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Department of the Treasury

# **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)

Open to Public

OMB No. 1545-0047

|                                 | mai neven   |               | The organization in              |   |   | is return to sa                                   | usiy stat   | e repoi      | ung req     | uliei       | nents.                | 1113          | pection              |
|---------------------------------|-------------|---------------|----------------------------------|---|---|---|-------------|--------------|-------------|-------------|-----------------------|---------------|----------------------|
| <u> </u>                        | For the     | 2012 cale     | endar year, or tax year be       | ginning   | January 1   |   | 2, and er   | ding         | Dec         | emb         | er 31                 | , 20 12       |                      |
| $\supseteq_{B}$                 | Check if    | applicable:   | C Name of organization Au        | gusta L   | ocally Grown, Inc.  |   |             |              |             | D           | Employe               | r identificat | tion number          |
| ₹Ø                              | Address     | change        | Doing Business As                |   |   |   |             |              |             |             |                       | 45-35813      | 29                   |
|                                 | Name ch     | nange         | Number and street (or P.O.       | box if m  | nail is not delivered to st   | reet address)                                     | Roon        | n/surte      |             | E           | Telephone             | e number      |                      |
| ソロ                              | Initial ret | um            | 1301 Waters Edge Drive           | •   |   |   |             |              |             | ł           |                       | 706-288-7     | <b>'895</b>          |
| $\supset_{\square}$             | Terminat    | ed            | City, town or post office, st    | ate, and  | ZIP code  |   |             |              |             | 1           |                       |               |                      |
| Z                               | Amende      |               | Augusta, GA 30901                |   |   |   |             |              |             | l.          | Gross rec             | eints \$      | 51,026.42            |
| $\overline{\Box}$               |             |               | F Name and address of princ      | upal offic  | er  |   |             |              | H/a) la th  |             | ~                     |               | Yes No               |
| _                               | тфриоси     | on ponding    | Amy Sutter, Board Pres           |   |   | urt Evene G                                       | A ZOROO     | . [          |             |             |                       | _             | Yes No               |
|                                 | Tay-ayar    | npt status:   |                                  | 501(c) (  |   |   |             |              |             |             |                       | ist. (see ins |                      |
|                                 | Website     |               | w.augustalocallygrown.c          |   | ) 4 (msert no.)   | 4947(a)(1) o                                      | r 📙 527     | <del>'</del> |             |             |                       | •             | auduoris)            |
| K                               |             |               | Corporation Trust                | Associa   |   | ———   |             | l            |             | <del></del> | <del></del>           | number >      |                      |
| _                               | Part I      |               |                                  | ASSOCIE   | ation Other ►   | I L   | Year of for | mation:      | 201         | <u>'  </u>  | M State o             | f legal dom   | ncile: GA            |
|                                 |             | Summ          |                                  | 11  |   | 1   |             |              |             |             |                       |               |                      |
|                                 | 1           |               | escribe the organization         |   |   |   |             |              |             |             |                       |               |                      |
| စ္ပ                             |             |               | Locally Grown engages            |   |   |   |             |              |             |             |                       |               |                      |
| Activities & Governance         |             |               | grow, cook, eat, preserv         |   |   |   |             |              |             | hole        | foods. A              | ls such, v    | ve promote           |
| Ę                               |             |               | nd nutrition, environment        |   |   |   |             |              |             |             |                       |               |                      |
| õ                               | 2           |               | is box ▶ 🗌 if the organi         |   |   |   | dispose     | ed of n      | nore th     | an 2        | 5% of it              | s net ass     | ets.                 |
| ~ა                              | 3           |               | of voting members of th          |   |   |   |             |              |             |             | 3                     |               | 9                    |
| 8                               | 4           | Number        | of independent voting n          | nembe   | rs of the governing   | body (Part  | VI, line    | 1b) .        |             |             | 4                     |               | 0                    |
| Σ                               | 5           | Total nun     | mber of individuals emp          | loyed i   | n calendar year 20  | 12 (Part V, li                                    | ne 2a)      |              |             |             | 5                     |               | 0                    |
| <u> </u>                        | 6           | Total nun     | mber of volunteers (estir        | nate if   | necessary)  |   |             |              |             |             | 6                     |               | 75                   |
| •                               | 7a          | Total unr     | elated business revenue          | e from  | Part VIII, column (0  | C), line 12                                       |             |              |             |             | 7a                    |               | 0                    |
|                                 | b           | Net unrel     | lated business taxable i         | ncome   | from Form 990 N,  | Tirté 34 E_S                                      |             |              |             |             | 7b                    |               | 0                    |
|                                 |             |               | lated business taxable in        |   | REC   | EIAF  | <del></del> |              | Prior       | Year        |                       | Curr          | ent Year             |
|                                 | 0           |               | tions and grants (Part V         |   |   |   |             |              |             | 3.          | 262.00                |               | 6,926.14             |
| Revenue                         | 9           |               | service revenue (Part V          |   |   | 1 1 7010  |             |              |             |             | 056.30                |               | 44,100.28            |
| 8                               | 10          |               |                                  | /III, column (A), lines 3 A CONNICTION ANAGEMENT. |   |   |             |              |             |             |                       |               | 0.00                 |
| ď                               | 11          | Other rev     | venue (Part VIII, column         | (A) line  | es 5 6d 8c 9c 16  | GREN 110  |             |              | 0.00        |             | 0.00                  |               |                      |
|                                 | 12          |               | enue—add lines 8 throug          |   |   |   |             |              | <del></del> | 25          | 318.30                | <del></del> . | 51,026.42            |
| _                               |             |               | nd similar amounts paid          |   |   |   |             |              |             | 33,         | 0.00                  | <del></del>   |                      |
| ಭ                               |             |               | paid to or for members           |   |   |   |             |              |             |             |                       | <del></del>   | 1,200.00             |
| 0 2016                          |             |               |                                  |   |   |   |             | -            | 0.00        |             |                       | · · · · · ·   | 0.00                 |
| ~<br>8 ⊂                        |             |               | other compensation, emp          |   |   |   | S 5–10)     | <u> </u>     | 0.00        |             |                       |               | 0.00                 |
|                                 | 10a         |               | onal fundraising fees (Pa        |   |   |   |             | <u> </u>     | <del></del> |             | 0.00                  | <del> </del>  | 0.00                 |
| ഠ″ ഇ<br>ഉള                      | l b         |               | draising expenses (Part          |   |   |   | 2,843.43    | -            |             |             |                       | <del></del>   |                      |
| SE                              | 1           |               | penses (Part IX, column          |   |   |   |             | _            |             |             | 141.74                |               | 47,460.02            |
| ~<br>~                          | 18          | lotal exp     | enses. Add lines 13-17           | (must   | equar kantax, colu  | imu (Æ) line:                                     | 25) .       |              |             |             | 141.74                |               | 48,660.02            |
| ď                               | 19          | Revenue       | less expenses. Subtrac           | t line 1  | 8-from line 12 70   | <u> 16 · 12/ · 21</u>                             | <u> </u>    | <b>_</b>     |             |             | 176.56                |               | 2,366.40             |
| Net Assets or                   |             |               |                                  | /≪/   | (1 AIII) W "  |   |             | Beg          | Inning of   |             |                       | End           | of Year              |
| 588<br>886<br>886<br>886<br>886 | 20          |               | ets (Part X, line 16) .          | 18  | AUG.  | السن آثارة  |             |              |             | 3,          | 176.56                | ·             | 5,542.96             |
| ¥₹                              | 21          | Total liab    | ilities (Part X, line 26) .      |   | و لا المسلم |   |             | L            |             |             | 0.00                  |               | 0.00                 |
|                                 |             |               | ts or fund balances. Sul         | btract i  | ine 21 from line 20   | <u> </u>  | <u></u>     |              |             | 3,          | 176.56                |               | 5,542.96             |
| P                               | art II      | Signat        | ture Block                       |   |   |   |             |              |             |             |                       |               |                      |
| Ui                              | nder penal  | ties of perju | ry, I declare that I have examin | ned this i  | return, including accom   | panying schedu                                    | iles and s  | tatemen      | nts, and to | o the       | best of my            | y knowledge   | e and belief, it is  |
| tru                             | ie, correct | , and compl   | ete. Declaration of preparer (o  | ther than   | officer) is based on all  | information of w                                  | vhich prep  | arer has     | s any kno   | wied        | ge.                   |               |                      |
|                                 |             |               | Comunicate                       |   |   |   |             |              |             |             |                       |               |                      |
| Si                              | gn          | Signa         | ature of officer                 |   |   |   |             |              |             | Date        |                       |               |                      |
| He                              | ere         |               | Amu R Sutte                      | - , E   | Board Presic  | dent  |             |              |             |             | 7-1                   | 9-16          | )                    |
|                                 |             | Туре          | or print name and title          | <del>-,-</del>                                    |   |   | -           |              | <del></del> |             | <u>.</u>              |               | ····                 |
| D,                              | id          | Print/Typ     | pe preparer's name               |   | Preparer's signature  |   |             | Date         |             | Т           | Cheel: F              | PTIN          |                      |
|                                 | nu<br>epare | _             |                                  |   | }   |   |             |              |             | -           | Check _<br>self-emple |               |                      |
|                                 |             |               | ame ▶                            |   | <u> </u>  | <del>*************************************</del>  |             | ·            | -           |             | EIN ▶                 | <del> </del>  |                      |
| U                               | se Only     |               | ddress ►                         |   |   | · · <del>· · · · · · · · · · · · · · · · · </del> |             |              |             | hone        |                       |               | <del></del>          |
| Ma                              | y the IR    |               | s this return with the pre       | parer s   | shown above? (see   | instruction                                       | s)          |              |             | HOME        | IIU.                  | ·····         | Yes No               |
|                                 |             |               | ction Act Notice, see the        |   |   |   | <del></del> | t. No. 1     | 12901/      | •           | • • •                 | <u> </u>      | om <b>990</b> (2012) |
| . 0                             |             |               | : /// : 1/ U/ U/ U/ OFF U   C    | JUNE 4  | .~ iou uviivi io.   |   | Lia         | rr IAO' j    | 14041       |             |                       |               | Unit 3 3 4 (40   4)  |

| Part I      | Statement of Program Service Accomplishments   |
|-------------|--|
|             | Check if Schedule O contains a response to any question in this Part III   |
| 1           | Briefly describe the organization's mission:   |
| •           | Augusta Locally Grown promotes eating, growing, buying, cooking and enjoying local, sustainably-grown food.                            |
|             | Our efforts include creating and managing farmers markets, cooking education programs, home gardening education programs,              |
|             | farm volunteer days, new farmer programs, nutrition education and summer camp focused on cooking, gardening and agriculture.           |
|             |  |
| 2           | Did the organization undertake any significant program services during the year which were not listed on the                           |
|             | prior Form 990 or 990-EZ?  |
| _           | If "Yes," describe these new services on Schedule O.   |
| 3           | Did the organization cease conducting, or make significant changes in how it conducts, any program                                     |
|             | services?  |
|             | 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.  |
| <del></del> |  |
| 4a          | (Code:) (Expenses \$ 38,046.99 including grants of \$ 5726.14 ) (Revenue \$ 40,696.58 )  |
|             | Farmers Market Management:   |
|             | In 2012, Augusta Locally Grown managed an extensive on-line farmers market. This market is the first direct, local farm-to-consumer    |
|             | farmers market in the Augusta area. The market requires a good deal of public education about seasonality, nutrition, and the local    |
|             | economic benefits of buying and eating locally. The market is also a service to local farmers in that it significantly streamlines the |
|             | market process for more effective use of time and resources for farmers. In 2012, the market included about 60 farmers, many of them   |
|             | small hobby farmers, and many of them new to farming and/or farmers markets. As such, Augusta Locally Grown also provides a            |
|             | service to new farmers by helping them understand and work within the county, state and federal guidelines for food safety. Augusta    |
|             | Locally Grown's market is conducted at three different pick-up locations throughout the Augusta area. These locations are              |
|             | run by our student interns and supervised by adult market managers.  |
|             | In 2012, Augusta Locally Grown also worked extensively with a local municipality toward creation of a traditional farmers market,      |
|             | the first-ever in that county, which was launched in March 2013. We also worked extensively with partners called Veggle Truck Team     |
|             | to create a traditional farmers market in a low income area of Augusta, and began accepting and doubling EBT benefits in Mar 2013.     |
| 4b          | (Code:) (Expenses \$ 5449.29 including grants of \$ 1200.00 ) (Revenue \$ 3403.70 )  |
|             | Educational Programs: Farm Workshops, Farm Tours, Farm Dinners and Celebrations, Cooking Classes, etc.                                 |
|             | In 2012, Augusta Locally Grown focused on creating a wide variety of educational programs targeted at a wide audience. IN that         |
|             | year, Augusta, Georgia, was named the "Fifth Fattest City" in America, according to the Center for Disease Control. As such, we        |
|             | feel that educational programs focused on local, healthy, whole foods (primarily fruits and veggles) is essential to our community.    |
|             | In 2012, Augusta Locally Grown created and ran a cooking program for youth at Fort Gordon Army installation with a grant managed       |
|             | by the Augusta Arts Council. We also worked toward the goal of a cooking program at the Boys and Girls Clubs of Augusta, which         |
|             | we successfully launched in 2013. In 2012, Augusta Locally Grown also hosted several grow-your-own food workshops and                  |
|             | education fairs, focused on organic raised bed gardening, backyard poultry, fruit trees, etc. We also worked with several              |
|             | schools and youth programs (Stallings Island Middle School, Boys and Girls Club, etc.) on curriculum to encourage thought on the       |
|             | topics of sustainable living with an emphasis on seasonal, whole foods. These programs were supported with grant funding               |
|             | managed by several area nonprofits. We also hosted several farm tour, farm dinners and workshops, all designed to connect folks        |
| <del></del> | to the surrounding rural farming community. In 2012, we awarded a \$1200 gift to one of our host farmers for her 10-year dedication.   |
| 4c          | (Code:) (Expenses \$ 1320.31 including grants of \$ 0.00 ) (Revenue \$ 0.00 )  |
|             | Student Intern Program and Volunteer Programs:   |
|             | Our student intern program for high school students encourages them to do several work days on farms each semester to educate          |
|             | them on the variety and complexity of tasks involved in sustainable farming. ALG student interns also helped work toward the           |
|             | creation of "Crop Mob Augusta," a system of getting large groups of volunteers to farm for a day. This successful effort launched in   |
|             | March 2013. Our student Interns also pursue projects related to their own interests in sustainable farming, often for their senior     |
|             | projects. One such student raised chicks into laying hens, earning her GA Depart of Ag Egg Candling license in the process. Another    |
|             | intern helped with a cooking program for youth at Fort Gordon. All of our interns joined together on a pecan cracking fundraiser in    |
|             | late December 2012 to help raise money for our share of the Wholesome Wave EBT doubling program which we started in 2013.              |
|             | Through the "Veggle Truck initiative," we coordinated bringing youth from low-income areas to learning opportunities on farms.         |
|             | In 2012, we planned to start awarding small grants to new farmers to help them afford attendance at a on-farm workshops and other      |
|             | learning opportunities. These small education awards started in 2013. Our largest collection of volunteers show up for our             |
|             | Benderdinker event in April 2012. All of our expenses for volunteers are for tshirts, market aprons, bumperstickers and event meals.   |
| 4d          | Other program services (Describe in Schedule O.)   |
|             | (Expenses \$ 0.00 including grants of \$ 0.00 ) (Revenue \$ 0.00 )   |
| 4e          | Total program service expenses ► 44,816.59   |

Form **990** (2012)

| Part | IV Checklist of Required Schedules   |                 |  |  |
|------|--|-----------------|--|--|
|      | •  |                 | Yes  | No   |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |                 |  |  |
|      | `complete Schedule A   | 1               | <b>*</b>   |  |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2               |  | 1  |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   |                 |  |  |
|      | candidates for public office? If "Yes," complete Schedule C, Part I  | 3               |  | •  |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  |                 |  |  |
|      | election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4               |  | 1  |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,   |                 |  |  |
|      | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,  |                 |  |  |
|      | Part III   | 5               |  | •  |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  |                 |  |  |
|      | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  |                 |  | •  |
|      | "Yes," complete Schedule D, Part I   | 6               |  | 1  |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |                 |  |  |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7               |  | 1  |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |                 |  |  |
|      | complete Schedule D, Part III  | 8               |  | •  |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a  |                 |  |  |
|      | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or   |                 |  |  |
|      | debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9               |  | 1  |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted  |                 |  |  |
|      | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10              |  | 1  |
| 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.   | İ               |  | 1  |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"   |                 |  |  |
|      | complete Schedule D, Part VI   | 11a             |  | •  |
| b    | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more   |                 |  |  |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b             |  | 1  |
| C    | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more  |                 | l  | ]  |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c             |  | 1  |
| d    | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets   | 1               |  |  |
|      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d             |  | ~  |
|      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e             |  | 1  |
| Ť    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |                 |  |  |
| 40 - | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  | 11f             |  | ~  |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |                 |  | •  |
| _    | Schedule D, Parts XI and XII   | 12a             |  | <u> </u>   |
| D    | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if   |                 |  | •  |
| 40   | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b             |  | ļ.,  |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13              | 1  | <b>V</b>   |
| 14 a |  | 14a             | _  | 4  |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate |                 |  |  |
|      | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   |                 |  | ~  |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any   | 14b             | <del> </del>                                     | <u> </u>   |
| 1.5  | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV   | 4.5             | }  |  |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance  | 15              |  | ~  |
| .0   | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  | 40              |  | مدا  |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on   | 16              | <del>                                     </del> | 1  |
| ••   | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17              |  | •  |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  | <del>  ''</del> |  | <del>                                     </del> |
|      | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18              | 1  | •  |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   | <u>''</u>       |  | -  |
|      | If "Yes," complete Schedule G, Part III  | 19              |  | 1  |
| 20 a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>  | 20a             |  | <b>V</b>   |
| _    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b             | <u> </u>   | <del>  •</del>                                   |

| Preserve 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 17 If "Yes," complete Schedule I, Parts I and II 21 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 27 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization answer Tyes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization answer Tyes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization answer Tyes" to Part VII. Section A. line 3, 4, or 5 about compensated organization answer Tyes" to Part VII. Section A. line 3, 4, or 5 about compensated organization answer the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. Part II. If the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Section 901(c)(3) and 901(c)(4) organizations. Did the organization exampt If "Yes," complete Schedule I., Part II.  25d Did the organization exception of part II "seed to part II seed to part I |           |        | t IV Checklist of Required Schedules (continued)  | Part |
|--|-----------|--------|---|------|
| in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22  Did the organization proper more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensated employees? If "Yes," complete Schedule J. 23  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. 24  24a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . C Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? . C Did the organization and say of the year. If "Yes," complete Schedule L, Part I   | es No     |        | •   |      |
| on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization are as an "on behalf of "issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I or I 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? If "Yes," complete Schedule L, Part II or I 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? If "Yes," complete Schedule L, Part IV  25b Use 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? If "Yes," complete Schedule L, Part IV  27c A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A current o  | •         | 21     |   |      |
| organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," ormplete Schedule J .  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 .  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .  c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? to defease any tax-exempt bonds?  24b Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? to defease any tax-exempt bonds?  25c Section 901(c)(3) and 501(c)(4) organizations. Did the organization enabled person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I I .  25d Was a laon to or by a current or former 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? If "Yes," complete Schedule L, Part IV .  27d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV .  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28d A family member of a current or former officer, director, trustee, or key employee or a family member thereof was an officer, director, trustee, or key employee? If "Yes," complete Schedule N, Part I .  27d Did the organization receive contributions of art, historical treasures, or other similar assets; If "Yes," complete Sched  | 4         | 22     |   | 22   |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25   b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .   Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   Did the organization maintain an escrow account other than a refunding escrow at any time during the year?   Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?   If "Yes," complete Schedule L, Part I   Did the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ?   If "Yes," complete Schedule L, Part I   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? If "Yes," complete Schedule L, Part II   Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   A family member of a current or former officer, director, trustee, or key employee?   Did the organization and party to a business transaction with one of the following parties (see Schedule L, Part IV   Did the organization and party to a business transaction with one of the following parties (see Schedule L, Part IV   Did the organization of the parties of the parties of the part of the part of the part of the part of the parties of the part of the part of the part of the parties of the part of the partie  |           | ~      | organization's current and former officers, directors, trustees, key employees, and highest compensated   | 23   |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 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? If "Yes," complete Schedule L, Part I .  25a 25b 15 sthe 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-E27 If "Yes," complete Schedule L, Part I .  25b 16 sthe 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? If "Yes," complete Schedule L, Part III .  26 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  27 A entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  29 Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  30 Did the organization onlows of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 .  31 Did the organization have a contro  | •         |        | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b             | 24a  |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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-E27? If "Yes," complete Schedule L, Part I .  28 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? If "Yes," complete Schedule L, Part II .  29 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? If "Yes," complete Schedule L, Part IV .  29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  29 Did the organization and organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I .  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets; If "Yes," complete Schedule N, Part I .  31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  33 Did t | 4         | 24b    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year   |      |
| 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-E2? If "Yes," complete Schedule L, Part I  | •         | 24d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction           |      |
| 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? If "Yes," complete Schedule L, Part II .  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? If "Yes," complete Schedule L, Part III .  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? If "Yes," complete Schedule L, Part IV .  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28b 28c 29  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M and the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .  31 Did the organization have a controlled entity within the meaning of section 512(b)(13)? .  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .  33 Did the organization own 100% of the organization make any transfers to an exempt non-charitable related organizati  |           |        | 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? | b    |
| substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 4         |        | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or  | 26   |
| Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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 owner? If "Yes," complete Schedule L, Part IV  28b  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   |           | 27     | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   | 27   |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  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 director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) by the part IV.  28b  29  29  20  20  21  22b  22c  23c  24c  25c  27  28c  28c  28c  29  28c  29  28c  29  28c  29  29  30  30  31  31  32 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  31  32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  32  33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is tre   |           |        |   | 28   |
| 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? If "Yes," complete Schedule L, Part IV   | <b>"</b>  |        | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  | -    |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | *         |        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)   | c    |
| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | <b>V</b>  |        | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified  |      |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   |           |        | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,   | 31   |
| Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   |           |        | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"   | 32   |
| or IV, and Part V, line 1  | 1         |        |   | 33   |
| <ul> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li></ul>   |           | 34     |   | 34   |
| <ul> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2</li></ul>  | 1         | -      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a   |      |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | -         |        | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable  | 36   |
|  |           | 30     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,         | 37   |
|  |           |        | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and  | 38   |
| 19? Note. All Form 990 filers are required to complete Schedule O  | 90 (2012) | لستنتا | 19? Note. All Form 990 liters are required to complete Schedule O   |      |

Form **990** (2012)

| Part     | Statements Regarding Other IRS Filings and Tax Compliance   |           |              |              |
|----------|---|-----------|--------------|--------------|
|          | Check if Schedule O contains a response to any question in this Part V  |           |              |              |
| 4.       |   | Γ         | Yes          | No           |
| _        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |           |              |              |
| b        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   |           |              | İ            |
| C        | reportable gaming (gambling) winnings to prize winners?   | 4.        |              | l            |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   | 1c        | •            | -            |
|          | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0  |           |              |              |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .  | 2b        |              | ľ            |
| _        | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |           |              | <del></del>  |
| За       | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a        |              | •            |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3b        |              | Ť            |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority   | ļ         |              |              |
|          | over, a financial account in a foreign country (such as a bank account, securities account, or other financial  |           |              | ļ            |
|          | account)?   | 4a        |              | ~            |
| 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?   | 5a        |              | 1            |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b        |              | 1            |
| C        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c        |              | ļ            |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |           |              |              |
| ь        | organization solicit any contributions that were not tax deductible as charitable contributions?  | <u>6a</u> | 1            |              |
|          | gifts were not tax deductible?  | 6b        | •            |              |
| 7        | Organizations that may receive deductible contributions under section 170(c).   | 00        | <u> </u>     |              |
| a        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   |           |              | ļ            |
|          | and services provided to the payor?   | 7a        |              | •            |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b        |              | 1            |
| C        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |           |              |              |
|          | required to file Form 8282?   | 7c        |              | •            |
| 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?   | 7e        |              | 1            |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  | 7f        |              | 1            |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g        | ļ            | 4            |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h        | ļ            | ~            |
| 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  |           | [            |              |
| 9        | organization, have excess business holdings at any time during the year?  | 8         | ļ            |              |
| a        | Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  | 9a        |              | ŀ            |
| b        | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b        | <b></b>      |              |
| 10       | Section 501(c)(7) organizations. Enter:   | 30        | <b></b> -    | $\vdash$     |
| а        | Initiation fees and capital contributions included on Part VIII, line 12  |           |              |              |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b   | 1         |              |              |
| 11       | Section 501(c)(12) organizations. Enter:  | 1         |              |              |
| а        | Gross income from members or shareholders   |           |              |              |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources  | Ì         |              |              |
|          | against amounts due or received from them.)   |           |              |              |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a       | <u> </u>     | L            |
| ь        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   |           |              |              |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  | <u> </u>  | <u> </u>     |              |
| а        | Is the organization licensed to issue qualified health plans in more than one state?  | 13a       | <b> </b>     |              |
| <b>L</b> | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | ŀ         |              |              |
| b        |   | ]         |              | 1            |
| С        | the organization is licensed to issue qualified health plans  | 1         | 1            | j            |
| 14a      | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a       | <del> </del> | 1            |
|          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  | 14b       |              | <del>-</del> |
|          |   |           |              |              |

| Part     | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. 3  |                |                                   |  |
|----------|--|----------------|-----------------------------------|--|
|          | Check if Schedule O contains a response to any question in this Part VI  |                |                                   |  |
| Secti    | on A. Governing Body and Management  | <del>:</del> - |                                   | <u> </u>   |
|          |  |                | Yes                               | No   |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year 1a 9   | 2              |                                   |  |
|          | 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.   |                |                                   |  |
| b        | Enter the number of voting members included in line 1a, above, who are independent . 1b  |                |                                   |  |
| 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?   | 2              |                                   |  |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct  |                |                                   | <u> </u>   |
|          | supervision of officers, directors, or trustees, or key employees to a management company or other person? .   | 3              |                                   | 1  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4              |                                   | 1  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5              |                                   | 1  |
| 6        | Did the organization have members or stockholders?   | 6              |                                   | 1  |
| 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?   | 7a             |                                   | ~  |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,  | /a             |                                   | -  |
| ~        | stockholders, or persons other than the governing body?  | 7b             |                                   | 1  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during   |                |                                   |  |
|          | the year by the following:   |                |                                   | ·  |
| a        | The governing body?  | 8a             | 4                                 | <u> </u>   |
| þ        | Each committee with authority to act on behalf of the governing body?  | 8b             | 1                                 |  |
| 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   | 9              |                                   |  |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Rever  |                | nde )                             |  |
|          | on b. Foliolog (11110 coction b requests information about policies not required by the internal riores  | 1000           | Yes                               | No   |
| 10a      | Did the organization have local chapters, branches, or affiliates?   | 10a            |                                   | ~  |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,   |                |                                   |  |
|          | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b            |                                   |  |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a            | <b>✓</b>                          | ļ  |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 1              |                                   |  |
| 12a<br>b | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a<br>12b     | <b>/</b>                          | <del>                                     </del> |
| C        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  | 120            |                                   |  |
|          | describe in Schedule O how this was done   | 12c            | •                                 |  |
| 13       | Did the organization have a written whistleblower policy?  | 13             | 1                                 | 1  |
| 14       | Did the organization have a written document retention and destruction policy?   | 14             |                                   | 4  |
| 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<br>b   | The organization's CEO, Executive Director, or top management official   | 15a<br>15b     |                                   | 1  |
| D        | Other officers or key employees of the organization  | 150            |                                   | -  |
| 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?   | 16a            | 1                                 |  |
| 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  |                |                                   |  |
| O 1      | organization's exempt status with respect to such arrangements?  | 16b            | 1                                 | l  |
|          | on C. Disclosure   |                |                                   | _  |
| 17<br>18 | List the states with which a copy of this Form 990 is required to be filed ► Georgia  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and 990-T (Section 6104 | n 501/         | C)(3)e                            | Only   |
| . •      | available for public inspection. Indicate how you made these available. Check all that apply.  | 551(           | - <sub>/(</sub> -/ <sub>/</sub> - | y)   |
|          | ☐ 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 inte        | est p                             | olicy,   |
|          | 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: ► Kim Hines address: 1301 Waters Edge Drive, Augusta, GA 30901 phone: 706-288-7895   |                |                                   |  |

| Form 990 (2012) |
|-----------------|
|-----------------|

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

Check 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)                           |  |                       |           | C)<br>ition  |                              |        |                   |                           |                             |  |
|--|-------------------------------|--|-----------------------|-----------|--------------|------------------------------|--------|-------------------|---------------------------|-----------------------------|--|
|  | (B)                           |  |                       | Pos       | rtion.       |                              |        |                   | l .                       |                             |  |
| Name and Title                               |                               | Position (do not check more than one box, unless person is both ar |                       |           |              |                              | ne.    | (D)               | (E)                       | (F)                         |  |
| raine and the                                | Average                       |  |                       |           |              |                              |        | Reportable        | Reportable                | Estimated                   |  |
|  | hours per<br>week (list any   |  | er and                |           | irect        | or/trust                     |        | compensation from | compensation from related | amount of<br>other          |  |
|  | hours for                     | Individual trustee or director                                     | Ins                   | Officer   | <u>₹</u>     | BE                           | Former | the               | organizations             | compensation                |  |
|  | related                       | l Frig   | <u> </u>              | Ç         | ĝ            | ol best                      | T T    | organization      | (W-2/1099-MISC)           | from the                    |  |
|  | organizations<br>below dotted | 호호   | 9<br>9<br>1           |           | Key employee | 88                           |        | (W-2/1099-MISC)   |                           | organization<br>and related |  |
|  | line)                         | 25   | 2                     |           | 8            | n pe                         |        | ĺ                 |                           | organizations               |  |
|  |                               | 8  | Institutional trustee |           |              | Highest compensated employee |        |                   |                           |                             |  |
| **************************************       |                               |  |                       | -         | _            | - "                          |        |                   |                           |                             |  |
| (1) Jan Perry                                |                               |  |                       |           | ļ            |                              |        |                   | İ                         |                             |  |
| Board President                              | 2                             | 4  |                       | ~         | L.           |                              |        | 0.00              | 0.00                      | 0.00                        |  |
| (2) Janie Peel                               | <u> </u>                      | ļ  |                       |           |              |                              |        |                   |                           |                             |  |
| Vice President                               | 1                             | ~  |                       | ~         |              | <u> </u>                     |        | 0.00              | 0.00                      | 0.00                        |  |
| (3) Rachel Hudson                            |                               |  |                       |           |              |                              |        |                   | j                         |                             |  |
| Secretary                                    | 1                             | ~  | _                     | ✓         |              | <u> </u>                     |        | 0.00              | 0.00                      | 0.00                        |  |
| (4) Judy Maxweli                             | 1                             |  |                       |           |              |                              |        |                   |                           |                             |  |
| Treasurer                                    | 1 1                           | ~  |                       | ~         | <u> </u>     |                              |        | 0.00              | 0.00                      | 0.00                        |  |
| (5) Landon Dawson                            |                               |  |                       |           | Ì            |                              |        |                   |                           |                             |  |
|  | 5                             | 1  |                       |           |              |                              |        | 2250.00           | 0.00                      | 0.00                        |  |
| (6) Matt DeMatteo                            |                               |  |                       | ļ         | 1            | 1                            |        | 1                 |                           |                             |  |
| ****   | 1                             | ~  |                       |           |              |                              |        | 0.00              | 0.00                      | 0.00                        |  |
| (7) Nahali Croft                             | 1                             | }  |                       | ļ         |              |                              |        |                   |                           |                             |  |
|  | 11                            | ~  |                       |           |              |                              |        | 0.00              | 0.00                      | 0.00                        |  |
| (8) Sandy Legette                            |                               |  |                       |           |              |                              |        |                   |                           |                             |  |
|  | 1                             | <b>*</b>   |                       |           |              |                              |        | 0.00              | 0.00                      | 0.00                        |  |
| (9) Amy Sutter                               |                               |  |                       |           |              |                              |        |                   |                           | <del></del>                 |  |
|  | 1                             | ~  |                       |           |              |                              |        | 0.00              | 0.00                      | 0.00                        |  |
| (10) Kim Hines                               |                               |  |                       |           |              |                              |        |                   |                           |                             |  |
| Executive Director (not compensated in 2012) | 50                            |  |                       |           |              |                              |        | 0.00              | 0.00                      | 0.00                        |  |
| (11)   |                               |  |                       |           |              |                              |        |                   |                           | ***                         |  |
|  |                               |  |                       |           |              |                              |        |                   |                           |                             |  |
| (12)   |                               |  |                       |           |              |                              |        |                   |                           |                             |  |
| (13)   | 1                             |  |                       | -         |              |                              | L      |                   |                           | <del></del>                 |  |
| ~  | T                             |  |                       | l         |              |                              |        |                   |                           |                             |  |
| (14)   | 1                             | ļ  |                       | <b></b> - | <b></b>      |                              |        |                   |                           | <del></del>                 |  |

|              | (A) Name and title   | (B)<br>Average  | (C)  Position (do not check more than of box, unless person is both officer and a director/trust |                       |         |              |                              |                       | (D)<br>Reportable  | (E)<br>Reportable     |                                    | ( <b>F</b> )<br>Estima |   |               |
|--------------|--|---|--|-----------------------|---------|--------------|------------------------------|-----------------------|--|-----------------------|------------------------------------|------------------------|---|---------------|
|              |  | hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | Individua<br>or directo  | Institutional trustee | Officer | Key employee | Highest compensated employee | e) Former             | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | related organizations | organizations co<br>W-2/1099-MISC) |                        | ount of<br>ther<br>ensati<br>in the<br>nization<br>related<br>ization | on<br>on<br>d |
| 15)          |  |   |  |                       |         |              |                              | -                     |  |                       |                                    |                        |   |               |
| 16)          |  |   |  |                       | _       |              | ·                            |                       |  |                       | +                                  |                        |   |               |
| 17)          |  |   |  |                       |         |              |                              |                       |  |                       |                                    |                        |   |               |
| 18)          |  |   |  |                       |         |              |                              |                       |  | <del></del>           |                                    |                        | · ·   |               |
|              |  |   |  |                       |         |              |                              | <u> </u>              |  |                       | -                                  |                        |   |               |
|              |  |   |  |                       |         |              |                              | <u> </u>              |  | <del></del>           | -                                  | · ·                    |   |               |
|              |  |   |  |                       |         |              |                              | <u> </u>              |  |                       |                                    |                        | · · · · · · · · · · · · · · · · · · ·                                 |               |
|              |  | <u> </u>  |  |                       |         |              |                              |                       |  |                       | <u> </u>                           |                        | <del></del>   |               |
|              |  |   |  |                       |         |              |                              |                       |  | <del></del>           |                                    |                        |   |               |
|              |  |   |  |                       |         |              |                              |                       |  |                       | _                                  |                        |   |               |
|              |  |   |  |                       |         |              |                              |                       |  |                       |                                    |                        |   |               |
| 25)          |  |   |  |                       |         |              |                              |                       |  |                       |                                    |                        |   |               |
| 1b<br>c<br>d | Sub-total  | VII, Sectio   | n A  |                       | -       |              |                              | <b>&gt; &gt; &gt;</b> | 2250.00  |                       |                                    |                        |   |               |
| 2            | Total number of individuals (including but reportable compensation from the organi             | not limited   | to th  |                       |         |              |                              | e) w                  | 1  | ore than \$100,       | 000 0                              | f                      |   |               |
| 3            | Did the organization list any former of employee on line 1a? If "Yes," complete s              | ficer, direc  | tor, c   |                       |         |              |                              | emp                   | oloyee, or high  | est compensa          | ited                               | 3                      | Yes   | No            |
| 4            | For any individual listed on line 1a, is the organization and related organizations individual |   |  |                       |         |              |                              |                       |  |                       |                                    |                        |   | Ť             |
| 5            | Did any person listed on line 1a receive of for services rendered to the organization?         |   |  |                       |         |              |                              |                       |  | ation or individual   | dual                               | 4                      |   |               |
| ectio        | on B. Independent Contractors  | 111 163, 6  | ompi   | 010                   | OCI     |              | 1001                         | 01 3                  | acii persori   | · · · · ·             |                                    | 5                      |   |               |
| 1            | Complete this table for your five highest of compensation from the organization. Rep year.     |   |  |                       |         |              |                              |                       |  |                       |                                    |                        |   | ax            |
|              | (A)<br>Name and business add   | ress  |  |                       |         |              |                              |                       | (B)<br>Description of s  | ervices               | Co                                 | (C)<br>empens          | ation   |               |
|              |  |   |  |                       |         |              |                              |                       |  |                       |                                    |                        |   |               |
|              |  |   | <del></del> -  |                       |         |              |                              |                       |  |                       |                                    |                        |   |               |
| 2            | Total number of independent contracto  | re (includir  | na br  | ıt n                  | O† 1    | imi+         | ad to                        |                       | nse lieted sho   | ove) who              |                                    |                        |   |               |

|  |            | - <i>1</i>  |                      |                                       |  |   | 1 ago e   |  |  |  |  |  |
|--|------------|---|----------------------|---------------------------------------|--|---|---|--|--|--|--|--|
| Part   | VIII       | Statement of Revenue  |                      |                                       |  |   |   |  |  |  |  |  |
|  |            | Check if Schedule O contains a re                             | esponse to any quest | ion in this Part VI                   |  |   | <u> </u>  |  |  |  |  |  |
|  | •          |   |                      | (A)<br>Total revenue                  | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue         | (D) Revenue excluded from tax under sections 512, 513, or 514 |  |  |  |  |  |
| क्र क  | 1a         | Federated campaigns   | 1a 0.00              |                                       |  |   |   |  |  |  |  |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b          | · · ·   | 1b 0.00              |                                       | Ì                                      |   |   |  |  |  |  |  |
| D, E   | c          | ·   | 1c 5267.00           |                                       |  |   |   |  |  |  |  |  |
| ifts<br>ar A   | d          | · · · · · · · · · · · · · · · · · · ·                         | 1d 0.00              |                                       | Ì                                      |   |   |  |  |  |  |  |
| S, E   | e          | <del>*</del> <del> </del>                                     | 1e 0.00              |                                       |  |   |   |  |  |  |  |  |
| Sil  | f          | All other contributions, gifts, grants,                       |                      |                                       |  |   |   |  |  |  |  |  |
| te e   |            |   | 1f 1659.14           |                                       | 1                                      |   |   |  |  |  |  |  |
| ₩ 5  | g          | Noncash contributions included in lines 1a-1                  |                      |                                       |  |   |   |  |  |  |  |  |
| Son  | h          | Total. Add lines 1a-1f  |                      | 6926.14                               |  |   |   |  |  |  |  |  |
|  |            | 104117144111100141111111111111111111111                       | Business Code        |                                       |  |   |   |  |  |  |  |  |
| eur  | 2a         | Education Programs, Tours, Events                             |                      | 3403.70                               | 3403.70                                |   |   |  |  |  |  |  |
| Program Service Revenue                                | b          | Student Intern & Volunteer Program                            |                      | 0.00                                  | 0.00                                   |   |   |  |  |  |  |  |
| 8  | C          | Farmers Market Manage Services                                |                      | 40,696.58                             | 40,696.58                              |   |   |  |  |  |  |  |
| Š  | q          |   |                      | 40,030.30                             | 40,030.30                              |   |   |  |  |  |  |  |
| Ø □  | _          |   |                      | · · · · · · · · · · · · · · · · · · · |  |   |   |  |  |  |  |  |
| Jrar   | e          | All other program service revenue                             | ·                    | 0.00                                  |  | <del></del>                                     | · · · · · · · · · · · · · · · · · · ·                         |  |  |  |  |  |
| ğ  | g          | Total. Add lines 2a-2f  |                      | 44,100.28                             |  |   |   |  |  |  |  |  |
|  | 3          | Investment income (including d                                |                      | 44,100.20                             |  |   |   |  |  |  |  |  |
|  |            |   |                      | 0.00                                  | 1                                      |   |   |  |  |  |  |  |
|  | 4          | Income from investment of tax-exem                            |                      | 0.00                                  |  |   | <del> </del>  |  |  |  |  |  |
|  | 5          |   | _ [                  | 0.00                                  |  |   |   |  |  |  |  |  |
|  | 3          | Royalties   | (ii) Personal        | 0.00                                  |  |   |   |  |  |  |  |  |
|  | 0-         | <del></del>   | (1) 1 0/30/10/1      |                                       |  |   |   |  |  |  |  |  |
|  | 6a         | Gross rents   | <del></del>          |                                       |  |   |   |  |  |  |  |  |
|  | b          | Less: rental expenses   |                      |                                       | 1                                      |   |   |  |  |  |  |  |
|  | C          | Rental income or (loss)                                       |                      |                                       | İ                                      |   |   |  |  |  |  |  |
|  | d          | Net rental income or (loss)                                   | 60 Other             | 0.00                                  |  |   |   |  |  |  |  |  |
|  | 7 <b>a</b> | Gross amount from sales of (i) Securities                     | s (ii) Other         | 1                                     |  |   |   |  |  |  |  |  |
|  | _          | assets other than inventory                                   |                      |                                       | 1                                      |   |   |  |  |  |  |  |
|  | b          | Less: cost or other basis and sales expenses .                |                      |                                       |  |   |   |  |  |  |  |  |
|  | c          | Gain or (loss)  |                      |                                       |  |   |   |  |  |  |  |  |
|  | d          | Net gain or (loss)  |                      | 0.00                                  |  |   | ***************************************                       |  |  |  |  |  |
| Other Revenue  | 8a         | Gross income from fundraising events (not including \$        | _                    |                                       |  |   |   |  |  |  |  |  |
| her Re   |            | of contributions reported on line 1c)<br>See Part IV, line 18 |                      |                                       |  |   |   |  |  |  |  |  |
| ₹  |            | Less: direct expenses   |                      | }                                     |  |   |   |  |  |  |  |  |
| -  |            | Net income or (loss) from fundrais                            |                      | 0.00                                  |  |   |   |  |  |  |  |  |
|  | 9a         | Gross income from gaming activities                           |                      |                                       |  |   |   |  |  |  |  |  |
|  |            | See Part IV, line 19  | a                    |                                       |  | :   |   |  |  |  |  |  |
|  |            | Less: direct expenses   |                      |                                       | _                                      |   |   |  |  |  |  |  |
|  | С          | Net income or (loss) from gaming                              | activities ►         | 0.00                                  |  |   |   |  |  |  |  |  |
|  | 10a        | Gross sales of inventory, le                                  |                      |                                       |  |   |   |  |  |  |  |  |
|  |            | returns and allowances  | a                    |                                       | •                                      |   |   |  |  |  |  |  |
|  | b          | Less: cost of goods sold                                      | b                    |                                       | 1                                      |   |   |  |  |  |  |  |
|  |            | Net income or (loss) from sales of                            |                      | 0.00                                  | -                                      |   |   |  |  |  |  |  |
|  |            | Miscellaneous Revenue   | Business Code        |                                       |  | " · <u>, · · · · · · · · · · · · · · · · · </u> |   |  |  |  |  |  |
|  | 11a        |   |                      | 0.00                                  |  |   |   |  |  |  |  |  |
|  | b          |   |                      | 0.00                                  |  |   |   |  |  |  |  |  |
|  | C          | ***************************************                       |                      | 0.00                                  |  |   |   |  |  |  |  |  |
|  | d          | All other revenue   |                      | 0.00                                  |  |   |   |  |  |  |  |  |
|  | _          | Total. Add lines 11a-11d                                      |                      | 0.00                                  |  |   |   |  |  |  |  |  |
|  | 12         | Total revenue. See instructions.                              |                      | 51.026.42                             | 44.100.28                              | 0.00  |   |  |  |  |  |  |

Part IX Statement of Functional Expenses

|             | Check if Schedule O contains a respons  |                       | n this Part IX                     |                                     |  |
|-------------|---|-----------------------|------------------------------------|-------------------------------------|--|
|             | ot include amounts reported on lines 6b, 7b,<br>o, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C) Management and general expenses | ( <b>D)</b><br>Fundraising<br>expenses |
| 1           | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 0.00                  | 0.00                               |                                     |  |
| 2           | Grants and other assistance to individuals in the United States. See Part IV, line 22   | 1200.00               | 1200.00                            |                                     |  |
| 3           | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  | 0.00                  | 0.00                               |                                     |  |
| 4           | Benefits paid to or for members   | 0.00                  | 0.00                               |                                     |  |
| 5           | Compensation of current officers, directors, trustees, and key employees  | 0.00                  | 0.00                               |                                     |  |
| 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           | <u> </u>  | 0.00                  | 0.00                               |                                     |  |
| 7<br>8      | Other salaries and wages  Pension plan accruals and contributions (include  | 0.00                  |                                    |                                     |  |
| _           | section 401(k) and 403(b) employer contributions)   | 0.00                  | 0.00                               |                                     |  |
| 9           | Other employee benefits   | 0.00                  | 0.00                               |                                     |  |
| 10<br>11    | Payroll taxes   | 0.00                  | 0.00                               |                                     |  |
| ''          | Management  | 8070.00               | 8070.00                            |                                     |  |
| ь           | Legal   | 0.00                  | 0.00                               |                                     | ······································ |
| C           | Accounting  | 0.00                  | 0.00                               |                                     |  |
| d           | Lobbying  | 0.00                  | 0.00                               |                                     |  |
| е           | Professional fundraising services. See Part IV, line 17   | 0.00                  |                                    |                                     |  |
| f           | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column  | 0.00                  | 0.00                               |                                     |  |
| g           | (A) amount, list line 11g expenses on Schedule O.)  | 6795.00               | 6795.00                            |                                     |  |
| 12          | Advertising and promotion   | 1853.50               | 1853.50                            |                                     |  |
| 13          | Office expenses [   | 1222.44               | 1222.44                            |                                     |  |
| 14          | Information technology  | 9457.13               | 9457.13                            |                                     |  |
| 15          | Royalties   | 0.00                  | 0.00                               |                                     | · · · · · · · · · · · · · · · · · · ·  |
| 16          | Occupancy   | 5492.32               | 5492.32                            |                                     |  |
| 17<br>18    | Travel  | 1085.62               | 1085.62                            |                                     | _ ·                                    |
|             | for any federal, state, or local public officials   | 0.00                  | 0.00                               |                                     |  |
| 19          | Conferences, conventions, and meetings .  | 328.00                | 328.00                             |                                     | ·                                      |
| 20<br>21    | Interest  | 0.00                  | 0.00                               |                                     | · ···································· |
| 22          | Payments to affiliates  | 200.00                | 200.00                             |                                     | ·· · · · · · · · · · · · · · · · · · · |
| 23          | Insurance   | 721.00                | 721.00                             |                                     | <del> </del>                           |
| 24          | Other expenses. Itemize expenses not covered  | 721.00                | 721.00                             |                                     | · · · · · · · · · · · · · · · · · · ·  |
| <b>4</b> -T | above (List miscellaneous expenses in line 24e. If  | İ                     |                                    |                                     |  |
|             | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                    |                                     |  |
| а           | Educational Programs, Tours, Events   | 5449.29               | 5449.29                            |                                     |  |
| b           | Student and Volunteer Programs  | 1320.31               | 1320.31                            |                                     |  |
| C           | Farmers Market Services   | 1621.98               | 1621.98                            |                                     |  |
| đ           | Fundraising Expenses  | 2843.43               |                                    |                                     | 2843.43                                |
| е           | All other expenses Govt Fees  | 1000.00               |                                    | 1000.00                             |  |
| 25          | Total functional expenses. Add lines 1 through 24e  | 48,660.02             | 44,816.59                          | 1000.00                             | 2843.43                                |
| 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) |                       |                                    |                                     |  |

Total liabilities and net assets/fund balances . . . . . . . . . . .

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X Beginning of year End of year 3176.56 5542.96 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 Assets Prepaid expenses and deferred charges . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . . . . ol 10c Investments - publicly traded securities Investments—other securities, See Part IV, line 11 . . . . . . . 0 12 Investments—program-related. See Part IV, line 11 . . . . . Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 3176.56 16 5542.96 Escrow or custodial account liability. Complete Part IV of Schedule D. 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 . . . . . . . Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X O Total liabilities. Add lines 17 through 25 . 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117 (ASC 958), check here > 7 and complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds . . . . . . . . Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . 

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Augusta Locally Grown, Inc. 45-3581329 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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 Yes No (iii) below, the governing body of the supported organization? . . . . . . . 11g(i) (ii) A family member of a person described in (i) above? . . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary the organization in organization (described on lines 1-9 in col. (i) listed in your organization in col. support (i) organized in the governing document? col. (i) of your above or IRC section support? U.S.? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

**Total** 

Part II

| Sect       | Part III. If the organization fails to ion A. Public Support  |  |                                  |                                 |                              |  | y unuu                                |
|------------|---|--|----------------------------------|---------------------------------|------------------------------|--|---------------------------------------|
|            |   | (-) 0000                               | G-1 0000                         | 1 ( ) 0040                      | L 4-D 0044                   | 1 (-) 0040                                 | (0 T. L.)                             |
| Caler<br>1 | dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | (a) 2008                               | <b>(b)</b> 2009                  | (c) 2010                        | (d) 2011                     | (e) 2012                                   | (f) Total                             |
| 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  |  |                                  |                                 |                              |  |                                       |
| 5          | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |  |                                  |                                 |                              |  |                                       |
| 6          | Public support. Subtract line 5 from line 4.  |  |                                  |                                 |                              |  | · · · · · · · · · · · · · · · · · · · |
| Secti      | on B. Total Support   |  |                                  |                                 |                              |  |                                       |
| Caler      | ndar year (or fiscal year beginning in) 🕨   | (a) 2008                               | <b>(b)</b> 2009                  | (c) 2010                        | (d) 2011                     | (e) 2012                                   | (f) Total                             |
| 7          | Amounts from line 4   | ······································ |                                  |                                 |                              |  |                                       |
| 8          | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |  |                                  |                                 |                              |  |                                       |
| 9          | Net income from unrelated business activities, whether or not the business is regularly carried on  |  |                                  | •                               |                              |  |                                       |
| 10         | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |  |                                  |                                 |                              |  |                                       |
| 11         | Total support. Add lines 7 through 10   |  |                                  |                                 |                              |  |                                       |
| 12         | Gross receipts from related activities, etc.  | •                                      | •                                |                                 |                              | 12   |                                       |
| 13         | First five years. If the Form 990 is for the  |  | n's first, secon                 | d, third, fourth                | i, or fifth tax y            | ear as a sectio                            | n 501(c)(3)                           |
|            | organization, check this box and stop here  |  |                                  |                                 |                              |  | ▶ [                                   |
|            | on C. Computation of Public Support   |  |                                  |                                 |                              | T  |                                       |
| 14         | Public support percentage for 2012 (line 6,   | • • •                                  |                                  |                                 |                              | 14   | %                                     |
| 15<br>16a  | Public support percentage from 2011 Scho<br>331/3% support test—2012. If the organiza   | -                                      | -                                |                                 |                              | 15 cr more c                               | %                                     |
|            | box and <b>stop here.</b> The organization quali  |  |                                  | •                               |                              |  |                                       |
| ь          | 331/3% support test—2011. If the organi   | •                                      |                                  | •                               |                              |  | <b>-</b>                              |
|            | check this box and stop here. The organiz   |  |                                  |                                 |                              |  | . ▶ [                                 |
| 17a        | 10%-facts-and-circumstances test—20<br>10% or more, and if the organization mee<br>Part IV how the organization meets the "fa<br>organization   | ts the "facts-                         | and-circumsta                    | nces" test, che                 | eck this box a               | nd <b>stop here.</b> E                     | line 14 is<br>Explain in              |
| b          | 10%-facts-and-circumstances test—20<br>15 is 10% or more, and if the organization<br>Explain in Part IV how the organization me<br>supported organization   | on meets the<br>ets the "fact          | e "facts-and-ci<br>s-and-circums | rcumstances"<br>tances" test. T | test, check the organization | nis box and <b>st</b><br>on qualifies as a | , and line<br>op here.<br>a publicly  |
| 18         | Private foundation. If the organization did   |  |                                  |                                 |                              |  | <del>-</del>                          |

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

## 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 te    | sts listed bei   | ow, please co    | implete Part II                                   | <u>.)                                    </u> | <del></del>   |
|-------|---|-----------------|------------------|------------------|---|---|---------------|
|       | on A. Public Support  |                 |                  | <u></u>          |   | · · · · · · · · · · · · · · · · · · ·         | · <del></del> |
|       | dar year (or fiscal year beginning in)  | (a) 2008        | <b>(b)</b> 2009  | (c) 2010         | (d) 2011  | (e) 2012                                      | (f) Total     |
| 1     | Gifts, grants, contributions, and membership fees                                     |                 |                  |                  |   |   |               |
| _     | received. (Do not include any "unusual grants.")                                      |                 |                  |                  | 3262.00   | 6926.14                                       | 10,188.14     |
| 2     | Gross receipts from admissions, merchandise sold or services performed, or facilities |                 |                  |                  |   | }   |               |
|       | fumished in any activity that is related to the                                       |                 |                  |                  | İ   | _   |               |
|       | organization's tax-exempt purpose   |                 |                  |                  | 32,056.30   | 44,100.28                                     | 76,156.58     |
| 3     | Gross receipts from activities that are not an  |                 |                  |                  |   |   | _             |
|       | unrelated trade or business under section 513   |                 |                  |                  | 0.00  | 0.00  |               |
| 4     | Tax revenues levied for the   |                 |                  |                  |   |   |               |
|       | organization's benefit and either paid  | •               |                  |                  |   |   |               |
|       | to or expended on its behalf  |                 |                  |                  | 0.00  | 0.00  |               |
| 5     | The value of services or facilities   |                 |                  |                  |   |   |               |
|       | furnished by a governmental unit to the   |                 |                  |                  |   | i   |               |
|       | organization without charge   |                 |                  |                  | 0.00  | 0.00  |               |
| 6     | Total. Add lines 1 through 5  |                 |                  |                  | 35,318.30   | 51,026.42                                     | 86,344.72     |
| 7a    | Amounts included on lines 1, 2, and 3   |                 |                  |                  |   |   | <del></del>   |
|       | received from disqualified persons .  |                 | <u></u>          |                  | 0.00  | 0.00  | 0.00          |
| b     | Amounts included on lines 2 and 3   |                 |                  |                  |   |   | <del></del>   |
|       | received from other than disqualified   |                 |                  |                  |   | j   |               |
|       | persons that exceed the greater of \$5,000  |                 |                  |                  |   |   |               |
|       | or 1% of the amount on line 13 for the year   |                 |                  |                  | 0.00  | 0.00  | 0.00          |
| C     | Add lines 7a and 7b   |                 |                  |                  | 0.00  | 0.00  | 0.00          |
| 8     | Public support (Subtract line 7c from   | •               |                  |                  |   |   |               |
|       | line 6.)  |                 |                  |                  |   |   | 86,344.72     |
| Secti | on B. Total Support   |                 |                  |                  |   |   |               |
| Calen | dar year (or fiscal year beginning in)  | (a) 2008        | <b>(b)</b> 2009  | (c) 2010         | (d) 2011  | (e) 2012                                      | (f) Total     |
| 9     | Amounts from line 6   |                 |                  |                  | 35,318.30   | 51,026.42                                     | 86,344.72     |
| 10a   | Gross income from interest, dividends,  |                 |                  |                  |   |   |               |
|       | payments received on securities loans, rents,   |                 |                  |                  |   | 1   |               |
|       | royalties and income from similar sources .   |                 |                  |                  | 0.00  | 0.00  | 0.00          |
| b     | Unrelated business taxable income (less   | •               |                  |                  |   |   |               |
|       | section 511 taxes) from businesses  |                 |                  | Ì                | i i   | 1   |               |
|       | acquired after June 30, 1975  |                 |                  |                  | 0.00  | 0.00  | 0.00          |
| C     | Add lines 10a and 10b   |                 |                  |                  | 0.00  | 0.00  | 0.00          |
| 11    | Net income from unrelated business  |                 |                  |                  |   |   |               |
|       | activities not included in line 10b, whether  |                 |                  |                  |   |   |               |
|       | or not the business is regularly carned on  |                 |                  |                  | 0.00  | 0.00  | 0.00          |
| 12    | Other income. Do not include gain or  |                 |                  |                  |   |   |               |
|       | loss from the sale of capital assets  |                 | }                |                  |   | 1   |               |
|       | (Explain in Part IV.)   |                 |                  |                  | 0.00  | 0.00  | 0.00          |
| 13    | Total support. (Add lines 9, 10c, 11,   |                 |                  |                  |   |   |               |
|       | and 12.)  |                 |                  |                  | 35,318.30   | 51,026.42                                     | 86,344.72     |
| 14    | First five years. If the Form 990 is for th   | ne organization | n's first, secon | d, third, fourth | , or fifth tax ye                                 | ar as a section                               | 501(c)(3)     |
|       | organization, check this box and stop he  |                 |                  |                  |   |   |               |
| Secti | on C. Computation of Public Suppor  |                 |                  |                  | · <del>····································</del> |   | <del></del>   |
| 15    | Public support percentage for 2012 (line 8  |                 | ·                | 3, column (f))   |   | 15  | %             |
| 16    | Public support percentage from 2011 Sch   |                 |                  |                  |   | 16  | %             |
|       | on D. Computation of Investment In  |                 |                  |                  | •   |   |               |
| 17    | Investment income percentage for 2012 (   |                 |                  | y line 13, colur | mn (f))   | 17  | %             |
| 18    | Investment income percentage from 2011 Schedule A, Part III, line 17                  |                 |                  |                  |   | <del></del>                                   | %             |
| 19a   | 331/3% support tests-2012. If the organi  |                 |                  |                  |   |   |               |
|       | 17 is not more than 331/3%, check this box  |                 |                  |                  |   |   |               |
| b     | 331/3% support tests-2011. If the organiz   |                 | •                | -                |   | -   |               |
| -     | line 18 is not more than 331/3%, check this t   |                 |                  |                  |   |   |               |
| 20    | Private foundation. If the organization di  |                 | -                |                  |   |   |               |

| Part IV      | <b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |
|--------------|--|
| Part III, In | e 12 - In our original filing for year 2012, we listed "pass-through" monies that we paid to our farmers (from farmers market  |
| customers    | through our "token" or "script" programs at our farmers markets. We have since been advised that because this is not   |
| expense o    | r revenue to our organization, that it should not be reported in our 990. As such, those amounts have been removed. This is  |
| in line with | IRS 6050W, which outlines how to conduct and report such transactions for farmers markets. Furthermore, it is clearly stated in  |
| our Farme    | r & Grower Handbook that market vendors are responsible for reporting their own sales tax and income tax for sales made at   |
| the market   | ts that we manage. The small income generated by these services to our organization IS reported as mission-related, program-   |
| generated    | Income.  |
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#### SCHEDULE O (Form 990 or 990-EZ)

# 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 980 or 980-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Augusta Locally Grown, Inc.

Employer identification number 45-3581329

| Part I, lines 11, 12, 17, 18; and Part III, lines 4a, 4e; and Part VIII, lines 11a, 11e, 12; and Part IX, lines 24d, 25; and Part XI, lines 1, 2 - All these |
|--|
| lines have been A₩ENDED in this filing. In our original 2012 filing, we included "Payments to Farmers" and "Customer Payments to                             |
| Farmers" as expenses and revenue. However, we have been advised to remove this amount - a total of \$272,179.17 - as it is neither                           |
| revenue nor expense to our organization. Rather, as noted in the original filling, it is "pass-through monies" at our farmers markets.                       |
| in other words, we act as a third-party network with "script" or "token" systems to run our markets. IRS 6050W specifically states that a                    |
| "central payor in a farmers market scenario may have an obligation to issue information reports (via 1099-K) documenting payments made to                    |
| market stall merchants if their relationship meets the definition of a third party network and if the number and amount of transactions exceed               |
| certain thresholds" (August 22, 2011, posted by the Farmers Market Coalition, Inc.) Further, it states that "Third party network transactions                |
| are reportable only if the total annual transactions with respect to a particular payee exceeds \$20,000 and 200 in number." As such, this                   |
| pass-thud money does not belong in our 990. We carefully track payments made to all farmers (and related market vendors) and none of                         |
| these exceeded the \$20,000-and-200 transaction rule in fiscal year 2012. Thus, we did not issue 1099s to our market vendors for that time                   |
| period, nor do we anticipate needing to do so in the future because our farmers markets are weekly and seasonal, and thus the                                |
| 200-transactions rule would not apply. In light of our 501c3 ruling (Issued in 2013, retroactive to 2011) we understand that the IRS takes into              |
| consideration that this pass-through amount of \$272,179.17 is not a realistic indication of the "cost" or "income" of the services we offer the             |
| the community as a nonprofit organization. Rather, it reflects the portion of our program that involves us as a pass-through, central-payor,                 |
| third-party network payment system. To further clarify our role as a central payor at our farmers markets, our Board of Directors has                        |
| established guidelines for vendors with regard to sales and income tax reporting. Our "Farmer & Grower Handbook" clearly states that                         |
| market vendors are responsible for reporting their own sales tax and income tax for revenue that they make at our markets.                                   |
| Part VI, line 11b - Policies - The amended Form 990 was compiled by our volunteer Director Kim Hines, with review by our current Board                       |
| President, Amy Sutter. A copy of this amended 990 filling was shared with our Board of Directors via email, prior to our summer meeting of                   |
| July 26, 2016, for their review and approval.  |
| Part VI, line 12c - Policies - Our Board of Directors is mindful of the fact that conflicts of interest may arise when we discuss issue that pertain         |
| to our farmers market policies because several market vendors sit on the board. As such, it is noted in our meetings that a board member                     |
| who is also a farmer may be asked to abstain from a vote if the issue would advantage or disadvantage that board member. At this                             |
| time, no such decisions have been made. The conflict of interest policy is clearly spelled out in the organization's bylaws.                                 |
| Part VI, line 19-Disclosure - Augusta Locally Grown's governing documents, conflict of interest policy (in its bylaws) and financial statements              |

For Paperwork Reduction Act Notice, see the Instructions for Form 920 or 920-EZ.

Cat. No. 51056K

Schoduća O (Form 980 or 980-EZ) (2012)

| Schedule O (Form 990 or 990-EZ) (2012)  | Page <b>2</b>                        |
|---|--------------------------------------|
| Name of the organization  | Employer identification number       |
| are available upon request to the public. Our "Annual Review" is also available by email by request.          |                                      |
| Part VII, line 1a - Augusta Locally Grown paid Board member Joseph Landon Dawson, on a fee-for-service        | basis, to act as one of our market   |
| managers during the year 2012. He was not compensated for his time and efforts as a board member/offic        | er. He was paid \$10/hour            |
| for an average of 5 hours per week, for 45 weeks. (Our markets run year-round, 51 weeks per year.) His fee    | e of \$2250.00 in 2012 was           |
| reported via 1099-MiSC in January 2012.   |                                      |
| The only person who meets most of the requirements of the definition of "Key Employee" is Kim Hines, w        | ho is the Executive Director         |
| of the organization. She works approximately 50 hours per week. In 2012, she was not compensated for he       | er time and, thus, worked as a       |
| volunteer. The organization plans to be able to write grants and do other fundraising to hire and pay a fair  | salary for this position once it has |
| built the organizational capacity to do so.   | ·                                    |
| Part V, line 3a - Statements Regarding Other IRS Filings and Tax Compliance - Augusta Locally Grown did       | not have any unrelated business      |
| gross income during the 2012 fiscal year.   |                                      |
| Part V, line 14a - Statements Regarding Other IRS Fillings and Tax Compliance - We do not conduct indoor      | tanning services. It does not fall   |
| within the mission or our organization, nor will it ever do so.   |                                      |
| Part IX, line 11g - Statement of Functional Expenses - This amount reflects fees for services paid to stude   | nt interns for working 3-hour shifts |
| at one of our weekly farmers markets, as available, each semester. For the intern's work, he or she is paid   | \$25 for a 3 hour shift. In 2012,    |
| ALG had 14 Interns who received payments. Of these, only 1 earned more than \$600, which was reported         | by 1099-MISC.                        |
| Part I, lines 20, 22 - These lines have been changed because of a typo in the original filing. The correct am | ount is stated: \$3176.56.           |
| Part VI, line 20 - This line has been AMENDED to reflect an address change made in 2015.                      |                                      |
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