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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

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<u> </u>	For the	2014 cale	ndar year, or tax year b		JAN	4	2014, a	nd endin	<u> </u>	<u> </u>	31	, 20 14		
В		applicable	C Name of organization G	row Food						D	Employ	ver identification r	number	
	Address	change	Doing business as								20-4396437			
	Name ch	nange	Number and street (or P.	O box if mail	is not delivered to s	street addres	ss)	Room/su	ite	E	Telepho	ne number		
	Initial ret	um	PO Box 1714					ļ			360-969-7191			
	Final retur	m/terminated	City or town, state or pro	vince, country	y, and ZIP or foreigi	n postal code	е		-					
	Amended return Mount Vernon, WA 98273 G Grove												697,586.	
$\overline{\Box}$	Application pending F Name and address of principal officer Michael Frazier H(a) is this a group return for subordinate												s No	
_	, фр оцг.	.o., ponding	Same as C above							_		es included? Te		
	Tay-ovos	mpt status	✓ 501(c)(3)	501(c) () ◀ (insert no)	V(1) or	527	— ''\\\\'			a list. (see instructi		
<u> </u>	Website		w.growfood.org) ~ (Insert no	/ <u> </u>)(1) OI	527				number >	,	
-		· · · · · · · · · · · · · · · · · · ·			on ☐ Other ▶		T. V.			2007			WÄ	
			Corporation Trust	Associatio	onOtner ►	·	L Yea	r of format	tion 4	2007	M State	e of legal domicile:		
P	art I	Summ		 	· · · · · · · · · · · · · · · · · · ·			Ozova F				and Invent		
Briefly describe the organization's mission or most significant activities: Grow Food's mission is to educate and launch a negative generation of organic farmers, through training and education, from seed to sale.												a new		
Governance		generation	n of organic farmers, thro	ougn training	and education, i	rom seed t	o saie.							
Ē	1													
Ve	2		is box ▶ 🗌 if the orga					sposed o	of more	than 2	25,% of	its net assets.	•	
පි	3		of voting members of								3		3	
ජ	4	Number	of independent voting	members	of the governing	ig body (F	Part VI,	, line 1b)			4		3	
Ę.	5	Total nur	mber of individuals em	ployed in o	calendar year 2	014 (Part	V, line	2a) .			5	l	29	
Activities &	6		mber of volunteers (es			an 'acce (=0.	, m				6		25	
Ä	7a	Total unr	elated business reven	ue from Pa	art VIIR column	(O), line 1.	2_89.				7a		-0-	
,	Ь	Net unre	lated business taxable	ncome fr	om=Form 990-1	Line 34	ി ഗ്.∥				7b		-0-	
	1	·· · · · · · · · · · · · · · · · · · ·		110	F NOV 1	- ~ AF	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		P	rior Yea		Current Y	fear	
•	8	Contribu	tions and grants (Part	\ h		2	50 389.		405,898.					
Revenue	9 Program service revenue (Part VIII, line 2g)									3	18,210		282,848.	
) <u>s</u>	1 -	10 Investment income (Part VIII, column (A), lines 3 4 and 70 UT 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and T1e)									657.		8,839.	
) Œ	1										-0-		-0-	
Ż											69,256.		697,586	
لِـ	13			F			ı (/ /), iii	16 12)			-0-	 	-0-	
		4 Benefits paid to or for members (Part IX, column (A), line 4)									-0-		-0-	
Z.	14										35,603.		258,482.	
Expenses	15										-0-		-0-	
	16a							·	-(/-		
. .	b		draising expenses (Pa					-0-			10.007		440.000	
ш	1		penses (Part IX, colum					· ·			43,987.		412,866.	
	18		penses. Add lines 13-	•	•		line 25	5) · [3	79,590		671,348.	
	19	Revenue	less expenses. Subtr	act line 18	from line 12 .	· · ·	<u> </u>				3,636.		26,237	
sets or	3						÷	L	Beginning	•		End of Y		
sets	20	Total ass	sets (Part X, line 16)					[2	47,764		253,520.	
Net Asse	21	Total liab	pilities (Part X, line 26)					[29,095.		16,287	
2	22	Net asse	ets or fund balances. S	ubtract lin	e 21 from line 2	20				2	18,669		237,233.	
P	art II	Signa	ture Block									· · · · · · · · · · · · · · · · · · ·		
U	nder pena	ilties of perju	ury, I declare that I have exa	mined this ret	um, including acco	mpanying so	chedules	s and state	ments, a	nd to the	best of	my knowledge an	nd belief, it is	
tru	ie, correc	t, and comp	lete Declaration of preparer	(other than o	fficer) is based on a	II informatio	n of whi	ch prepare	r has any	knowled	dge			
			N/A								10/1	6/15		
Si	gn	Sign	nature of officer						-	Date	,			
He	ere		Chairman	Board	1									
		Тур	e or print name and title	V (L, T)	, 									
_			/pe preparer's name	Įp	reparer's signatore	1		Da	ate		Ober	PTIN		
	aid	Andrev	v Taylor	1	111	/r			10/1/20)15	Check self-em		609932	
	epare	er	Abbet Teylor							E.m.	L			
U	se Onl		Tarrio P	E #302. Sea	attle, WA 98112	_				1	SEIN ►	206-218-3	108	
M	av the IF		s this return with the p			ee instruc	tions			Phon	e 110		es No	
_	<u> </u>		ection Act Notice, see the						10 11000	· ·	· ·		990 (2014)	
ro	r raperv	wurk Kedu	ICLION ACL NOTICE. SEE T	ie separate	mouucuons.			Cat. N	No. 11282	<u> </u>		rorm	· ママセ (2014)	

Form 99	0 (2014)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u>. D</u>
1	Briefly describe the organization's mission: Grow Food's mission is to educate and launch a new generation of organic farmers, through training and education, from seed to sale. The accomplished through two primary programs: (1) Viva Farms, a farm training and incubation site, with training and support for new farmers (2) Slow Money Northwest, which educates farmers on financial management and capital planning	
	<u></u>	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No No
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?] No
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 575,491. including grants of \$) (Revenue \$ 282,848.) Viva Farms: A farmer training and incubation program in Skagit County, Washington Viva Farms has a particular focus of helping immigr. Latino farmworkers transition to farm ownership. Aspiring farm owners are provided education, land, equipment and access to markets, a an effort to jump-start their farming operations. Since the project began in 2009, over 485 beginning farmers have attended courses and workshops and twenty-four new farm businesses have launched at the 33 acre farm incubator	ant II in
		
4b	(Code:) (Expenses \$ 64,475. Including grants of \$) (Revenue \$ Slow Money Northwest. A program designed to educate farmers on financial management and capital planning and to help connect them	with
	various forms of financing.	
		·
		••••
	······	
		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/ (Joseph January January Granto of V	
	······································	 -
	•••••••••••••••••••••••••••••••••••••••	
		
4d	Other program services (Describe in Schedule O.)	
-4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 639,966.	

Form 99	0 (2014)		F	age 3
Part	<u></u>			
4	to the expensation described in control 501/0/(2) or 4047/o/(1) (other than a private foundation) 2 // #// #	\Box	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	 -
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	·	•
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		*
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		*
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		•
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	•	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		•
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		•
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? If "Yes," complete Schedule D, Part IX	11d		•
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		4
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		•
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		•
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		•
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		/
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		For	m 990	(2014)

Form 99			F	age 4
Part	Checklist of Required Schedules (continued)		V	- N-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		•
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		•
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		•
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		•
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		•
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 "Yes," complete Schedule L, Part II	26		
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		
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		•
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		•
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		•
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		*
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		•
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		
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	V	
				1 (004 4)

Part				
	Check if Schedule O contains a response or note to any line in this Part V			무
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<i>i</i> 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	L
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		~
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	SD		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ļ
	account)?	4a		•
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		_
	gifts were not tax deductible?	6b		<u> </u>
7_	Organizations that may receive deductible contributions under section 170(c).			
а	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?	<u> </u>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
	required to file Form 8282?	7c		1
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	 - -
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8		ļl
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L,
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12	┥		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources]		
	against amounts due or received from them.)			لــ ــا
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	<u> </u>	
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	 '
_	Note. See the instructions for additional information the organization must report on Schedule O.		 	1
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans	_]	
C	Enter the amount of reserves on hand	-	<u> </u>	1_
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
U	11 100, has it mod a form 120 to report these payments: If No, provide an explanation in Scriedule O.		n 99 0	(2014)
				· · · · · · /

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	for a	ions.				
Secti	on A. Governing Body and Management	<u> </u>						
4-		· · · · ·	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.							
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		•				
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5 6		1				
7a	 							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		"				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
a	The governing body?	8a	4	 				
9	Each committee with authority to act on behalf of the governing body?	8b	V	├──				
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		•				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		1				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		 	ļ <u>.</u>				
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		•				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c						
13 14	Did the organization have a written whistleblower policy?	13	-	1				
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?	17						
а	The organization's CEO, Executive Director, or top management official	15a		1				
b	Other officers or key employees of the organization	15b		1				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
b	with a taxable entity during the year?	16a	<u> </u>	~				
	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?	16b						
	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3):	s only				
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest	polic	y, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶					

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Part \	/11	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
		Independent Contractors	

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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization not	any relate	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related	box, office	nles rand	s pe	ntion more rson rect	than on the state of the state	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	organizations below dotted line)		Institutional trustee	er	Key employee	Highest compensated employee	ner .	organization (W-2/1099-MISC)	(W-2/1088-MISC)	from the organization and related organizations
(1) Bill Palmer	1/week				<u> </u>	ļ				
President		<u> </u>		•				-0-	-0-	-0-
(2) Sarah Schaffer	1/week									
Secretary				~		ļ.,		3,333.36	-0-	-0-
(3) Steve Brinn	1/week								_	_
Board Member	10/			~	<u> </u>	ļ	<u> </u>	-0-	-0-	-0-
(4) Michael Frazier Executive Director	40/week			١.				45.640.47		_
	<u> </u>		_	~	-		-	15,610.17	-0-	-0-
(5)	 	-								
(6)	<u> </u>		<u> </u>							
(7)										
(8)	ļ									
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	Ţ									

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	<u>yees</u>			lighes	st C	ompensated E	mployees (c	ontinue	ed)		
			(C)											
	(A) (B) Position (do not check more than			than o	one	(D)	(E)		(F)					
	Name and title	Average hours per	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation		_	nated unt of	
		week (list any					or/trust	, 	from	related	IIOIII		her	
		hours for	a di	TS.	Officer	Key employee	불	Former	the	organizatio			ensation	a
		related organizations	red in	도	ĕ	3	loye	ᅙ	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)		n the ization	ı
		below dotted	9 5	nal		ş	[©] S		,			and r	related	
		line)	Individual trustee or director	Institutional trustee	ļ	8	Pen	1	1			organ	ızatıons	i
			•	8	1		Highest compensated employee							
145			ļ	-	 -	├	ä	<u> </u>						
(15)		 	ł				ĺ		İ					
(16)				_		-		├-						
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(24)														
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(25)		ļ	ļ											
		<u> </u>	<u> </u>	L	<u></u>									
1b	Sub-total		٠.	٠	٠	•		•	18,944.		-0-			0-
C	Total from continuation sheets to Part	•		٠	٠	•	• •		-0-		-0-	_		-0-
d		<u> </u>				•	<u> </u>	<u> </u>	18,944	L	-0-			0-
2	Total number of individuals (including bu			ose	e lis	ted	above	e) w	/ho received m	ore than \$1	00,000	of		
	reportable compensation from the organ	ization -				-			····				77-	
3	Did the organization list any former of	fficer durac	stor c	ar te	ruet	00	kov r	amr.	alovoo or high	ant names	nnatad		Yes	No
•	employee on line 1a? If "Yes," complete										iisaleu	3		
4	For any individual listed on line 1a, is the										om tha		\vdash	1
•	organization and related organizations													
	individual				,			-,				4	 	1
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tion	fro	m anv	v un	related organi	zation or inc	lividua			_
•	for services rendered to the organization											5		1
Section	on B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·							<u>·</u>		-			
1	Complete this table for your five highest	compensat	ted in	dep	enc	lent	contr	act	ors that receiv	ed more tha	n \$100	0.000 of		
	compensation from the organization. Re													ах
	year.								•		_	-		
	(A)								(B)			(C)		
	Name and business add	dress							Description of	services		Compens	ation	
N/A														
	· -													
								 						
	Tatal number of radional design					1.	A = . 4 · 7	<u> </u>						
2	Total number of independent contractor received more than \$100,000 of compen							o th		ove) who				
	received more man \$100,000 or compen	Sauvii Irom	uie c	ıya	ıııZê	HOL			N/A					

<u> </u>	90 (201							Page 9
Part	VIII	Statement of Reve						
		Check if Schedule O	contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns	1a	-0-				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	-0-				
Am Am	С	Fundraising events .		-0-				
ia ia	d	Related organizations		-0-		!		
Sim,	e	Government grants (con		-0-		1		
	f	All other contributions, gi and similar amounts not inc		405,897 94				
를 를	g	Noncash contributions includ		100,007 0 1				
Con		Total. Add lines 1a-1		•	405,898.			
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	Business Code				
Program Service Revenue	2a	Viva Farms Produce Sta		445230	266,566.68	266,566.68	-0-	-0-
8	b	Viva Farms Tenant Rent	t	531190	9,519 80	9,519.80	-0-	-0-
Vice	C	Viva Farms Consulting		541611	6,761 75	6,761.75	-0-	-0-
Ser	d							<u> </u>
E E	е							
<u>6</u>	f	All other program sen			282,848.	L		
	3 3	Total. Add lines 2a-2 Investment income			202,040.	 		
	"	and other similar amo			8,839.48	-0-	-0-	8,839.48
	4	Income from investmen	•	ond proceeds ▶	-0-	-0-	-0-	-0-
	5	Royalties	•		-0-	-0-	-0-	-0-
	-		(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or	} /		-0-	-0-	-0-	-0-
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	Ь	Less: cost or other basis and sales expenses .			İ			
	c	Gain or (loss)						
	ď	Net gain or (loss)		•	-0-		-0-	-0-
	"							
Other Revenue	8a	Gross income from fu	undraising					
Ž		events (not including \$						
æ		of contributions report						
Ē		See Part IV, line 18 .	_	i				
₹		Less: direct expenses				-		
		Net income or (loss) to		events . >	-0-		-0-	-0-
	9a	Gross income from gassee Part IV, line 19 .						
		Less: direct expense				į		
	b	Net income or (loss) f			-0-		-0-	-0-
	_	Gross sales of in						
		returns and allowanc		ı				
	ь	Less: cost of goods	_	·	1			
	С	Net income or (loss)		rentory >	-0-	-0-	-0-	-0-
		Miscellaneous F	Revenue	Business Code				
	11a							
	þ				ļ			
	C	All		· - · · · · ·	 			
	d	All other revenue . Total. Add lines 11a-	 _11d		-0-			
	12	Total revenue. See			697,586.	282,848.	-0-	8.839

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organizations	s must complete colu	mn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .	<u> </u>	
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations and domestic governments. See Part IV, line 21	-0-	-0-		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	-0-	-0-		1
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	-0-	-0-		
4 5	Benefits paid to or for members	-0-	-0-		
6	trustees, and key employees	18,943.53	17,049.18	1,894 35	-0-
_	persons described in section 4958(c)(3)(B)	-0- 220,327.61	-0-	-0- 12.119.44	-0-
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-0-	208,208.17	-0-	-0-
9	Other employee benefits	-0-	-0-	-0-	-0-
10	Payroll taxes	19,211 11	18,154.37	1,056.74	-0-
11	Fees for services (non-employees):				
а	Management	-0-	-0-	-0-	-0-
þ	Legal	-0-	-0-	-0-	-0-
C	Accounting	2,956 70	-0-	2,956 70	-0-
d	Lobbying	-0- -0-	-0-	-0-	-0-
е.	Professional fundraising services. See Part IV, line 17	-0-	-0-		-0- -0-
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	86,054.50	86,054.50	-0-	-0-
10	Advertising and promotion	1,253 34	705.53	25 00	522.81
12 13	Office expenses	9,123.46	695 57	8,155.03	272.86
14	Information technology	-0-	-0-	-0-	-0-
15	Royalties	-0-	-0-	-0-	-0-
16	Occupancy	9,584.97	8,626 47	958 50	-0-
17	Travel	3,649.81	3,427 95	221 86	-0-
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-0-	-0-	-0-	-0-
19	Conferences, conventions, and meetings	1,438.24	1,294 42	143.82	-0-
20	Interest	1,358.16	1,358.16	-0-	-0-
21	Payments to affiliates	-0-	-0-	-0-	-0-
22	Depreciation, depletion, and amortization .	16,673.85	16,673.85	-0-	-0-
23	Insurance	5,803 21	5,222.89	580.32	-0-
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.)				
а	Viva Farms COGS	216,432.27	216,432.27	-0-	-0-
b	Viva Farms Farm Stand Expenses	17,655.54	17,655.54	-0-	-0-
С	Viva Farms Repairs & Maintenance	8,430 56	8,430.56	-0-	-0-
d	Viva Farms Fuels	7,069.04	7,069.04	-0-	-0-
е	All other expenses	25,382.32	22,907 05	2,475 27	-0-
25	Total functional expenses. Add lines 1 through 24e	671,348	639,966.	30,587.	796.
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)				50m 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 117,362.02 91,741 56 1 1 Cash—non-interest-bearing 9,330.98 6,359.55 2 Savings and temporary cash investments 2 3,451.75 þ 3 3 -0-4 -0-4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. -0--0-5 Loans and other receivables from other disqualified persons (as defined under section 6 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 instructions). Complete Part II of Schedule L. -O--0-6 -0--0-Notes and loans receivable, net 7 -0--0-8 Inventories for sale or use 8 -0--0-9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 169,387 93 10a 42,560.93 113,012.77 126,827.00 Less: accumulated depreciation 10b 10c 33,198 83 Investments—publicly traded securities 11 11 -0-12 Investments-other securities. See Part IV, line 11 . -0-12 13 Investments-program-related. See Part IV, line 11 . . . -0-13 -0--0-<u>~</u> 14 14 -0--0-15 Other assets. See Part IV, line 11 15 247,764. 253,520 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 1,020 16 661.57 17 Accounts payable and accrued expenses 17 -0-18 18 -0--0-19 19 -0-<u>ብ-</u> 20 20 -0--0-21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L -0--0-22 -0--0-23 Secured mortgages and notes payable to unrelated third parties . . . 23 28,075.00 15,625.00 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X -0 -0-25 29.095. Total liabilities. Add lines 17 through 25 16,287. 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets . . . 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 99.955 110,406. 30 Capital stock or trust principal, or current funds 30 113,013. 126,827. 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 5,701 -0-32 Retained earnings, endowment, accumulated income, or other funds . 32 218,669. 237,233. 33 33 247,764 Total liabilities and net assets/fund balances . . . 34 253,520.

Form 9	90 (2014)			Pa	ige 12
Par	XI Reconciliation of Net Assets				
	Check 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			,586.
2	Total expenses (must equal Part IX, column (A), line 25)	2			,348.
3	Revenue less expenses. Subtract line 2 from line 1	3		26	5,237.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		218	3,669.
5	Net unrealized gains (losses) on investments	5		(7,	,673)
6	Donated services and use of facilities	6			-0-
7	Investment expenses	7			-0-
8	Prior period adjustments	8			-0-
9	Other changes in net assets or fund balances (explain in Schedule 0)	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		237	7,233.
Par	Financial Statements and Reporting Check 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," e	xplain ır	-		
	Schedule O.	•	- 1	1	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	1
	If "Yes," check a box below to indicate whether the financial statements for the year were cor			†	
	reviewed on a separate basis, consolidated basis, or both:	•	}		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		į	1	
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a	a	T	
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			l	
С					
	of the audit, review, or compilation of its financial statements and selection of an independent according	untant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	explain ir	า	T	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-1332	t forth ir	ו		

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.

3b

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Grow Food Employer identification num 20-439643								
Par	Reason for Public Char	rity Status (All	organizations must	complete thi	s part.) See instructi	ons.		
The c	organization is not a private founda			•	•			
1	A church, convention of church			bed in sectior	170(b)(1)(A)(i).			
2	A school described in section		•		D. 1/41/41/**			
5								
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its supp			m the general public		
8	☐ A community trust described in		•	Part II.)				
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	receives: (1) mod to its exempt and	re than 331/3% of its functions—subject to unrelated business t	support from certain exce	ptions, and (2) no moi le (less section 511 t	re than 331/3% of its		
	☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 11a	operated exclusions d	vely for the benefit of, lescribed in section 5 0	to perform the	functions of, or to carretion 509(a)(2). See sec	tion 509(a)(3). Check		
а		cation operated, s) the power to re	supervised, or control egularly appoint or ele	led by its supp	ported organization(s),	typically by giving		
b	Type II. A supporting organic control or management of the organization(s). You must ce	e supporting or	ganization vested in th					
c		ated. A supporti	ng organization opera			ally integrated with,		
d	Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organ	zation generally must	satisfy a distr	ibution requirement an			
e		zation received a	written determination	from the IRS	that it is a Type I, Type	e II, Type III		
f _ç		•	ported organization(s)	· · · · ·				
_	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organiz listed in your gove document?	ation (v) Amount of monetar support (see instructions)	y (vi) Amount of other support (see instructions)		
			(**************************************	Yes N	0			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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.)

Socti	on A. Public Support	ariadi trio tot	is listed bein	w, piease coi	inpiete rait i	<u> </u>	
	dar year (or fiscal year beginning in)	(-) 2010	(h) 0011	(-) 0010	(-1) 0040	(-) 0044	(O T : 1
Jaien 1	Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
•	received. (Do not include any "unusual grants ")	19,457.	28,085.	50,527.	155,389.	138,696.	392,154
2	Gross receipts from admissions, merchandise	13,437.	20,000.	30,327.	133,365.	130,090.	392,134
-	sold or services performed, or facilities					İ	
	furnished in any activity that is related to the		407.040	212.222			
_	organization's tax-exempt purpose	-0-	127,619	212,036	318,210.	282,848.	940,713.
3	Gross receipts from activities that are not an		_	_		1	
	unrelated trade or business under section 513	-0-	-0-	-0-	-0-	-0-	-0-
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
5	The value of services or facilities	ļ					
	furnished by a governmental unit to the						
	organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
6	Total. Add lines 1 through 5	19,457.	155,704.	262,563.	473,599	421,544.	1,332,867.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	-0-	-0-	-0-	-0-	-0-	-0-
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	-0-	10,028	12,500	-0-	88,771	111,299
C	Add lines 7a and 7b	-0-	10,028	12,500	-0-	88,771.	111,299
8	Public support (Subtract line 7c from						
	line 6.)						1,221,568.
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	19,457	155,704.	262,563.	473,599.	421,544.	1,332,867.
10a	Gross income from interest, dividends,				•		
	payments received on secunties loans, rents,						
	royalties and income from similar sources .	781.	612	664.	657	8,839	11,553.
b	Unrelated business taxable income (less			i i	'		_
	section 511 taxes) from businesses						
	acquired after June 30, 1975	-0-	-0-	-0-	-0-	-0-	-0-
C	Add lines 10a and 10b	781	612.	664.	657.	8,839.	11,553
11	Net income from unrelated business		<u>}</u>				
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-
12	Other income. Do not include gain or			i			-
	loss from the sale of capital assets						
	(Explain in Part VI.)	-0-	-0-	-0-	-0-	-0-	-0-
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	20,238	156,316.	263,227	474,256.	430,383.	1,344,420.
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			· · · ·	<u> </u>	<u> </u>	· · > 🗀
	ion C. Computation of Public Support						
15	Public support percentage for 2014 (line					<u> </u>	90.86 %
16	Public support percentage from 2013 Sc				<u> </u>	16	97.15 %
	ion D. Computation of Investment In						
17	Investment income percentage for 2014						0.86 %
18	Investment income percentage from 201:					18	0.36 %
19a		lization did not	cneck the bo	x on line 14, a	nd line 15 is n	nore than 331/39	
_	17 is not more than 331/3%, check this box						
Ь							
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	іч посспеск а	DOX ON line 14	., 19a, or 19b, (CHECK THIS DOX	and see instru	ctions

Part VI	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.)
Part III, Line	1, Column E: Unusual Grants in 2014 of \$267,201.50 excluded from the total
- \$25,000	eceived on 1/13/2014
- \$45,000	eceived on 1/21/2014
- \$50,000	oceived on 1/31/2014
- \$24,000	oceived on 4/18/2014
- \$60,000	eceived on 7/15/2014
- \$25,500	eceived from 2/2014 through 11/2014
- \$37,701	0 received from 3/2014 through 12/2014

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Grow	Food			20-4396437
Par				Accounts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.		(h) Firedo and other appoints
1	Total number at end of year	(a) Donor advised funds	 	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)		+	
3	Aggregate value of grants from (during year) .		 	
4	Aggregate value at end of year		 -	
5	Did the organization inform all donors and donor	or advisors in writing that the assets h	neld in d	onor advised
	funds are the organization's property, subject to t			
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	nt funds	
	only for charitable purposes and not for the bene			
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		· · · · 🗌 Yes 🗌 No
Par	Conservation Easements.			
	Complete if the organization answered			
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recre			
	Protection of natural habitat Preservation of open space	☐ Preservation o	a certit	ied historic structure
2	Complete lines 2a through 2d if the organization if	neld a qualified conservation contribute	on in the	form of a consequation
-	easement on the last day of the tax year.	Tota a quamica conscivation continuati	O., a.e	Held at the End of the Tax Year
а	•			2a
b	Total acreage restricted by conservation easemer			2b
C	Number of conservation easements on a certified		-	2c
d	Number of conservation easements included in	, ,	<u> </u>	
				2d
3	Number of conservation easements modified, train	nsferred, released, extinguished, or ter	minated	by the organization during the
	tax year ▶			
4	Number of states where property subject to cons			. - .
5	Does the organization have a written policy re	·		
•	violations, and enforcement of the conservation e			□ .00 □ .10
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation	n easeme	ents during the year
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing concentration one	omonte d	during the year
•	S	setting, and emorcing conservation easi	ements t	during the year
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements o	f section	170(h)(4)(B)(ı)
-				· · · · □ Yes □ No
9	In Part XIII, describe how the organization reports	s conservation easements in its revenue	e and ex	
	balance sheet, and include, if applicable, the text			
	organization's accounting for conservation easen	nents.		
Par	Organizations Maintaining Collection			Similar Assets.
	Complete if the organization answered			
1a				
	works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·		•
_	public service, provide, in Part XIII, the text of the			
b	If the organization elected, as permitted under			
	works of art, historical treasures, or other similar public service, provide the following amounts related to the service of t		ducation	, or research in turtherance of
	(i) Revenue 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 air			
-	following amounts required to be reported under			, p
а	Revenue included in Form 990, Part VIII, line 1			. ▶ \$
h				

Page	2

Schedule [) (Form	990)	2014

SCHEGUI	9 D (Form 990) 2014										Page Z
Part	III Organizations Maintaining	Colle	ctions of	Art, Hist	orical T	reasures,	or O	her Similar A	ssets	(cont	inued)
3	Using the organization's acquisition,		ion, and o	ther recor	ds, chec	k any of th	e follov	wing that are a	signific	cant u	se of its
	collection items (check all that apply):										
а	☐ Public exhibition		d								
b	☐ Scholarly research			e	Other	r					
С	☐ Preservation for future generations	S						-			
4	Provide a description of the organization	tion's c	collections	and expla	in how t	hey further	the org	ganızation's ex	empt p	urpose	e ın Part
	XIII.										
5	During the year, did the organization								ıılar		
	assets to be sold to raise funds rather			ained as p	art of the	e organizati	on's co	ollection? .	<u> </u>	<u>Yes</u>	□ No
Part		_					_			_	
	Complete if the organization	ı answ	ered "Yes	" to Forr	n 990, P	art IV, line	9, or	reported an a	mount	on F	orm
	990, Part X, line 21.					·					
1a	Is the organization an agent, trustee										
	included on Form 990, Part X?									Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII	and compl	ete the fo	llowing ta	able:					
							<u> </u>		Amour	<u>π</u>	
C	Beginning balance						10				
d	Additions during the year						10	_			
е	Distributions during the year						16				
f	Ending balance						11			1 1/	
2a	Did the organization include an amount										□ No
Pari	If "Yes," explain the arrangement in P. Endowment Funds.	art Alli	. Check nei	ie ii trie ex	piariatio	n nas been	provid	eu in Pari XIII	· · · ·	•	ш
rail	Complete if the organization	anew	ered "Ves	" to For	n 990 P	art IV line	10				
	Complete in the organization		Current year	(b) Pric		(c) Two year		(d) Three years ba	ack (e)	Four ve	ars back
1a	Beginning of year balance	17		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,			(-,,	- (-,		
b	Contributions								+		
C	Net investment earnings, gains, and		-								
•	losses										
d	Grants or scholarships			***************************************					_		
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses		-								
g	End of year balance	ļ		1			•				
2	Provide the estimated percentage of t	the cur	rent year e	nd balanc	e (line 1g	, column (a)) held	as:			
а	Board designated or quasi-endowme	nt 🕨	-	%							
b	Permanent endowment ▶	%									
C	Temporarily restricted endowment ▶		%								
	The percentages in lines 2a, 2b, and 2	2c sho	uld equal 1								
3a	Are there endowment funds not in th	e poss	ession of t	he organi	zation th	at are held	and ac	dministered for	the		
	organization by:								_		es No
	(i) unrelated organizations								. 3	Ba(i)	
	(ii) related organizations									la(ii)	
b	If "Yes" to 3a(ii), are the related organ								· L	3b	
4	Describe in Part XIII the intended uses			on's endo	wment to	unas					
Pari					- 000 5	Sand B. C. Para		0 5 00/		V !!-	- 40
	Complete if the organization	n answ	-								
	Description of property	1	(a) Cost or o			or other basis other)		Accumulated lepreciation	(d)) Book v	/alue
			(117630	-0-	,,,	-0-	ļ		<u> </u>		-0-
1a	Land	. -		-0-		107,150.54		24,791.38	<u> </u>		-0- 2,359.16
b	Buildings	. }		-0- -0-		23,388.04		2,593.10			0,794.94
C	Leasehold improvements	. }	 	-0-	<u> </u>	38,849.35		15,176.45			3,672.90
d	Equipment	. }		- -		-0-		-0-			-0-
Total	Other	must or	qual Form		Colum)c 1		——		126,827.
, yalı	, , was miles in uneugh ie. (Ochaiiii (d) i		4-44 VIIII	, ruit	.,	· 10/, //// / (, .		1		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service ➤ 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.

Open to Public Inspection

Grow Food	20-4396437					
Part VI, Line 11b: All members of the board received and reviewed copies of the 990 via email before the 990	was approved and submitted.					
Part VI, Line 19 ⁻ Documents related to the governing structure of the organization and its financial documents are available upon request.						
Part XI, Line 5: Reversal of previously booked Change in Investment Value in sale of publicly traded securities	s. 					
,						