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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open to Public
Inspection**A For the 2013 calendar year, or tax year beginning** and ending**B** Check if applicable

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

C Name of organization**FARM AID, INC.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
501 CAMBRIDGE STREET, THIRD FLOORCity or town, state or province, country, and ZIP or foreign postal code
CAMBRIDGE, MA 02141**F** Name and address of principal officer: **WILLIE NELSON**
SAME AS C ABOVE**D** Employer identification number**36-3383233****E** Telephone number**(617) 354-2922****G** Gross receipts \$**4,393,228.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.FARMAID.ORG****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1985****M** State of legal domicile **IL****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: FARM AID'S MISSION IS TO BUILD A VIBRANT, FAMILY FARM-CENTERED SYSTEM OF AGRICULTURE IN AMERICA. IT							
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3 Number of voting members of the governing body (Part VI, line 1a)							
4 Number of independent voting members of the governing body (Part VI, line 1b)							
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)							
6 Total number of volunteers (estimate if necessary)							
7a Total unrelated business revenue from Part VIII, column (C), line 12							
b Net unrelated business taxable income from Form 990-T, line 34							
		Prior Year		Current Year			
8 Contributions and grants (Part VIII, line 1h)		2,613,555.		2,540,866.			
9 Program service revenue (Part VIII, line 2g)		0.		0.			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		39,743.		31,955.			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,547.		25,816.			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,681,845.		2,598,637.			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		538,543.		594,376.			
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		731,944.		844,408.			
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 189,444.							
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		527,888.		548,459.			
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		1,798,375.		1,987,243.			
19 Revenue less expenses. Subtract line 18 from line 12		883,470.		611,394.			
		Beginning of Current Year		End of Year			
20 Total assets (Part X, line 16)		1,953,615.		2,633,086.			
21 Total liabilities (Part X, line 26)		139,455.		210,296.			
22 Net assets or fund balances. Subtract line 21 from line 20		1,814,160.		2,422,790.			

Part II Signature Block

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

Sign Here	Signature of officer	Date	10/23/14	
	WILLIE NELSON, PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed
	JENNIFER S. HAN	<i>Jennifer Han</i>	10/21/14	P00633304
	Firm's name ▶ HAN GROUP LLC	Firm's EIN ▶		
	Firm's address ▶ 8180 GREENSBORO DRIVE, SUITE 720 MCLEAN, VA 22102	Phone no (703) 288-3700		

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

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

FARM AID'S MISSION IS TO BUILD A VIBRANT, FAMILY FARM-CENTERED SYSTEM OF AGRICULTURE IN AMERICA. IT HOSTS AN ANNUAL CONCERT TO RAISE FUNDS TO SUPPORT WORK WITH FAMILY FARMERS AND TO INSPIRE PEOPLE TO CHOOSE FAMILY-FARMED FOOD.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 527,624. including grants of \$ 268,000.) (Revenue \$ _____)
 HELPING FARMERS THRIVE - THROUGH ITS TOLL FREE NUMBER AND WEBSITE, THE ORGANIZATION'S STAFF REFERS FARMERS TO AN EXTENSIVE RESOURCE NETWORK OF FAMILY FARM ORGANIZATIONS ACROSS THE COUNTRY. THE REFERRALS SUPPORT FARMERS SEEKING TO MAKE TRANSITIONS TO MORE SUSTAINABLE AND PROFITABLE FARMING PRACTICES, AND ALSO PROVIDE IMMEDIATE AND EFFECTIVE SUPPORT SERVICES TO FARM FAMILIES IN CRISIS. THE ORGANIZATION MAKES GRANTS TO FARM AND RURAL SERVICE ORGANIZATIONS TO STRENGTHEN THIS NETWORK FOR FARMERS.

4b (Code _____) (Expenses \$ 519,203. including grants of \$ 5,000.) (Revenue \$ 11,975.)
 PROMOTING FOOD FROM FAMILY FARMS - THE ORGANIZATION STAGES AMERICA'S LONGEST RUNNING ANNUAL CONCERT EVENT THAT UNITES FARMERS, ARTISTS, CONSUMERS, AND CONCERNED CITIZENS TO BUILD A POWERFUL MOVEMENT FOR GOOD FOOD FROM FAMILY FARMS. THROUGHOUT THE YEAR, THE ORGANIZATION PROMOTES FOOD FROM FAMILY FARMS WITH ITS WEBSITES, WWW.FARMAID.ORG AND WWW.HOMEGROWN.ORG, AND THROUGH HOMEGROWN ACTIVITIES.

4c (Code _____) (Expenses \$ 360,740. including grants of \$ 223,194.) (Revenue \$ _____)
 TAKING ACTION TO CHANGE THE SYSTEM - THE ORGANIZATION WORKS WITH AND PROVIDES GRANTS TO LOCAL, REGIONAL AND NATIONAL ORGANIZATIONS TO PROMOTE FAIR FARM POLICIES AND GRASSROOTS ORGANIZING CAMPAIGNS TO DEFEND AND BOLSTER FAMILY FARM CENTERED AGRICULTURE. BY STRENGTHENING THE VOICES OF FAMILY FARMERS THEMSELVES, THE ORGANIZATION STANDS UP FOR THE MOST RESOURCEFUL AND HEROIC AMERICANS - THE FAMILY FARMERS WHO WORK THE LAND.

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

(Expenses \$ 249,844. including grants of \$ 98,182.) (Revenue \$ _____)

4e Total program service expenses 1,657,411.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants or 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 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2013)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	24	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	18	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

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

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

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

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

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
THE ORGANIZATION - (617) 354-2922
501 CAMBRIDGE STREET, THIRD FLOOR, CAMBRIDGE, MA 02141

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								117,659.	0.	7,198.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								117,659.	0.	7,198.

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
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		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VANGUARD COMMUNICATIONS, 2121 K STREET, NW, SUITE 300, WASHINGTON, DC 20037	PUBLIC RELATIONS	127,272.

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	29,186.				
	b Membership dues	1b					
	c Fundraising events	1c	1,311,686.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,199,994.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			2,540,866.			
Program Service Revenue	2 a _____		Business Code				
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			15,276.			15,276.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			13,841.			13,841.
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			16,679.			16,679.
	8 a Gross income from fundraising events (not including \$ 1,311,686. of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events			0.			
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory			11,975.	11,975.		
Miscellaneous Revenue			Business Code				
11 a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				2,598,637.	11,975.	0.	45,796.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	571,694.	571,694.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	22,682.	22,682.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	124,857.	110,855.	7,001.	7,001.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	547,696.	405,287.	71,877.	70,532.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,449.	8,709.	1,382.	1,358.
9 Other employee benefits	101,157.	76,510.	12,433.	12,214.
10 Payroll taxes	59,249.	45,348.	7,011.	6,890.
11 Fees for services (non-employees):				
a Management				
b Legal	1,783.	1,429.	220.	134.
c Accounting	57,403.	43,937.	6,790.	6,676.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	56,874.	51,731.	458.	4,685.
12 Advertising and promotion	2,261.	222.	19.	2,020.
13 Office expenses	43,498.	29,531.	4,276.	9,691.
14 Information technology	25,707.	20,318.	2,711.	2,678.
15 Royalties				
16 Occupancy	89,953.	68,849.	10,644.	10,460.
17 Travel	54,663.	33,744.	383.	20,536.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,290.	27,290.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,698.	12,015.	1,857.	1,826.
23 Insurance	6,659.	5,147.	763.	749.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MARKETING	69,399.	51,887.	735.	16,777.
b BANK AND CREDIT CARD FE	39,148.	25,839.	9,705.	3,604.
c VIDEO PRODUCTION AND RE	22,278.	18,180.	169.	3,929.
d				
e All other expenses	35,845.	26,207.	1,954.	7,684.
25 Total functional expenses. Add lines 1 through 24e	1,987,243.	1,657,411.	140,388.	189,444.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,083,188.	1	1,537,908.
	2 Savings and temporary cash investments	216,000.	2	283,864.
	3 Pledges and grants receivable, net	64,033.	3	207,290.
	4 Accounts receivable, net	57,665.	4	34,447.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	22,684.	8	29,608.
	9 Prepaid expenses and deferred charges	14,689.	9	14,091.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 64,792.		
	b Less: accumulated depreciation	10b 35,582.	10c	29,210.
	11 Investments - publicly traded securities	463,120.	11	463,125.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	14,654.	14	26,043.
	15 Other assets. See Part IV, line 11	7,500.	15	7,500.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,953,615.	16	2,633,086.	
Liabilities	17 Accounts payable and accrued expenses	98,987.	17	183,214.
	18 Grants payable	23,192.	18	23,180.
	19 Deferred revenue	17,276.	19	3,902.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	139,455.	26	210,296.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		1,321,655.	27	1,912,536.
28 Temporarily restricted net assets		492,505.	28	510,254.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		1,814,160.	33	2,422,790.
34 Total liabilities and net assets/fund balances	1,953,615.	34	2,633,086.	

Form 990 (2013)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,598,637.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,987,243.
3	Revenue less expenses. Subtract line 2 from line 1	3	611,394.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,814,160.
5	Net unrealized gains (losses) on investments	5	<2,764.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,422,790.

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

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

Form 990 (2013)

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.

OMB No 1545-0047

2013

Open to Public Inspection

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1109726.	1146531.	1256878.	2613555.	2758992.	8885682.
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	1109726.	1146531.	1256878.	2613555.	2758992.	8885682.
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)						722,148.
6 Public support. Subtract line 5 from line 4						8163534.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1109726.	1146531.	1256878.	2613555.	2758992.	8885682.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	60,018.	51,342.	45,548.	33,851.	29,117.	219,876.
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						9105558.
12 Gross receipts from related activities, etc. (see instructions)					12	7,725,148.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	89.65 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	86.72 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV

Supplemental Information. 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).

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

**Open to Public
inspection**

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

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

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

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

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

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

Name of organization

FARM AID, INC.

Employer identification number

36-3383233

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		4,512.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		1,318.													
c Total lobbying expenditures (add lines 1a and 1b)		5,830.													
d Other exempt purpose expenditures		2,199,539.													
e Total exempt purpose expenditures (add lines 1c and 1d)		2,205,369.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		260,268.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		65,067.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	332,632.	292,341.	302,609.	260,268.	1,187,850.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,781,775.
c Total lobbying expenditures	2,348.	1,906.	2,448.	5,830.	12,532.
d Grassroots nontaxable amount	83,158.	73,085.	75,652.	65,067.	296,962.
e Grassroots ceiling amount (150% of line 2d, column (e))					445,443.
f Grassroots lobbying expenditures	2,348.	1,906.	948.	4,512.	9,714.

Schedule C (Form 990 or 990-EZ) 2013

332043
11-08-13

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

FARM AID, INC.

Employer identification number
36-3383233

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

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

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

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

	Amount
1c	
1d	
1e	
1f	

- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	462,972.	443,180.	460,990.	445,198.	420,895.
b Contributions					
c Net investment earnings, gains, and losses	28,761.	48,216.	10,042.	41,658.	54,075.
d Grants or scholarships	22,682.	23,643.	22,196.	21,750.	24,742.
e Other expenditures for facilities and programs					
f Administrative expenses	6,080.	4,781.	5,656.	4,116.	5,030.
g End of year balance	462,971.	462,972.	443,180.	460,990.	445,198.

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

a Board designated or quasi-endowment ▶ 100.00 %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		57,292.	28,082.	29,210.
e Other		7,500.	7,500.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				29,210.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,024,386.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<2,764.>
b	Donated services and use of facilities	2b	71,678.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,356,835.
e	Add lines 2a through 2d	2e	1,425,749.
3	Subtract line 2e from line 1	3	2,598,637.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,598,637.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,415,756.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	71,678.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,356,835.
e	Add lines 2a through 2d	2e	1,428,513.
3	Subtract line 2e from line 1	3	1,987,243.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,987,243.

Part XIII Supplemental Information.

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

PART X, LINE 2:

ASC 740-10, INCOME TAXES, PROVIDES GUIDANCE FOR REPORTING

UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION HAS PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. INFORMATION RETURNS FOR THE YEARS ENDED DECEMBER 31, 2010 OR LATER REMAIN SUBJECT TO EXAMINATION BY VARIOUS TAXING AUTHORITIES

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 7,799.

DIRECT FUNDRAISING EXPENSES 1,349,036.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,356,835.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 7,799.

DIRECT FUNDRAISING EXPENSES 1,349,036.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,356,835.

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Open To Public
Inspection**

Employer identification number
36-3383233

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

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

- ☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CONCERT (event type)	NEW YORK EVENT (event type)	2 (total number)	
Revenue	1 Gross receipts	2,586,727.	35,000.	36,975.	2,658,702.
	2 Less: Contributions	1,288,961.	12,600.	8,125.	1,309,686.
	3 Gross income (line 1 minus line 2)	1,297,766.	22,400.	28,850.	1,349,016.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	505,472.		17,700.	523,172.
	7 Food and beverages	120,110.	6,278.	10,094.	136,482.
	8 Entertainment		12,170.	500.	12,670.
	9 Other direct expenses	672,184.	3,952.	556.	676,692.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,349,016.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain: _____

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

Name ► _____

Address ► _____

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

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

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Part IV Supplemental Information (continued)This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2013

Open to Public
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

FARM AID, INC.

Employer identification number
36-3383233

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN SUSTAINABLE DEVELOPMENT - PO BOX 791 - ABINGDON, VA 24212	31-1445533	501(C)(3)	6,000.	0.			GROWING THE GOOD FOOD MOVEMENT
DAKOTA RURAL ACTION PO BOX 549 BROOKINGS, SD 57220	46-0398656	501(C)(3)	7,000.	0.			GROWING THE GOOD FOOD MOVEMENT
GROWNYC 51 CHAMBERS STREET, ROOM 228 NEW YORK, NY 10007	13-2765465	501(C)(3)	7,500.	0.			GROWING THE GOOD FOOD MOVEMENT
JUST FOOD 1133 AVENUE OF THE AMERICAS, SUITE NEW YORK, NY 10036	06-1555759	501(C)(3)	5,000.	0.			GROWING THE GOOD FOOD MOVEMENT
KANSAS FARMERS UNION BOX 1064 MCPHERSON, KS 67460	48-1183833	501(C)(3)	5,000.	0.			GROWING THE GOOD FOOD MOVEMENT
NEBRASKA FARMERS UNION FOUNDATION 1305 PLUM STREET LINCOLN, NE 68502	47-0711632	501(C)(3)	5,000.	0.			GROWING THE GOOD FOOD MOVEMENT

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

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

75.
0.

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST SUSTAINABLE AGRICULTURE WORKING GROUP - PO BOX 334 - IRVINGTON, NY 10533	06-1555759	501(C)(3)	7,500.	0.			GROWING THE GOOD FOOD MOVEMENT
PENNSYLVANIA ASSOCIATION FOR SUSTAINABLE AGRICULTURE - PO BOX 419 - MILLHEIM, PA 16854	25-1685497	501(C)(3)	10,000.	0.			GROWING THE GOOD FOOD MOVEMENT
REAL FOOD CHALLENGE 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	5,000.	0.			GROWING THE GOOD FOOD MOVEMENT
RED TOMATO 76 EVERETT SKINNER ROAD PLAINVILLE, MA 02762	04-3375151	501(C)(3)	5,000.	0.			GROWING THE GOOD FOOD MOVEMENT
REGIONAL FARM & FOOD PROJECT PO BOX 621 SARATOGA SPRINGS, NY 12886	14-1805501	501(C)(3)	7,500.	0.			GROWING THE GOOD FOOD MOVEMENT
SUSTAINABLE FOOD CENTER 1106 CLAYTON LANE, SUITE 480W AUSTIN, TX 78723	74-2681096	501(C)(3)	5,000.	0.			GROWING THE GOOD FOOD MOVEMENT
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
AGRICULTURE AND LAND BASED TRAINING ASSOCIATION - PO BOX 6264 - SALINAS, CA 93912	77-0566055	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
AMAGANSETT FOOD INSTITUTE PO BOX 2611 AMAGANSETT, NY 11930	27-1962169	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AREA AG INFORMATION CENTER, INC. 1008 SECOND STREET W., SUITE 201 THIEF RIVER FALLS, MN 56701	41-1565848	501(C)(3)	6,000.	0.			HELPING FARMERS THRIVE
COMMUNITY FARM ALLIANCE 119 1/2 MAIN STREET FRANKFORT, KY 40601	61-1092056	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE - ONE SUGARLOAF STREET - SOUTH DEERFIELD, MA 01373	04-3415862	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
CULTIVATE KANSAS CITY 4223 GIBBS ROAD KANSAS CITY, KS 66106	20-2365320	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
FARMERS LEGAL ACTION GROUP 360 NORTH ROBERT STREET, SUITE 500 SAINT PAUL, MN 55101	36-3431212	501(C)(3)	15,000.	0.			HELPING FARMERS THRIVE
FARMERS VETERAN COALITION 1000 NORTH ALAMEDA STREET, SUITE 20 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
FEDERATION OF SOUTHERN COOPERATIVES - 2769 CHURCH STREET - EAST POINT, GA 30344	58-1026595	501(C)(3)	17,500.	0.			HELPING FARMERS THRIVE
FLORIDA ORGANIC GROWERS AND CONSUMERS, INC. - PO BOX 12311 - GAINESVILLE, FL 32604	59-3006664	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
FOOD WORKS BOX 3855 CARBONDALE, IL 62902	26-3662215	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF FAMILY FARMERS PO BOX 133 MOLALLA, OR 97017	30-0390131	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
GEORGIA ORGANICS 200-A OTTLEY DRIVE ATLANTA, GA 30324	58-2345310	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
GROWING WARRIORS 50 LAIR STREET MT VERNON, KY 40456	46-1985799	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
HOLISTIC MANAGEMENT INTERNATIONAL 5941 JEFFERSON STREET, NE ALBUQUERQUE, NM 87109	85-0324203	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
INTERCHURCH MINISTRIES OF NEBRASKA 215 CENTENNIAL MALL SOUTH, SUITE 300 LINCOLN, NE 68508	47-0379495	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
INTERVALE CENTER 180 INTERVALE ROAD BURLINGTON, VT 05401	03-0329656	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
KANSAS FARMERS UNION BOX 1064 MCPHERSON, KS 67460	48-1183833	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
KANSAS RURAL CENTER 304 PRATT STREET WHITING, KS 66552	48-0897530	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
LANCASTER FARMLAND TRUST 125 LANCASTER AVENUE STRASBURG, PA 17579	20-4233446	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAND FOR GOOD 29 CENTER STREET KEENE, NH 03431	02-0530711	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
LAND LOSS PREVENTION PROJECT PO BOX 179 DURHAM, NC 27702	56-1348982	501(C)(3)	10,000.	0.			HELPING FARMERS THRIVE
LOUISIANA INTERCHURCH CONFERENCE 527 NORTH BOULEVARD, FOURTH FLOOR BATON ROUGE, LA 70802	72-0632780	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
MICHAEL FIELDS AGRICULTURAL INSTITUTE - W2493 COUNTY ROAD ES - EAST TROY, WI 53120	39-1449246	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
MIDWEST ORGANIC & SUSTAINABLE EDUCATION SERVICE - PO BOX 339 - SPRING VALLEY, WI 54767	39-1824623	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
MINNESOTA FOOD ASSOCIATION 14220-B OSTLUND TRAIL N MARINE ON ST. CROIX, MN 55047	36-3336907	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
NATIONAL CENTER FOR APPROPRIATE TECHNOLOGY - PO BOX 3838 - BUTTE, MT 59702	81-0361047	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
NEW ENTRY SUSTAINABLE FARMING PROJECT - 10 BRIDGE STREET - LOWELL, MA 01852	04-2382027	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
OREGON TILTH, INC. 260 SW MADISON AVENUE, SUITE 106 CORVALLIS, OR 97333	94-3029559	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUIVIRA COALITION 1413 SECOND STREET, SUITE 1 SANTA FE, NM 87505	31-1551770	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
RODALE INSTITUTE 611 SIEGFRIEDALE ROAD KUTZTOWN, PA 19530	23-7206884	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
RURAL ADVANCEMENT FOUNDATION INTERNATIONAL - PO BOX 640 - PITTSBORO, NC 27312	56-1704863	501(C)(3)	17,500.	0.			HELPING FARMERS THRIVE
THE CARROT PROJECT 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	7,500.	0.			HELPING FARMERS THRIVE
THE GREENHORNS 22231 MULHOLLAND HIGHWAY CALABASAS, NY 91302	95-4116679	501(C)(3)	5,000.	0.			HELPING FARMERS THRIVE
CALIFORNIA CLIMATE & AG NETWORK 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	7,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
CENTER FOR RURAL AFFAIRS PO BOX 136 LYONS, NE 68038	47-0553823	501(C)(3)	7,500.	0.			TAKING ACTION TO CHANGE THE SYSTEM
COMMUNITY ALLIANCE WITH FAMILY FARMERS - PO BOX 363 - DAVIS, CA 95617	94-2914745	501(C)(3)	7,500.	0.			TAKING ACTION TO CHANGE THE SYSTEM
DAKOTA RESOURCE COUNCIL PO BOX 1095 DICKINSON, ND 58602	45-0363903	501(C)(3)	7,500.	0.			TAKING ACTION TO CHANGE THE SYSTEM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY FARM DEFENDERS 1019 WILLIAMSON STREET, #B MADISON, WI 53703	39-1814573	501(C)(3)	7,500.	0.			
FARM AND RANCH FREEDOM ALLIANCE PO BOX 809 CAMERON, TX 76520-0809	74-2687511	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
FARMERS LEGAL ACTION GROUP 360 NORTH ROBERT STREET, SUITE 500 SAINT PAUL, MN 55101	36-3431212	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
IDAHO ORGANIZATION OF RESOURCE COUNCILS - 220 S. 27TH STREET, SUITE B - BILLINGS, MT 59101	84-1123481	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
ILLINOIS STEWARDSHIP ALLIANCE 401 WEST JACKSON PARKWAY SPRINGFIELD, IL 62704	37-6160476	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
INSTITUTE FOR AGRICULTURE & TRADE POLICY - 2105 FIRST AVENUE S. - MINNEAPOLIS, MN 55404	36-3501938	501(C)(3)	7,500.	0.			TAKING ACTION TO CHANGE THE SYSTEM
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT - 2001 FOREST AVENUE - DES MOINES, IA 50311	42-1110721	501(C)(3)	7,500.	0.			TAKING ACTION TO CHANGE THE SYSTEM
MISSOURI RURAL CRISIS CENTER 1108 RANGELINE STREET COLUMBIA, MO 65201	43-1432032	501(C)(3)	10,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
NATIONAL FAMILY FARM COALITION 110 MARYLAND AVENUE, NE, SUITE 307 WASHINGTON, DC 20002	38-2652620	501(C)(3)	20,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL SUSTAINABLE AGRICULTURE COALITION - PO BOX 136 - LYONS, NE 68038	47-0553823	501(C)(3)	20,000.	0.			
NATIONAL YOUNG FARMERS COALITION PO BOX 292 TIVOLI, NY 12583	52-1053406	501(C)(3)	10,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
NEW ENGLAND FARMERS UNION PO BOX 226 SHELBURNE FALLS, MA 01370	31-1582315	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
NORTHEAST ORGANIC DAIRY FARMERS ALLIANCE - 30 KEETS ROAD - DEERFIELD, MA 01342	04-3439897	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
NORTHERN PLAINS RESOURCE COUNCIL 220 SOUTH 27TH STREET, SUITE A BILLINGS, MT 59101	81-0367205	501(C)(3)	7,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
OHIO ECOLOGICAL FOOD & FARMING ASSOCIATION - 41 CROSWELL ROAD - COLUMBUS, OH 43214	34-1638273	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
OREGON RURAL ACTION PO BOX 1231 LA GRANDE, OR 97850	03-0383463	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
ORGANIC SEED ALLIANCE PO BOX 772 PORT TOWNSEND, WA 98368	51-0175667	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
POWDER RIVER BASIN RESOURCE COUNCIL - 934 NORTH MAIN STREET - SHERIDAN, WY 82801	74-2183158	501(C)(3)	7,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RURAL VERMONT 15 BARRE STREET MONTPELIER, VT 05602	22-3045871	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
SOUTHERN SAWG PO BOX 1552 FAYETTEVILLE, AR 72702	71-0844535	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
WESTERN COLORADO CONGRESS PO BOX 1931 GRAND JUNCTION, CO 81502	84-0837218	501(C)(3)	5,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
WESTERN ORGANIZATION OF RESOURCE COUNCILS - 220 S. 27TH STREET, SUITE B - BILLINGS, MT 59101 ROCKY MOUNTAIN FARMERS UNION EDUCATIONAL & CHARITABLE FOUNDATION - 7900 EAST UNION AVENUE, SUITE 200 - DENVER, CO	84-1123481	501(C)(3)	10,000.	0.			TAKING ACTION TO CHANGE THE SYSTEM
LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA - 110 6TH AVENUE, NE, SUITE 200 - ABERDEEN, SD 57401	46-0224731	501(C)(3)	5,000.	0.			FAMILY FARM DISASTER FUND
BLACK HILLS AREA COMMUNITY FOUNDATION - PO BOX 231 - RAPID CITY, SD 57709	36-3608635	501(C)(3)	5,000.	0.			FAMILY FARM DISASTER FUND
LAND STEWARDSHIP PROJECT 821 E 35TH STREET, SUITE 200 MINNEAPOLIS, MN 55407	41-1466054	501(C)(3)	8,000.	0.			STRATEGIC GRANTS
WESTERN ORGANIZATION OF RESOURCE COUNCILS - 220 S. 27TH STREET, SUITE B - BILLINGS, MT 59101	84-1123481	501(C)(3)	10,000.	0.			STRATEGIC GRANTS

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	3	22,682.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information**PART I, LINE 2:**

FARM AID REQUIRES TWO REPORTS PER YEAR.

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

Part IV Supplemental Information

2. THE SECOND REPORT, DUE ON FEBRUARY 1 OF THE FOLLOWING YEAR, SHOULD UPDATE THE SAME INFORMATION THROUGH THE END OF GRANT YEAR AND PROVIDE STATISTICS FOR NUMBERS OF FARMERS REACHED THROUGH MEMBERSHIP, OUTREACH AND HOTLINE SERVICES.

3. ADDITIONAL REQUESTS FOR SUPPORT WILL NOT BE CONSIDERED UNTIL ANY AND ALL OUTSTANDING GRANT REPORTS ARE RECEIVED AND APPROVED BY FARM AID.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FOOD AND BEVE)	X	24	90,027.	FAIR MARKET VALUE
26 Other ▶ (MERCHANDISE)	X	6	24,754.	FAIR MARKET VALUE
27 Other ▶ ()				
28 Other ▶ ()				

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

29

0

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2013)

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS IS USED TO CALCULATE PART I,

COLUMN (B)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

FARM AID, INC.

Employer identification number
36-3383233

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

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

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

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

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

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

EXPENSES \$ 227,162. INCLUDING GRANTS OF \$ 75,500. REVENUE \$ 0.

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

EXPENSES \$ 22,682. INCLUDING GRANTS OF \$ 22,682. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

WILLIE NELSON AND LANA NELSON ARE FATHER AND DAUGHTER.

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

FORM 990, PART VI, SECTION A, LINE 8B:

THERE WERE NO COMMITTEE MEETINGS HELD IN 2013.

FORM 990, PART VI, SECTION B, LINE 11:

AFTER MANAGEMENT REVIEW AND APPROVAL, THE 990 IS EMAILED TO
THE BOARD OF DIRECTORS FOR APPROVAL, WHICH IS CONFIRMED THROUGH EMAIL. WE
ALSO PROVIDE HARD COPIES OF THE 990 FOR THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY CONFLICTS OF INTEREST ARE MADE AWARE THROUGH CONVERSATION
AND INQUIRY. WHEN A CONFLICT DOES ARISE, APPROPRIATE MEASURES ARE TAKEN AND
SOMETIMES MANAGEMENT CONFERS WITH FARM AID'S ATTORNEY.

FORM 990, PART VI, SECTION B, LINE 15:

A COMMITTEE COMPRISED OF TWO BOARD MEMBERS REVIEWS THE
EXECUTIVE DIRECTOR'S COMPENSATION ANNUALLY.

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AZ, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH
OK, OR, PA, RI, SC, UT, WV, WA, WI

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE,
AND ARE MADE AVAILABLE UPON REQUEST.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	FARM AID, INC.	36-3383233
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 501 CAMBRIDGE STREET, THIRD FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CAMBRIDGE, MA 02141	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

GLENDA YODER

- The books are in the care of ► **501 CAMBRIDGE STREET, 3RD FLOOR - CAMBRIDGE, MA 02141**

Telephone No. ► **(617) 354-2922**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► ☒ calendar year **2013** or

► ☐ tax year beginning , and ending

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. FARM AID, INC.	Employer identification number (EIN) or 36-3383233
	Number, street, and room or suite no. If a P.O. box, see instructions. 501 CAMBRIDGE STREET, THIRD FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CAMBRIDGE, MA 02141	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of **501 CAMBRIDGE STREET, THIRD FLOOR - CAMBRIDGE, MA 02141**

Telephone No. **(617) 354-2922**

Fax No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014.**

5 For calendar year **2013**, or other tax year beginning ☐ , and ending ☐.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NECESSARY IN ORDER TO GATHER THE INFORMATION THAT IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Denise Han** Title **CPA**

Date **8/12/2014**

Form 8868 (Rev. 1-2014)