_	1	1
c If 'Yes,' enter name and address of the third party				
Name	- 			
Address -				
16 Gaming manager information				
Name •				
Gaming manager compensation ► \$				
Description of services provided				
Director/officer Employee	Independent contractor			
17 Mandatory distributions				
a Is the organization required under state law to make ch state gaming license?			17a	
b Enter the amount of distributions required under state		zations or spent in the		
organization's own exempt activities during the tax year				لِــــــــــــــــــــــــــــــــــــ
BAA	TEEA3703L 02/05/10	Schedule G (Form 990	or 990-E	Z) 2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

36-3383233

ջ □

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I | General Information on Grants and Assistance FARM AID, INC

Part IV and Schedule I-1 (Form 990) if additional space is needed	orm 990) if add	tional space is	needed				▲
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR RURAL AFFAIRS PO BOX 136 LYONS, NE 68038	43-1432033 501 (C) (3)	501 (C) (3)	. 25, 500	0.			TAKING ACTION TO CHANGE
COMM. FOOD SEC. COALITION 3830 SE DIVISION STREET PORTLAND, OR 97202	06-1495135 ₅₀₁ (C) (3)	501 (C) (3)	7,500.	0.			TAKING ACTION TO CHANGE
FAMILY FARM DEFENDERS 1019 WILLIAMSON ST. #B MADISON, WI 53703	39-1814573 501 (C) (3)	501 (C) (3)	15,300.	0.			TAKING ACTION/HELPING FARMERS
FARMER_VETERAN_COALITION 1000 NORTH ALAMEDA ST., STE. 240 LOS ANGELES, CA 90012	95-4302067 501 (C) (3)	501 (C) (3)	.000,9	0			HELPING FARMERS THRIVE
FARMERS LEGAL ACTION GROUP 360 NORTH ROBERT ST., STE. 500 SAINT PAUL, MN 55101	36-3431212 501 (C) (3)	501 (C) (3)	30,000.	0.			HELPING FARMERS/TAKING ACTION
FEDERATION OF SOUTHERN COOP.	58-1026695 501 (C) (3)	501 (C) (3)	20,000.	0.			HELPING FARMERS THRIVE
FLORIDA ORGANIC GRWRS & CNSMRS _ PO BOX 12311 _ GAINESVILLE, FL 32604	59-3006664 501 (C) (3)	5 <u>01 (</u> C) (3)	7,500.	0.			HELPING FARMERS THRIVE
FRIENDS OF FAMILY FARMERS P.O. BOX 133 MOLALLA, OR 97017	30-0390131 S01 (C) (3)	501 (C) (3)	6,000.	0.			TAKING ACTION TO CHANGE

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

2009

OMB No 1545-0047

Open to Public Inspection

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Employer identification number 36-3383233 FARM AID, INC. Name of the organization

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	d Other Assistan	ce to Governments	and Organizations	in the United Stat	les (Schedule I	(Form 990), Par	t II.)
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLISTIC MGMT. INTERNATIONAL PO BOX 373							TAKING ACTION
JOHNSON CITY, TX 78636	74-2469589 501 (C)	501 (C) (3)	30,000.			,	TO CHANGE
IDAHO RURAL COUNCIL						i	
PO BOX 118		•					TAKING ACTION
3314	82-0409737 501 (C)	501 (C) (3)	6,000.				TO CHANGE
INTERCHURCH MINISTRIES OF NE							HELPING
215_CENTENNIAL_MALL S. STE. 300_							FARMERS
LINCOLN, NE 68508	47-0379495 501 (C)	501 (C) (3)	7,500.				THRIVE
LOUISIANA INTERCHURCH CONFERENCE							HELPING
527_NORTH_BLVD, FOURTH_FLOOR							FARMERS
BATON ROUGE, LA 70802	72-0632780 501 (C)	501 (C) (3)	12,500.				THRIVE
LUTHERAN SOC. SERV. OF THE SOUTH	ı						HELPING
PO BOX 140767							FARMERS
AUSTIN, TX 78714	45-0226421 501 (C)	501 (C) (3)	10,000.				THRIVE
MISSOURI RURAL CRISIS CENTER							
1108 RANGELINE STREET							TAKING ACTION
COLUMBIA, MO 65201	43-1432032 501 (C)	501 (C) (3)	15,000.				TO CHANGE
NATIONAL FAMILY FARM COALITION							TAKING
110 MARYLAND AVE., NE, STE. 307							ACTION/HELPIN
WASHINGTON, DC 20002	38-2652620 501 (C)	501 (C) (3)	38,500.				G FARMERS
ORGANIC FARMING RSRCH FNDTN							
PO BOX 440							TAKING ACTION
CA 95061	77-0252545 501 (C)	501 (C) (3)	7,500.				TO CHANGE
							HELPING
PO BOX 640							FRMRS/TAKING
PITTSBORO, NC 27312	56-1704863 501 (C)	501 (C) (3)	20,000.				ACTION
SUSTAINABLE FOOD CENTER							HELPING
1106 CLAYTON LANE, STE. 480W							FARMERS/GROWI
AUSIIN, IX /8/23	/4-2681096 501 (C)	501 (C) (3)	1.000,61			_	NG GOOD FOOD

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

➤ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the consultation						- dania noite office of a constant	
FARM AID, INC.						36-3383233	
Con	nd Other Assistan	ce to Governments	and Organization	s in the United Sta	1-	(Form 990), Part	t II.)
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	į l	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOOD PROJECT PO BOX 705 LINCOLN, MA 01773	04-3262532 501 (C) (3)	501 (C) (3)	.000,6				GROWING GOOD FOOD MVMT
WESTERN ORG. OF RESOURCE COUNCIL 220 S. 27TH ST., STE. B BILLINGS, MT 59101	84-1123481 501 (C) (3	501 (C) (3)	7,500.				TAKING ACTION TO CHANGE
	•						

Schedule I-1 (Form 990) 2009

Schedule I (Form 990) 2009 FARM AID, INC.

Resistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMERGENCY	7	2,500.			
SCHOLARSHIPS	3	21,172.			
Paralval Supplemental Information. Complete this part to pr	olete this part to p	rovide the informat	ovide the information required in Part I, line	2, and	any other additional information.
PART 1, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED	SCRIPTION OF HO	<u> 2W GRANTS ARE I</u>	<u>USED</u>		
REPORTING.	; ; ; ; ; ;		 	 	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1	 		
FARM AID REQUIRES TWO REPORTS	PER YEAR.		t t t 1 1		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1IHE_FIRSI REPORT, DUE ON JULY 15TH OF THE	JLY 15TH OF TH		GRANT YEAR, SHOULD PROVIDE A NARRATIVE	A_ <u>NARRATIVE</u>	
AND_FINANCIAL_INFORMATION_ON_HOW_THE_GRANTEE	10W THE GRANTE!		HAS USED THEIR GRANT AWARD IN THE FIRST	IN_THE_FIRST	
SIX_MONTHS_OF_THE_GRANT_YEARIF_THE_GRANT_FUNDS_HAVE_	IF THE GRANT !		BEEN FULLY EXPENDED AT THIS	O AT THIS	
TIME, THIS REPORT MAY BE CONSIDERED THE FINAL REPORT,	DERED THE FIN	AL REPORT, BUT	BUT MUST BE IDENTIFIED AS SUCH	FIED AS SUCH	
IN_THE_COVER_LETTER		 	1 1 1 1 1 1	 	

BAA

Schedule I (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

(b)

(a)

OMB No 1545-0047

2009

Open To Public Inspection

(d)

Department of the Treasury Internal Revenue Service

Name of the organization FARM AID, INC.

Part I Types of Property

Employer identification number

36-3383233

(c)

		Check if applicable	Number of Contributions	Revenues reported on Form 990, Part VIII, line 1g	Metho	d of determin revenues	ning
1 2 3 4 5 6 7 8 9 10 11 12	Art—Works of art Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities—Publicly traded Securities—Closely held stock Securities—Partnership, LLC, or trust interests Securities—Miscellaneous	Х	1	Part VIII, line 1g	FMV	revenues	
13 14 15 16 17 18	Qualified conservation contribution— Historic structures Qualified conservation contribution—Other Real estate—Residential Real estate—Commercial Real estate—Other Collectibles Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other ()						
27	Other ► () Other ► ()						
28	Other ► ()	on during the	tay year for contribute	ions for which the			
	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done During the year, did the organization receive by cohold for at least three years from the date of the inpurposes for the entire holding period?	ontribution a	ny property reported in	Part I. lines 1-28 that	it must	Yes 30 a	No X
	If 'Yes,' describe the arrangement in Part II.						[<u>-</u> -
	Does the organization have a gift acceptance police	-	_		ons?	31	X
	Does the organization hire or use third parties or innocash contributions?	related orgar	nizations to solicit, prod	cess, or sell		32 a	X
	If 'Yes,' describe in Part II	mn (a) for -	hino of property for	nah aalumn (a) ia ahaal	kod		
33	If the organization did not report revenues in colui	mn (c) for a	type of property for wh	lich column (a) is chec	кеа,		'
BAA	describe in Part II For Privacy Act and Paperwork Reduction Act No	otice, see the	e Instructions for Form	n 990.	Schedul	e M (Form 99	30) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

FARM AID, INC. [36-3383233
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION
IN ADDITION TO FARM AID'S MISSION TO BUILD A VIBRANT, FAMILY FARM-CENTERED SYSTEM OF
AGRICULTURE IN AMERICA. FARM AID HOSTS AN ANNUAL CONCERT TO RAISE FUNDS TO SUPPORT
WORK WITH FAMILY FARMERS AND TO INSPIRE PEOPLE TO CHOOSE FAMILY-FARMED FOOD.
SINCE 1985, FARM AID HAS RAISED NEARLY \$36 MILLION TO SUPPORT PROGRAMS THAT HELP
FARMERS THRIVE, EXPAND THE REACH OF THE GOOD FOOD MOVEMENT, TAKE ACTION TO CHANGE
THE CURRENT SYSTEM OF INDUSTRIAL AGRICULTURE AND PROMOTE FOOD FROM FAMILY FARMS. THE
FOLLOWING FARM AID PROGRAMS ACCOMPLISHED OUR MISSION IN 2009.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS
HELPING FARMERS THRIVE:
THROUGH 1-800-FARM-AID AND WWW.FARMAID.ORG, FARM AID'S HOTLINE COORDINATOR REFERS
FARMERS TO AN EXTENSIVE NETWORK OF FAMILY FARM ORGANIZATIONS ACROSS THE COUNTRY. THIS
NETWORK WAS GROWN TO 460 ORGANIZATIONS DURING 2009. THE REFERRALS SUPPORT FARMERS
SEEKING TO MAKE TRANSITIONS TO MORE SUSTAINABLE AND PROFITABLE FARMING PRACTICES, AND
ALSO PROVIDE IMMEDIATE AND EFFECTIVE SUPPORT SERVICES TO FARM FAMILIES IN CRISIS. IN
ALL, THERE WERE NEARLY 1,000 CALLS AND EMAILS TO THE FARM AID HOTLINE IN 2009.
IN 2009, FARM AID CONTINUED TO GROW THE FARMER RESOURCE NETWORK (FRN), AN ONLINE TOOL
THAT FARMERS CAN ACCESS AT WWW.FARMAID.ORG/IDEAS. THE FRN IS AN INTERACTIVE DATABASE
OF THE NEARLY 500 ORGANIZATIONS FARM AID WORKS WITH TO PROVIDE DIRECT ASSISTANCE TO
FARMERS. THE FRN CONNECTS FARMERS TO IDEAS FOR PRODUCING, PROCESSING AND MARKETING
FOOD FROM FAMILY FARMS, SPECIFICALLY TARGETING CONVENTIONAL FARMERS INTERESTED IN
TRANSITIONING TO SUSTAINABLE PRODUCTION METHODS. IN ADDITION, THE FRN SEEKS TO
INCREASE THE CAPACITY OF AMERICAN FARMERS TO MEET CONSUMER DEMAND FOR FRESH FAMILY

Name of the organization	Employer identification number
FARM AID, INC.	36-3383233
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CON	TINUED)
FARM PRODUCED FOOD. IN 2009, 1,282 FARMERS UTILIZED THE FARMER	BESOURCE NETWORK
- That thousand took. In 2009, 1,202 thanks of thinds in thanks	TEDOORCE NETWORK.
FARM AID SUPPORTED DROUGHT RELIEF EFFORTS IN TEXAS AND PROGRAMS	TO HELP FARMERS AND
RANCHERS MANAGE THEIR LAND IN WAYS THAT MITIGATE DROUGHT. FARM	AID ALSO PROVIDED
EMERGENCY CASH ASSISTANCE TO A NUMBER OF FARMERS HIT BY OTHER V	NEATHER DISASTERS.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	
PROMOTING FOOD FROM FAMILY FARMS:	
FARM AID 2009 PRESENTED BY HORIZON ORGANIC WAS OUR PRIMARY TOOI	TO PROMOTE FAMILY
FARMERS AS OUR BEST RESOURCE FOR GOOD FOOD WITH A VARIETY OF AC	CTIVITIES AND EVENTS.
THE CONCERT WAS HELD AT THE VERIZON WIRELESS AMPHITHEATER IN ST	LOUIS, MISSOURI, ON
OCTOBER 4, 2009. MORE THAN 20,000 ENJOYED PERFORMANCES BY WILLI	E NELSON, NEIL YOUNG,
JOHN MELLENCAMP, DAVE MATTHEWS AND MANY MORE. ALL OF THE ARTIST	S DONATED THEIR TIME
AND TRAVEL EXPENSES.	
	·
	·
ON CONCERT-DAY FARM AID SERVED LOCAL, ORGANIC AND FAMILY-FARM F	COODS AT OUR HOMEGROWN
CONCESSIONS AND BACKSTAGE. OUR HOMEGROWN VILLAGE OFFERED HANDS	S-ON INTERACTIVE
EXPERIENCES WITH SOIL, WATER, LOCAL GROWING, BIO-ENERGY, AND FA	MILY FARMERS. OUR
ANNUAL FOOD DRIVE COLLECTED NEARLY 5,000 POUNDS OF FOOD FROM CO	DNCERT-GOERS AND FROM
THE BACKSTAGE CATERERS, WHICH WAS DISTRIBUTED TO FOOD PANTRIES	ACROSS MISSOURI.
WE IMPLEMENTED OUR THIRD RECYCLING AND COMPOSTING PROGRAM. COME	POSTABLE WASTE WILL BE
TURNED INTO COMPOST TO SUSTAIN FUTURE CROPS.	
FARM AID CREATED A NUMBER OF PRE-CONCERT EVENTS TO ENGAGE THE F	PUBLIC AND ENTICE THE
MEDIA TO TELL THE GOOD FOOD STORY, PROMOTE THE ANNUAL CONCERT A	
AID. EACH EVENT CONTRIBUTED TO THE PUBLIC AWARENESS OF THE IMPO	ORTANCE OF FAMILY
FARMERS IN CREATING A FOOD SYSTEM THAT IS ENVIRONMENTALLY SOUND	, ECONOMICALLY STRONG

Name of the organization	Employer identification number
FARM AID, INC.	36-3383233
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS (CON	TINUED)
AND HEALTHFUL FOR EVERYONE. EACH ALSO ENABLED FARM AID TO CREAT	TE STRONG NEW
CONNECTIONS WITH FARM AND FOOD ACTIVISTS THROUGHOUT THE MIDWEST	ſ.
FARM AID CONTINUED TO GROW WWW.HOMEGROWN.ORG, AN ONLINE COMMUNI	TY FOR GROWERS,
DOERS, COOKS, AND MAKERS TO EXTEND A WELCOME TO A NEW GENERATION	ON TO SUPPORT FAMILY
FARMS. HOMEGROWN.ORG PARTICIPATED IN SEVERAL CULTURAL EVENTS, 1	NCLUDING A HANDS-ON
EDUCATIONAL BOOTH AT BONNAROO, THE HOMEGROWN VILLAGE AT MAKER E	TAIRE BAY AREA IN
CALIFORNIA, AND THE HOMEGROWN URBAN COUNTRY FAIR AT TOWER GROVE	E FARMERS MARKET IN
ST. LOUIS.	·
MEDIA IMPACT - FARM AID 2009 GENERATED A VARIETY OF STORIES PRO	OMOTING THE MANY
OPPORTUNITIES FOR FAMILY FARMERS AND CALLING FOR SPECIFIC POLICE	CY CHANGES TO
STRENGTHEN FAMILY FARM AGRICULTURE ACROSS THE COUNTRY. MEDIA CO	OVERAGE PROMOTED THE
ENTERTAINMENT VALUE OF THE CONCERT, BUT ALSO THE SHOW'S MESSAGE	ABOUT CONNECTING
PEOPLE EVERYWHERE WITH FRESH, HEALTHFUL FOOD FROM FAMILY FARMS.	·
	·
FARM AID'S CONCERT ANNOUNCEMENT AND THE CONCERT GENERATED MORE	THAN 32 MILLION
IMPRESSIONS AND 1,400 MEDIA HITS IN NATIONAL AND LOCAL OUTLETS.	NEARLY 2,000
REPORTERS AND PHOTOGRAPHERS ATTENDED THE CONCERT PRESS EVENT ON	OCTOBER 4 AND MORE
THAN 1,300 PEOPLE SHARED NEWS ABOUT FARM AID 2009 VIA SOCIAL NE	TWORKS.
THE CONCERT WAS BROADCAST LIVE ON DIRECTV'S THE 101 NETWORK, WH	IICH REPEATED DURING
THE FOLLOWING WEEK, AND ON WILLIE'S PLACE ON SIRIUS XM SATELLIT	E RADIO ACROSS THE
COUNTRY. DIRECTV WILL ALSO RUN FOUR ONE-HOUR SPECIALS FEATURIN	IG THE MUSIC AND THE
MESSAGE OF FARM AID IN 2010.	
	

Name of the organization	Employer identification number 36-3383233
FARM AID, INC.	
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS (CON	TINUED)
ONLINE - FARM AID'S WEBSITE CONTINUED TO EDUCATE, ENGAGE AND MC	BILIZE VISITORS
ONLINE. THE WEBSITE WAS A PRIMARY TOOL FOR COMMUNICATING WITH C	ONSTITUENTS,
COLLECTING DONATIONS, SELLING MERCHANDISE, ALLOWING USERS TO EN	GAGE IN ONLINE
ADVOCACY WITH PETITIONS AND LETTER-WRITING CAMPAIGNS, AND ORGAN	IZING EVENTS. ON
CONCERT-DAY THERE WERE 37,786 UNIQUE VISITORS AND 26,066 VIEWS	OF THE WEBCAST.
FARM AID'S E-NEWSLETTER KEPT THE FARM AID COMMUNITY INFORMED AN	D INSPIRED WITH
MONTHLY COLUMNS THAT PROFILE AMERICA'S FAMILY FARMERS AND ADDRE	SS QUESTIONS ABOUT
FOOD AND FARMING. FARM AID GREW ITS EMAIL LIST BY REGISTERING N	EARLY 22,000 NEW
CONTACTS BY FOCUSING ON TIMELY AND RELEVANT TOPICS AND OFFERING	TOOLS TO TAKE
ACTION.	
FARM FRESH PICS, FARM AID'S PHOTO CONTEST TO CELEBRATE FAMILY F	ARMERS, ALLOWED
VISITORS TO ENTER THEIR FAVORITE FARM PHOTOS FOR A CHANCE TO WI	N FARM AID TICKETS.
THE CONTEST RAISED OVER \$14,500 AND ATTRACTED NEARLY 56,000 UNI	QUE VISITORS WITH
OVER 600 PHOTOS UPLOADED TO HONOR FAMILY FARMS.	
THOUSANDS OF NEW USERS WERE CULTIVATED, EDUCATED AND ENGAGED TH	ROUGH ITS SOCIAL
MEDIA ENDEAVORS. \$4,688 OF DONATED SERVICES WAS RECEIVED FROM M	EDIA CONSULTANTS.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS	
TAKING ACTION TO CHANGE THE SYSTEM:	
FARM AID WORKS WITH AND PROVIDES GRANTS TO LOCAL, REGIONAL AND	NATIONAL
ORGANIZATIONS TO PROMOTE FAIR FARM POLICIES AND GRASSROOTS ORGA	NIZING CAMPAIGNS.
FARM AID PARTNERS WITH FAMILY FARM ORGANIZATIONS FIGHTING FACTO	ORY FARMING AND
INDUSTRIAL AGRICULTURE, WHILE BUILDING OPPORTUNITY FOR FAMILY F	ARMERS WHO PRODUCE

Name of the organization FARM AID, INC.	Employer identification number 36-3383233
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS (CON	TINUED)
OUR FOOD, FIBER, AND ENERGY. BY STRENGTHENING THE VOICES OF FAM	HILY FARMERS, FARM AID
STANDS UP FOR THE MOST RESOURCEFUL, HEROIC AMERICANS-THE FAMILY	FARMERS WHO WORK THE
LAND.	
FARM AID SPENT CONSIDERABLE TIME AND EFFORT IN 2009 WORKING ON	SPECIFIC ISSUES
AFFECTING FAMILY FARMERS IN THE ECONOMIC DOWNTURN OF 2009, SPEC	IFICALLY AVAILABILITY
AND ACCESSIBILITY OF CREDIT, FARM FORECLOSURE PROTECTION, AND I	HE DAIRY CRISIS. FARM
AID STAFF MET WITH USDA OFFICIALS IN WASHINGTON, DC, AND PARTIC	IPATED IN PHONE CALLS
WITH THE OBAMA ADMINISTRATION AND THE MEDIA TO CALL ATTENTION I	O THESE MATTERS. FARM
AID'S ONLINE ADVOCACY EFFORTS RESULTED IN MORE THAN 13,000 PETI	TIONS BEING DELIVERED
BY FARM AID TO THE SECRETARY OF AGRICULTURE.	
IN 2009, FARM AID GRANTED TO FAMILY FARM GROUPS WORKING TO KEEP	FAMILY FARMERS ON
THEIR LAND AND STRENGTHENING LOCAL AND SUSTAINABLE AGRICULTURE.	ADDITIONAL FUNDS
SUPPORTED AGRICULTURE SCHOLARSHIPS FOR COLLEGE STUDENTS.	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
GROWING THE GOOD FOOD MOVEMENT:	
DURING 2009, FARM AID AND ITS PARTNERS CONTINUED TO IMPLEMENT I	NNOVATIVE STRATEGIES
THAT BOLSTER WHAT FARM AID CALLS THE GOOD FOOD MOVEMENT-THE GRO	WING NUMBER OF
AMERICANS REACHING FOR AND DEMANDING FAMILY FARM-IDENTIFIED, LO	CAL, ORGANIC OR
HUMANELY-RAISED FOOD. FARM AID MADE GRANTS TO ORGANIZATIONS ACR	OSS THE COUNTRY THAT
ARE BUILDING CONNECTIONS BETWEEN FARMERS AND CONSUMERS, CREATIN	G NEW MARKETS FOR
FAMILY FARMED FOOD.	

Name of the organization	Employer identification number
FARM AID, INC.	36-3383233
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	, DIRECT
WILLIE NELSON AND LANA NELSON ARE FATHER AND DAUGHTER.	
FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOC	UMENTATION OF MEETINGS
THERE ARE CURRENTLY NO ESTABLISHED COMMITTEES WITH AUTHORITY TO	ACT ON BEHALF OF THE
GOVERNING BODY.	-
FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MA	AILING ADDRESS
WILLIE NELSON	
C/O ROTHBAUM & ASSOCIATES	
36 MILL PLAIN ROAD	·
DANBURY, CT 06811	
PAUL ENGLISH	
6607 GLENHURST DRIVE	
DALLAS, TX 75240	
LANA NELSON	
14509 FITZHUGH	
AUSTIN, TX 78746	
DAVID ANDERSON	
2115 RUNNELS STREET, #2103	
HOUSTON, TX 77003	
JOHN MELLENCAMP	
C/O HOFFMAN ENTERTAINMENT	
362 5TH AVENUE, SUITE 804	
NEW YORK, NY 10001	

3305 LOBBAN PLACE

CHARLOTTESVILLE, VA 22903

Schedule O (Form 990) 2009 lame of the organization	Page 2 Employer identification number
FARM AID, INC.	36-3383233
FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLO	OYEE MAILING ADDRESS (CONTINUED)
RICHARD FIELDS	
C/O COASTAL DEVELOPMENT, LLC	
1 EAST 57TH STREET	
NEW YORK, NY 10022	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
AN EMAIL WITH THE FORM 990 ATTACHED WAS SENT TO ALL BOAR	RD_MEMBERSCONFIRMATION_WAS
REQUESTED VIA EMAIL FROM EACH MEMBER THAT IT WAS RECEIVE	ED AND PRINTED.
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL P	PROCESS FOR CEO, EXEC. DIR., OR TOP
THE BOARD OF DIRECTORS HAD VOTED TO IMPLEMENT A COMMITTE	EE COMPRISED OF BOARD MEMBERS
TO REVIEW THE EXECUTIVE DIRECTOR ANNUALLY. TYPICALLY, O	ONLY COST OF LIVING INCREASES
ARE AWARDED.	
FORM 990, PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN	IS FILED
MO GA AR IN HI LA NH NY NC OH OR PA WA SC CA FL CT MA I	IL KS MD NJ NM WI MI MN ND
RI AZ ME OK WV KY MS UT	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUB	BLICLY AVAILABLE
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND FINANCIAL	
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	

2009 SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE (
LIENT 968	FARM AID, INC.		36-338323
/23/10			04 52PI
SCHEDULE D, PART XII, LINE OTHER REVENUE INCLUDED	: 2D IN F/S BUT NOT INCLUDED ON FORM 990)	
COST OF GOODS SOLD	OST OF GOODS SOLD OSS ON DISPOSAL OF CAPITAL EQUIPMENT ET ASSETS RELEASED FROM RESTRICTIONS	\$	6,704. 191.
NET ASSETS RELEASED FROM		TOTAL \$	26,275. 33,170.
		101AL <u>2</u>	33,170.
SCHEDULE D, PART XIII, LINI OTHER EXPENSES AND LOS	E 2D SES PER AUDITED F/S		
COST OF GOODS SOLD LOSS ON DISPOSAL OF CAPITAL EQUIPMENT NET ASSETS RELEASED FROM RESTRICTIONS	\$	6,704.	
		191. 26,275.	
	TOTAL \$	33,170.	

2009

SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION PAGE 3

36-3383233

CLIENT 968

FARM AID, INC.

04 52PM

6/23/10

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)

- 2. THE SECOND REPORT, DUE ON FEBRUARY 1ST OF THE FOLLOWING YEAR, SHOULD UPDATE THE SAME INFORMATION THROUGH THE END OF THE GRANT YEAR AND PROVIDE STATISTICS FOR NUMBERS OF FARMERS REACHED THROUGH MEMBERSHIP, OUTREACH AND HOTLINE SERVICES.
- 3. ADDITIONAL REQUESTS FOR SUPPORT WILL NOT BE CONSIDERED UNTIL ANY AND ALL OUTSTANDING GRANT REPORTS ARE RECEIVED AND APPROVED BY FARM AID.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

PART III: SCHOLARSHIPS

FARM AID AWARDS SCHOLARSHIP FUNDS TO THREE UNIVERSITIES WHO INTURN AWARD SCHOLARSHIPS TO INDIVIDUAL STUDENTS AT THEIR DISCRETION.