



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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

FARM AID, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

501 CAMBRIDGE STREET, THIRD FLOOR

City, town, or post office, state, and ZIP code

CAMBRIDGE, MA 02141

F Name and address of principal officer: WILLIE NELSON

SAME AS C ABOVE

D Employer identification number

36-3383233

E Telephone number

(617) 354-2922

G Gross receipts \$

4,358,363.

H(a) Is this a group return

for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.FARMAID.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985

M State of legal domicile IL

Part I Summary

Activities & Governance	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. IT		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	16
	6	Total number of volunteers (estimate if necessary)	6	350
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,256,878.	Current Year 2,613,555.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,826.	39,743.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,438.	28,547.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,337,142.	2,681,845.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	338,381.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	723,614.	731,944.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)	265,500.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	506,540.	527,888.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,568,535.	1,798,375.
19		Revenue less expenses. Subtract line 18 from line 12	<231,393.>	883,470.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,006,643.	End of Year 1,953,615.
	21	Total liabilities (Part X, line 26)	92,455.	139,455.
	22	Net assets or fund balances. Subtract line 21 from line 20	914,188.	1,814,160.

Part II Signature Block

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

Sign Here	Signature of officer	Date	5.11.13
	WILLIE NELSON, PRESIDENT	Type of print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JENNIFER S. HAN	Jennifer Han	05/07/13
Firm's name	HAN GROUP LLC	Firm's EIN	
	8200 GREENSBORO DRIVE, SUITE 900	Phone no	(703) 677-3450
MCLEAN, VA 22102		Check ☐ self-employed	PTIN P00633304

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

- 1 Briefly describe the organization's mission:
FARM AID'S MISSION IS TO BUILD A VIBRANT, FAMILY FARM-CENTERED SYSTEM OF AGRICULTURE IN AMERICA. IT HOSTS AN ANNUAL CONCERT TO RAISE FUNDS TO SUPPORT WORK WITH FAMILY FARMERS AND TO INSPIRE PEOPLE TO CHOOSE FAMILY-FARMED FOOD.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code) (Expenses \$ 442,869. including grants of \$ 242,630.) (Revenue \$)
HELPING FARMERS THRIVE - THROUGH ITS TOLL FREE NUMBER AND WEBSITE, THE ORGANIZATION'S STAFF REFERS FARMERS TO AN EXTENSIVE RESOURCE NETWORK OF FAMILY FARM ORGANIZATIONS ACROSS THE COUNTRY. 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. THE ORGANIZATION MAKES GRANTS TO FARM AND RURAL SERVICE ORGANIZATIONS TO STRENGTHEN THIS NETWORK FOR FARMERS.
- 4b (Code) (Expenses \$ 358,718. including grants of \$ 222,670.) (Revenue \$)
TAKING ACTION TO CHANGE THE SYSTEM - THE ORGANIZATION WORKS WITH AND PROVIDES GRANTS TO LOCAL, REGIONAL AND NATIONAL ORGANIZATIONS TO PROMOTE FAIR FARM POLICIES AND GRASSROOTS ORGANIZING CAMPAIGNS TO DEFEND AND BOLSTER FAMILY FARM CENTERED AGRICULTURE. BY STRENGTHENING THE VOICES OF FAMILY FARMERS THEMSELVES, THE ORGANIZATION STANDS UP FOR THE MOST RESOURCEFUL AND HEROIC AMERICANS - THE FAMILY FARMERS WHO WORK THE LAND.
- 4c (Code) (Expenses \$ 349,149. including grants of \$ 100.) (Revenue \$ 14,585.)
PROMOTING FOOD FROM FAMILY FARMS - THE ORGANIZATION STAGES AMERICA'S LONGEST RUNNING ANNUAL CONCERT EVENT THAT UNITES FARMERS, ARTISTS, CONSUMERS, AND CONCERNED CITIZENS TO BUILD A POWERFUL MOVEMENT FOR GOOD FOOD FROM FAMILY FARMS. THROUGHOUT THE YEAR, THE ORGANIZATION PROMOTES FOOD FROM FAMILY FARMS WITH ITS WEBSITES, WWW.FARMAID.ORG AND WWW.HOMEGROWN.ORG, AND THROUGH HOMEGROWN ACTIVITIES.
- 4d Other program services (Describe in Schedule O.)
(Expenses \$ 214,977. including grants of \$ 73,143.) (Revenue \$)
- 4e Total program service expenses 1,365,713.

Part IV Checklist of Required Schedules

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

Form 990 (2012)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	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?	X	
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2012)

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.

Check if Schedule O contains a response to any question in this Part VI

☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	11	
b Enter the number of voting members included in line 1a, above, who are independent	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► AZ, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, LA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
GLENDY YODER - (617) 354-2922
501 CAMBRIDGE STREET, 3RD FLOOR, CAMBRIDGE, MA 02141

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIE NELSON CHAIR	1.00	X		X				0.	0.	0.
(2) PAUL ENGLISH TREASURER	1.00	X		X				0.	0.	0.
(3) LANA NELSON SECRETARY	1.00	X		X				0.	0.	0.
(4) DAVID ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(5) RICHARD FIELDS DIRECTOR	1.00	X						0.	0.	0.
(6) JOEL KATZ DIRECTOR	1.00	X						0.	0.	0.
(7) DAVE MATTHEWS DIRECTOR	1.00	X						0.	0.	0.
(8) JOHN MELLENCAMP DIRECTOR	1.00	X						0.	0.	0.
(9) MARK ROTHBAUM DIRECTOR	1.00	X						0.	0.	0.
(10) EVELYN SHRIVER DIRECTOR	1.00	X						0.	0.	0.
(11) NEIL YOUNG DIRECTOR	1.00	X						0.	0.	0.
(12) CAROLYN MUGAR EXECUTIVE DIRECTOR	20.00			X				38,251.	0.	0.
(13) GLENDA YODER ASSOCIATE DIRECTOR	35.00			X				75,616.	0.	8,917.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1 b Sub-total								113 , 867 .	0 .	8 , 917 .
c Total from continuation sheets to Part VII, Section A								0 .	0 .	0 .
d Total (add lines 1b and 1c)								113 , 867 .	0 .	8 , 917 .

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VANGUARD COMMUNICATIONS, 2121 K STREET, NW, SUITE 300, WASHINGTON, DC 20037	PUBLIC RELATIONS	103,608.

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	1
---	--	---

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 1,671,034.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 942,521.				
	g Noncash contributions included in lines 1a-1f \$	94,705.				
	h Total. Add lines 1a-1f		2,613,555.			
Program Service Revenue	2 a _____		Business Code			
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			19,889.		19,889.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties			13,962.		13,962.
			(i) Real	(ii) Personal		
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses		442,560.			
	c Gain or (loss)		422,706.			
	d Net gain or (loss)		19,854.			
					19,854.	19,854.
	8 a Gross income from fundraising events (not including \$ 1,671,034. of contributions reported on line 1c). See Part IV, line 18		a 1,245,997.			
	b Less: direct expenses		b 1,245,997.			
	c Net income or (loss) from fundraising events			0.		
	9 a Gross income from gaming activities. See Part IV, line 19		a			
	b Less: direct expenses		b			
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances		a 22,400.			
b Less: cost of goods sold		b 7,815.				
c Net income or (loss) from sales of inventory			14,585.	14,585.		
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,681,845.	14,585.	0.	53,705.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	514,900.	514,900.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	23,643.	23,643.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	122,784.	88,069.	21,816.	12,899.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	441,599.	295,744.	87,403.	58,452.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,016.		13,016.	
9 Other employee benefits	93,598.		93,598.	
10 Payroll taxes	60,947.		60,947.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,323.	1,669.	400.	254.
c Accounting	93,466.		93,466.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	54,343.	52,347.	961.	1,035.
12 Advertising and promotion	7,212.	594.	6,615.	3.
13 Office expenses	49,487.	5,867.	37,524.	6,096.
14 Information technology	28,688.	2,998.	24,341.	1,349.
15 Royalties				
16 Occupancy	108,203.	5,321.	102,472.	410.
17 Travel	30,953.	18,978.	503.	11,472.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,112.	25,912.		4,200.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,908.		11,908.	
23 Insurance	10,831.		10,831.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK AND CREDIT CARD FE	39,960.		39,960.	
b REPRODUCTION	17,811.	3,185.	3,725.	10,901.
c MEDIA SERVICES	14,129.	14,129.		
d OVERHEAD ALLOCATION	0.	310,265.	<460,571.>	150,306.
e All other expenses	28,462.	2,092.	18,247.	8,123.
25 Total functional expenses. Add lines 1 through 24e	1,798,375.	1,365,713.	167,162.	265,500.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ☐ If following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	50.	1	1,083,188.
	2 Savings and temporary cash investments	378,607.	2	216,000.
	3 Pledges and grants receivable, net	86,628.	3	64,033.
	4 Accounts receivable, net	16,686.	4	57,665.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,218.	8	22,684.
	9 Prepaid expenses and deferred charges	20,295.	9	14,689.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 38,272.		
	b Less: accumulated depreciation	10b 28,190.	10c	10,082.
	11 Investments - publicly traded securities	460,805.	11	463,120.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	9,844.	14	14,654.
	15 Other assets. See Part IV, line 11	7,500.	15	7,500.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,006,643.	16	1,953,615.	
Liabilities	17 Accounts payable and accrued expenses	39,608.	17	98,987.
	18 Grants payable	22,196.	18	23,192.
	19 Deferred revenue	30,651.	19	17,276.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	92,455.	26	139,455.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		493,905.	27	1,321,655.
28 Temporarily restricted net assets		420,283.	28	492,505.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		914,188.	33	1,814,160.
34 Total liabilities and net assets/fund balances	1,006,643.	34	1,953,615.	

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,681,845.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,798,375.
3	Revenue less expenses. Subtract line 2 from line 1	3	883,470.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	914,188.
5	Net unrealized gains (losses) on investments	5	16,502.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,814,160.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a 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?		X
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		

Form 990 (2012)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1243998.	1109726.	1146531.	1256878.	2613555.	7370688.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1243998.	1109726.	1146531.	1256878.	2613555.	7370688.
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)						754,394.
6 Public support. Subtract line 5 from line 4						6616294.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1243998.	1109726.	1146531.	1256878.	2613555.	7370688.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	67,667.	60,018.	51,342.	45,548.	33,851.	258,426.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						7629114.
12 Gross receipts from related activities, etc. (see instructions)					12	7,949,443.
13 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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	86.72	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	75.38	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒			
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐			
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐			

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

2012

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

FARM AID, INC.

Employer identification number

36-3383233

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041
01-07-13

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		948.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		1,500.													
c Total lobbying expenditures (add lines 1a and 1b)		2,448.													
d Other exempt purpose expenditures		3,049,739.													
e Total exempt purpose expenditures (add lines 1c and 1d)		3,052,187.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		302,609.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		75,652.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	280,438.	332,632.	292,341.	302,609.	1,208,020.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,812,030.
c Total lobbying expenditures	50.	2,348.	1,906.	1,947.	6,251.
d Grassroots nontaxable amount	70,110.	83,158.	73,085.	75,652.	302,005.
e Grassroots ceiling amount (150% of line 2d, column (e))					453,008.
f Grassroots lobbying expenditures	50.	2,348.	1,906.	948.	5,252.

Schedule C (Form 990 or 990-EZ) 2012

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
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?			
j Total. Add lines 1c through 1i			
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 section 501(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 carry over 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)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	443,180.	460,990.	445,198.	420,895.	
b Contributions					
c Net investment earnings, gains, and losses	48,190.	10,042.	41,658.	54,075.	
d Grants or scholarships	23,643.	22,196.	21,750.	24,742.	
e Other expenditures for facilities and programs					
f Administrative expenses	5,657.	5,656.	4,116.	5,030.	
g End of year balance	462,972.	443,180.	460,990.	445,198.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 100.00 %
 b Permanent endowment ▶ _____ %
 c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		30,772.	20,690.	10,082.
e Other		7,500.	7,500.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 10,082.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

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

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	4,017,377.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	16,502.	
b	Donated services and use of facilities	2b	65,218.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,253,812.	
e	Add lines 2a through 2d		2e	1,335,532.
3	Subtract line 2e from line 1		3	2,681,845.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,681,845.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	3,117,405.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	65,218.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,253,812.	
e	Add lines 2a through 2d		2e	1,319,030.
3	Subtract line 2e from line 1		3	1,798,375.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,798,375.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: ASC 740-10, INCOME TAXES, PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION HAS PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011, AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. INFORMATION RETURNS FOR THE YEARS ENDED DECEMBER 31, 2009 OR LATER REMAIN SUBJECT TO EXAMINATION BY VARIOUS TAXING AUTHORITIES

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 7,815.

DIRECT FUNDRAISING EXPENSES 1,245,997.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,253,812.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 7,815.

DIRECT FUNDRAISING EXPENSES 1,245,997.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,253,812.

Department of the Treasury
Internal Revenue Service

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 Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public Inspection

36-3383233

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 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.

Total				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.				

1

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CONCERT (event type)	NEW YORK EVENT (event type)	2 (total number)	
Revenue	1 Gross receipts	2,847,445.	39,909.	19,436.	2,906,790.
	2 Less: Contributions	1,663,753.	13,094.		1,676,847.
	3 Gross income (line 1 minus line 2)	1,183,692.	26,815.	19,436.	1,229,943.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	527,316.			527,316.
	7 Food and beverages	91,834.	4,342.	682.	96,858.
	8 Entertainment		15,000.		15,000.
	9 Other direct expenses	564,542.	7,473.	34,180.	606,195.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(1,245,369)
	11 Net income summary. Combine line 3, column (d), and line 10				<15,426.>

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

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 charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

Part I General Information on Grants and Assistance

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?

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

☒ Yes ☐ No

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional 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
ANGELIC ORGANICS LEARNING CENTER 1547 ROCKTON ROAD CALEDONIA, IL 61011	36-4288904	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
APPALACHIAN SUSTAINABLE DEVELOPMENT - PO BOX 791 - ABINGDON, VA 24212	31-1445533	501(C)(3)	6,000.	0.			HELPING FARMERS THRIVE
AREA AG INFORMATION CENTER, INC. 17303 US HWY 59 NE THIEF RIVER, MN 56701	41-1565848	501(C)(3)	6,000.	0.			HELPING FARMERS THRIVE
CALIFORNIA CLIMATE & AGRICULTURE NETWORK - 15290 COLEMAN VALLEY ROAD - SEBASTOPOL, CA 95465	68-0359676	501(C)(3)	7,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
CAMPAIGN FOR CONTRACT AGRICULTURE REFORM - PO BOX 640 - PITTSBORO, NC 27312	56-1704863	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
CENTER FOR RURAL AFFAIRS PO BOX 136 LYONS, NE 68038	47-0553823	501(C)(3)	7,500.	0.			TAKING ACTION TO CHANGE THE SYSTEM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

65.

65.

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
COMMUNITY ALLIANCE WITH FAMILY FARMERS - PO BOX 363 - DAVIS, CA 95617	94-2914745	501(C)(3)	7,500.	0.			TAKING ACTION TO CHANGE THE SYSTEM
COMMUNITY FARM ALLIANCE 119 1/2 MAIN STREET FRANKFORT, KY 40601	61-1092056	501(C)(3)	7,500.	0.			TAKING ACTION TO CHANGE THE SYSTEM
COMMUNITY INVOLVED IN SUSTAINABLE AGRICULTURE - ONE SUGARLOAF STREET - SOUTH DEERFIELD, MA 01373	04-3416862	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
CULTIVATE KANSAS CITY 4223 GIBBS ROAD KANSAS CITY, KS 66106	20-2365320	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
DAKOTA RESOURCE COUNCIL PO BOX 1095 DICKINSON, ND 58602	45-0363903	501(C)(3)	7,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
DAKOTA RURAL ACTION PO BOX 549 BROOKINGS, SD 57220	46-0398656	501(C)(3)	7,000.	0.			GROWING THE GOOD FOOD MOVEMENT
FAMILY FARM DEFENDERS 1019 WILLIAMSON STREET, #B MADISON, WI 53703	39-1814573	501(C)(3)	10,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
FARMERS' LEGAL ACTION GROUP, INC. 360 NORTH ROBERT STREET, SUITE 500 SAINT PAUL, MN 55101	36-3431212	501(C)(3)	20,000.	0.			HELPING FARMERS THRIVE
FEDERATION OF SOUTHERN COOPERATIVES - 2769 CHURCH STREET - EAST POINT, GA 30344	58-1026695	501(C)(3)	20,000.	0.			HELPING FARMERS THRIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
FLORIDA CERTIFIED ORGANIC GROWERS AND CONSUMERS - PO BOX 12311 - GAINESVILLE, FL 32604	59-3006564	501(C)(3)	10,000.	0.			HELPING FARMERS THRIVE
FRIENDS OF FAMILY FARMERS PO BOX 133 MOLALLA, OR 97017	30-0390131	501(C)(3)	7,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
FUTURE HARVEST-CHESAPEAKE ALLIANCE FOR SUSTAINABLE AGRICULTURE - 1114 SHAWAN ROAD, SUITE 1 - COCKEYSVILLE, MD 21030	52-2132982	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
GROWNYC 51 CHAMBERS STREET, ROOM 228 NEW YORK, NY 10007	13-2765465	501(C)(3)	7,000.	0.			GROWING THE GOOD FOOD MOVEMENT
HOLISTIC MANAGEMENT INTERNATIONAL 5941 JEFFERSON STREET, NE ALBUQUERQUE, NM 87109	85-0324203	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
IDAHO RURAL COUNCIL PO BOX 118 BLISS, ID 83314	82-0409737	501(C)(3)	7,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
ILLINOIS STEWARDSHIP ALLIANCE 401 WEST JACKSON PARKWAY SPRINGFIELD, IL 62704	37-6160476	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
INSTITUTE FOR AGRICULTURE AND TRADE POLICY - 2105 FIRST AVENUE, S - MINNEAPOLIS, MN 55404	36-3501938	501(C)(3)	7,500.	0.			TAKING ACTION TO CHANGE THE SYSTEM
INTERCHURCH MINISTRIES OF NEBRASKA 215 CENTENNIAL MALL, SOUTH, SUITE 3 LINCOLN, NE 68508	47-0379495	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT - 2001 FOREST AVENUE - DES MOINES, IA 50311	42-1110721	501(C)(3)	6,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
IOWA FARMERS UNION EDUCATION FOUNDATION - PO BOX 8988 - AMES, IA 50014	42-1475262	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
JUST FOOD 1155 AVENUE OF THE AMERICAS, SUITE NEW YORK, NY 10036	06-1555759	501(C)(3)	5,000.	0.			GROWING THE GOOD FOOD MOVEMENT
KANSAS FARMERS UNION BOX 1064 MCPherson, KS 67460	48-1183833	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
KANSAS RURAL CENTER 304 PRATT STREET WHITING, KS 66552	48-0897530	501(C)(3)	6,000.	0.			HELPING FARMERS THRIVE
LANCASTER FARMLAND TRUST 125 LANCASTER AVENUE STRASBURG, PA 17579	20-4233446	501(C)(3)	10,000.	0.			HELPING FARMERS THRIVE
LAND FOR GOOD 29 CENTER STREET KEENE, NH 03431	02-0530711	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
LAND STEWARDSHIP PROJECT 821 E 35TH STREET, SUITE 200 MINNEAPOLIS, MN 55407	41-1466054	501(C)(3)	6,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
LOUISIANA INTERCHURCH CONFERENCE 527 NORTH BOULEVARD, FOURTH FLOOR BATON ROUGE, LA 70802	72-0632780	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
MAINE ORGANIC FARMERS AND GARDENERS ASSOCIATION - PO BOX 170 - UNITY, ME 04988	01-6048322	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
MICHAEL FIELDS AGRICULTURAL INSTITUTE - W2493 COUNTY ROAD, ES - EAST TROY, WI 53120	39-1449246	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
MIDWEST ORGANIC AND SUSTAINABLE EDUCATION SERVICE - PO BOX 339 - SPRING VALLEY, WI 54767	39-1824623	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
MINNESOTA FOOD ASSOCIATION 14220-B OSTLUND TRAIL, N MARINE ON ST. CROIX, MN 55047	36-3336907	501(C)(3)	6,000.	0.			HELPING FARMERS THRIVE
MISSOURI RURAL CRISIS CENTER 1108 RANGELINE STREET COLUMBIA, MO 65201	43-1432032	501(C)(3)	10,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
NATIONAL CENTER FOR APPROPRIATE TECHNOLOGY - PO BOX 3838 - BUTTE, MT 59702	81-0361047	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
NATIONAL FAMILY FARM COALITION 110 MARYLAND AVENUE, NE, SUITE 307 WASHINGTON, DC 20002	38-2652620	501(C)(3)	20,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
NATIONAL SUSTAINABLE AGRICULTURE COALITION - PO BOX 136 - LYONS, NE 68038	47-0553823	501(C)(3)	20,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
NEW ENGLAND FARMERS UNION EDUCATION FOUNDATION - PO BOX 226 - SHELburnE FALLS, MA 01370	31-1582315	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
NEW ENTRY SUSTAINABLE FARMING PROJECT - 10 BRIDGE STREET - LOWELL, MA 01852	04-2382027	501(C)(3)	5,630.	0.			HELPING FARMERS THRIVE
NORTHEAST ORGANIC DAIRY PRODUCERS ALLIANCE - 30 KEETS ROAD - DEERFIELD, MA 01342	04-3439897	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
NORTHERN PLAINS RESOURCE COUNCIL 220 SOUTH 27TH STREET, SUITE A BILLINGS, MT 59101	81-0367205	501(C)(3)	7,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
OHIO ECOLOGICAL FOOD AND FARM ASSOCIATION - 41 CROSWELL ROAD - COLUMBUS, OH 43214	34-1638273	501(C)(3)	6,050.	0.			TAKING ACTION TO CHANGE THE SYSTEM
OGALLALA COMMONS PO BOX 346 NAZARETH, TX 79063	33-1144011	501(C)(3)	5,000.	0.			GROWING THE GOOD FOOD MOVEMENT
OREGON RURAL ACTION PO BOX 1231 LA GRANDE, OR 97850	03-0383463	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
ORGANIC SEED ALLIANCE PO BOX 772 PORT TOWNSEND, WA 98368	51-0175667	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE AGRICULTURE - PO BOX 419 - MILLHELM, PA 16854	25-1685497	501(C)(3)	20,000.	0.			GROWING THE GOOD FOOD MOVEMENT
POWDER RIVER BASIN RESOURCE COUNCIL - 934 NORTH MAIN - SHERIDAN, WY 82801	74-2183158	501(C)(3)	7,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
RECIRCULATING FARMS COALITION 320 WEBSTER STREET NEW ORLEANS, LA 70118	75-3162338	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
RED TOMATO 76 EVERET SKINNER ROAD PLAINVILLE, MA 02762	04-3375151	501(C)(3)	5,000.	0.			GROWING THE GOOD FOOD MOVEMENT
RODALE INSTITUTE 611 SIEGFRIEDALE ROAD KUTZTOWN, PA 19530	23-7206884	501(C)(3)	10,000.	0.			HELPING FARMERS THRIVE
RURAL ADVANCEMENT FOUNDATION INTERNATIONAL-USA - PO BOX 640 - PITTSBORO, NC 27312	56-1704863	501(C)(3)	15,000.	0.			HELPING FARMERS THRIVE
RURAL VERMONT 15 BARRE STREET MONTPELIER, VT 05602	22-3045871	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
SOUTHERN SUSTAINABLE AGRICULTURE WORKING GROUP - PO BOX 1552 - FAYETTEVILLE, AR 72702	71-0844535	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
SUSTAINABLE FOOD CENTER 1106 CLAYTON LANE, SUITE 480W AUSTIN, TX 78723	74-2681096	501(C)(3)	5,000.	0.			GROWING THE GOOD FOOD MOVEMENT
THE CARROT PROJECT 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
THE GREENHORNS 22231 MULHOLLAND HIGHWAY CALABASAS, CA 91302	95-4116679	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
THE SEED FARM 4184 DORNEY PARK ROAD, SUITE 107 ALLENTOWN, PA 18104	27-4659716	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
WESTERN COLORADO CONGRESS PO BOX 1931 GRAND JUNCTION, CO 81502	84-0837218	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
WESTERN ORGANIZATION OF RESOURCE COUNCILS EDUCATION PROJECT - 220 S. 27TH STREET, SUITE B - BILLINGS, MT 59101	84-1123481	501(C)(3)	10,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
WOMAN, FOOD, AND AGRICULTURE NETWORK - 510 PENNSYLVANIA AVENUE - STORY CITY, IA 50248	27-0897403	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
NORTHWEST CENTER FOR ALTERNATIVES TO PESTICIDES - PO BOX 1393 - EUGENE, OR 97416	93-0715778	501(C)(3)	4,120.	0.			TAKING ACTION TO CHANGE THE SYSTEM

Schedule I (Form 990)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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
SCHOLARSHIPS	3	23,643.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: FARM AID REQUIRES TWO REPORTS PER YEAR.

1. THE FIRST REPORT, DUE ON JULY 15 OF THE GRANT YEAR, SHOULD PROVIDE A NARRATIVE AND FINANCIAL INFORMATION ON HOW THE GRANTEE HAS USED THEIR GRANT AWARD IN THE FIRST SIX MONTHS OF THE GRANT YEAR. IF THE GRANT FUNDS HAVE BEEN FULLY EXPENDED AT THIS TIME, THIS REPORT MAY BE CONSIDERED THE FINAL REPORT, BUT MUST BE IDENTIFIED AS SUCH IN THE COVER LETTER.

2. THE SECOND REPORT, DUE ON FEBRUARY 1 OF THE FOLLOWING YEAR, SHOULD

Part IV Supplemental Information

UPDATE THE SAME INFORMATION THROUGH THE END OF 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.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>MERCHANDISE</u>)	X	2	51,664.	FAIR MARKET VALUE
26 Other ► (<u>FOOD AND BEVE</u>)	X	7	42,816.	FAIR MARKET VALUE
27 Other ► (<u>OTHER GOODS</u>)	X	1	225.	FAIR MARKET VALUE
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) (2012)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): NUMBER OF CONTRIBUTIONS IS USED TO

CALCULATE PART I, COLUMN (B)

Blank lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

FARM AID, INC.

Employer identification number
36-3383233

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

HOSTS AN ANNUAL CONCERT TO RAISE FUNDS TO SUPPORT WORK WITH FAMILY
FARMERS AND TO INSPIRE PEOPLE TO CHOOSE FAMILY-FARMED FOOD.

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

SINCE 1985, FARM AID HAS RAISED MORE THAN \$40 MILLION TO SUPPORT
PROGRAMS THAT HELP FARMERS THRIVE, EXPAND THE REACH OF THE GOOD FOOD
MOVEMENT, TAKE ACTION TO CHANGE THE DOMINANT SYSTEM OF INDUSTRIAL
AGRICULTURE AND PROMOTE FOOD FROM FAMILY FARMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GROWING THE GOOD FOOD MOVEMENT - THE GOOD FOOD MOVEMENT IS INCREASING
THE NUMBER OF AMERICANS REACHING FOR AND DEMANDING FAMILY
FARM-IDENTIFIED, LOCAL, ORGANIC OR HUMANELY-RAISED FOOD. THE
ORGANIZATION GRANTS BUILD CONNECTIONS BETWEEN FARMERS AND CONSUMERS
CREATING NEW MARKETS FOR FAMILY FARMERS.

EXPENSES \$ 191,334. INCLUDING GRANTS OF \$ 49,500. REVENUE \$ 0.

SCHOLARSHIPS - PROVIDES AGRICULTURAL SCHOLARSHIPS FOR STUDENTS WHO
INTEND TO RETURN TO THEIR FAMILY FARMS AFTER GRADUATION.

EXPENSES \$ 23,643. INCLUDING GRANTS OF \$ 23,643. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: WILLIE NELSON AND LANA NELSON ARE
FATHER AND DAUGHTER.

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

FORM 990, PART VI, SECTION A, LINE 8B: THERE WERE NO COMMITTEE MEETINGS
HELD IN 2012.

FORM 990, PART VI, SECTION B, LINE 11: AN EMAIL WITH THE FORM 990 ATTACHED
WAS SENT TO ALL BOARD MEMBERS. CONFIRMATION WAS REQUESTED VIA EMAIL FROM
EACH MEMBER THAT IT WAS RECEIVED AND PRINTED.

FORM 990, PART VI, SECTION B, LINE 12C: ANY CONFLICTS OF INTEREST ARE MADE
AWARE THROUGH CONVERSATION AND INQUIRY. WHEN A CONFLICT DOES ARISE,
APPROPRIATE MEASURES ARE TAKEN AND SOMETIMES MANAGEMENT CONFERS WITH FARM
AID'S ATTORNEY.

FORM 990, PART VI, SECTION B, LINE 15: A COMMITTEE COMPRISED OF TWO BOARD
MEMBERS REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION ANNUALLY.

EACH EMPLOYEE RECEIVES A COST OF LIVING SALARY INCREASE, TO BE WAIVED ONLY
IN THE EVENT OF SEVERE ORGANIZATIONAL FINANCIAL DIFFICULTY. EXPANSION OF
JOB DESCRIPTION WILL BE THE DETERMINING FACTOR IN MAKING OTHER SALARY
INCREASES. THE EXECUTIVE DIRECTOR MAKES ALL FINAL SALARY DETERMINATIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AZ, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH
OK, OR, PA, RI, SC, UT, WV, WA, WI

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON
REQUEST.