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|      | 00 | 1  |
|------|----|----|
| Form | 93 | H. |
|      |    | _  |

# **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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. Open to Public

| inte                    |              | ue Service    | Information about Form 990 and its instructions is at www.i  | rs.gov/fo  | rm990.       |              | Inspection                     |
|-------------------------|--------------|---------------|--|--|--------------|--------------|--------------------------------|
| <u>A</u>                | For the      | 2014 cale     | ndar year, or tax year beginning January , 2014, and end   | ing  | Decemb       | er           | _, 20 14                       |
| В                       | Check if     | applicable    | C Name of organization Augusta Locally Grown, Inc.   |  | DE           | mploy        | er identification number       |
|                         | Address      | change        | Doing business as Augusta Locally Grown  |  |              |              | 45-3581329                     |
|                         | Name ch      | ange          | Number and street (or P.O. box if mail is not delivered to street address) Room/s  | suite  | ET           | elepho       | ne number                      |
|                         | Initial retu | _             | 1301 Waters Edge Drive   | 1  | •            | 706-288-7895 |                                |
| $\overline{\Box}$       |              | n/terminated  | City or town, state or province, country, and ZIP or foreign postal code   |  |              |              | 700-200-7033                   |
| $\overline{\Box}$       | Amended      |               | Augusta, GA 30901  |  |              | 2000 10      | 201010 \$ 201 004 00           |
| $\exists$               |              | •             | F Name and address of principal officer:   | 1  |              |              | ceipts \$ 261,001.09           |
| _                       | Application  | on pending    |  |  |              |              | subordinates? Yes Vo           |
| _                       |              |               | Amy Sutter, Board President, 4486 Crab Apple Court, Evans, GA 30809  | H(b)   |              |              | s included? Yes No             |
| <u>_</u>                |              | npt status    | √ 501(c)(3)  √ (insert no )  √ 4947(a)(1) or  √ 527  |  | If "No," a   | mach a       | list. (see instructions)       |
| <u>J</u>                | Website:     | *****         | v.augustalocallygrown.org  | H(c)   | Group exer   | mption       | number ▶                       |
| <u>K</u>                |              | organization: | ✓ Corporation Trust Association Other VL Year of form  | ation.   | 2011 N       | 1 State      | of legal domicile: GA          |
| P                       | art I        | Summ          | ary  | · · · · · · · · · · · · · · · · · · ·            |              |              |                                |
|                         | 1            | Briefly de    | scribe the organization's mission or most significant activities: Augu   | sta Loca   | lly Grown    | enga         | ges the community in           |
| 8                       |              |               | al programs, community events and farmers markets to encourage people  |  |              |              |                                |
| Activities & Governance |              |               | sonal, sustainably-grown food. We promote health, environmental stewar   |  |              |              |                                |
| Ē                       | 2            | Check thi     | s box ▶☐ if the organization discontinued its operations or disposed   | of more  | than 25      | % of         | ite net seeete                 |
| Š                       |              |               | of voting members of the governing body (Part VI, line 1a)   | or more  | , 1121123    | ́з \         |                                |
| g                       |              |               |  |  |              |              | 12                             |
| 85                      |              |               | of independent voting members of the governing body (Part VI, line 1b  | ))   | ]            | 4            | 0                              |
| ij                      | 1            |               | nber of individuals employed in calendar year 2014 (Part V, line 2a)   |  |              | 5            | 0                              |
| 疲                       | t .          |               | nber of volunteers (estimate if necessary)   |  | [            | 6            | 250                            |
| ĕ                       |              |               | elated business revenue from Part VIII, column (C), line 12  |  | [            | 7a           | 0                              |
|                         | b            | Net unrel     | ated business taxable income from Form 990-T, line 34  |  |              | 7b           | 0                              |
|                         | ĺ            |               |  | P  | rior Year    |              | Current Year                   |
| 60                      | 8            | Contribut     | ions and grants (Part VIII, line 1h)   |  | 16,99        | 90.51        | 19,442.19                      |
| Ž                       | 1            |               | service revenue (Part VIII, line 2g)   |  |              | 96.33        | 39,518.23                      |
| Revenue                 | 1            | _             | nt income (Part VIII, column (A), lines 3, 4, and 7d)  |  | 0.,00        | 0.00         | 0.00                           |
| æ                       |              |               | enue (Part VIII, column (A), lines 5, 6d, 8c, 9cp (c, antite) .  | <del>                                     </del> | 268,85       |              | 202,040.67                     |
|                         |              |               |  | H  |              |              |                                |
| _                       |              |               | nue-add lines 8 through 11 (must equal Part VIII, corumn (A), lime 12)   | Ы  | 337,23       |              | 261,001.09                     |
|                         | 13           | Grants an     | d similar amounts paid (Part IX, column (A), lines 1-3)  | 8  | 25           | 50.00        | 0.00                           |
|                         | 14           | Benefits p    |  |  |              | 0.00         | 0.00                           |
| S                       |              |               | other compensation, employee benefits Part IX, column (A), lines 5-10)   | b  |              | 0.00         | 0.00                           |
| Š                       | 16a          | Professio     | nai tungraising tees (Part IX, Column (A), line 11e)   | <u> </u>   |              | 0.00         | 0.00                           |
| Expenses                | b '          | Total fund    | draising expenses (Part IX, column (D) line 25)  |  |              |              |                                |
| ú                       |              |               | penses (Part IX, column (A), lines 11a-11d, 111-24e)   |  | 336,24       | 14.16        | 251,835.13                     |
|                         | 1            |               | enses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |  | 336,59       |              | 251,835.13                     |
|                         | 1            |               | less expenses. Subtract line 18 from line 12   |  |              | 13.05        | 9165.96                        |
| - 22                    |              |               | 000 0.001.0001 0.001.001.001.001.001.001   | Beginning  | g of Current |              | End of Year                    |
| Assets or<br>i Balances | 20 -         | Total coo     | ota (Part V. lina 16)  | ļ  |              |              | 15,352.20                      |
| S S                     | 20           |               | ets (Part X, line 16)  | <del></del>                                      | 010          | 36.24        |                                |
| 창물                      | 21           |               | lities (Part X, line 26)   | <u> </u>   |              | 0.00         | 0.00                           |
|                         |              |               | s or fund balances. Subtract line 21 from line 20  | Ĺ  | 618          | 36.24        | 15,352.20                      |
| Pa                      | art II       | Signat        | ure Block  |  |              |              |                                |
|                         |              |               | y, I declare that I have examined this return, including accompanying schedules and stat   |  |              |              | ny knowledge and bellef, it is |
| tru                     | e, correct,  | and comple    | ete Declaration of preparer (other than officer) is based on all information of which prepared   | er has any                                       | knowleage    | ).<br>       |                                |
|                         |              |               | TIMUR ALL  |  |              |              |                                |
| Sig                     | ın           | Signa         | iture of officer   |  | Date         |              | . )                            |
| He                      |              | Ĭ.            | Board President  |  | 7            | 178          | 1)5                            |
|                         |              | Type          | or print name and title  |  | <u> </u>     | 1~           | <del></del>                    |
|                         |              |               |  | Date   |              |              | , PTIN                         |
| Pa                      |              | }             | - Proposition of the second of |  |              | heck [       | _] # {                         |
| Pro                     | eparer       | r             |  |  | <del></del>  | elf-emp      | in yeu                         |
|                         | e Only       | 1             | ame ▶  |  | Firm's El    | N >          |                                |
|                         |              | Firm's ac     |  |  | Phone no     | 0            |                                |
| Ma                      | y the IR     | S discuss     | this return with the preparer shown above? (see instructions)  |  |              |              | 🗸 Yes 🗌 No                     |
| For                     | Paperw       | ork Reduc     | ction Act Notice, see the separate instructions.   | No. 11282  | Y            |              | Form <b>990</b> (2014)         |



| Form 99 | 20 (2014) Page 2   |
|---------|--|
| Part    | Statement of Program Service Accomplishments   |
|         | Check if Schedule O contains a response or note to any line in this Part III   |
| 1       | Briefly describe the organization's mission:   |
|         | Augusta Locally Grown promotes growing, buying, cooking, preserving, eating and enjoying local, seasonal, sustainably-grown food.  |
|         | Our efforts include creating and managing farmers markets, cooking education programs, home gardening education programs, farm   |
|         | volunteer days, new farmers networking, nutrition education, health food access in low income areas, summer camps, farmers market  |
|         | events, and connecting farms to chefs & schools, all with a focus on local agriculture as foundational to a healthy, vibrant community.  |
| 2       | Did the organization undertake any significant program services during the year which were not listed on the   |
|         | prior Form 990 or 990-EZ?  |
| •       | If "Yes," describe these new services on Schedule O.   |
| 3       | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |
|         | Tes No   |
| 4       | 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.   |
|         | the total expenses, and revende, it any, for each program service reported.  |
| 4a      | (Code: ) (Expenses \$ 207,734.71 including grants of \$ 0.00 ) (Revenue \$ 225,970.19 )  |
| 74      | (Code:) (Expenses \$207,734.71 including grants of \$0.00 ) (Revenue \$225,970.19 )  FARMERS MARKET MANAGEMENT: In 2014, ALG managed three very different types of farmers markets located throughout the area:  |
|         | 1) THE ALG ON-LINE MARKET is the first, direct farm-to-consumer farmers market in the Augusta area, with pick-up locations in two  |
|         |  |
|         | different locations. This market is a service to local farmers in that it significantly streamlines the market process for more effective  |
|         | use of time and resources for farmers. In 2014, the on-line market included about 50 farmers, many of them hobby farmers who are   |
|         | new to farming and/or farmers markets. As such Augusta Locally Grown also provides a service to new farmers by helping them  |
|         | understand and work within the county, state and federal guidelines for food safety and economic benefit of all. It runs year-round.   |
|         | 2) THE EVANS TOWNE FARMERS MARKET is a traditional, direct farm-to-consumer farmers market in Columbia County, GA. It is a weekly market located in the heart of the county seat. The market features extensive childrens' educational programs, cooking demos,          |
|         | cooking contests, and grow-your-own garden education programs. It runs March-October.  |
|         | 3) THE VEGGIE TRUCK FARMERS MARKET is a traditional, direct farm-to-consumer market in the low income neighborhood of  |
|         | Harrisburg. It is the only market in Augusta that accepts EBT/SNAP and also the first Wholesome Wave EBT/SNAP doubling program   |
|         | in the area. It enjoys significant volunteer support from Medical College of Georgia students and local churches. Runs March-October.  |
| 4b      | (Code: ) (Expenses \$ 7285.91 including grants of \$ 0.00 ) (Revenue \$ 2929.31 )  |
|         | EDUCATIONAL PROGRAMS: In 2014, Augusta Locally Grown conducted a variety of education programs targetted at a wide audience  |
|         | This included:   |
|         | 1) CULINARY ARTS YOUTH COOKING CLASSES - at Fort Gordon Army Base, in partnership with the Augusta Arts Council.   |
|         | 2) TEACHING GARDENS FOR YOUTH - at St. Luke UMC in Augusta, GA, and with the BenderDigger Youth Project in Evans, GA.  |
|         | 3) GROW-YOUR-OWN GARDENING WORKSHOPS - Including our "100 in Harrisburg" raised bed project for low income families  |
|         | 4) LOCAL FOODS EDUCATION SPEAKING ENGAGEMENTS - at local hospitals, churches, schools and events.  |
|         | 5) LOCAL FOODS EDUCATION SPECIAL EVENTS - including the "BenderDinker," a large kayaking and local foods awareness event   |
|         | 6) FARM WORKSHOPS, TOURS AND VOLUNTEER DAYS - Including several hands-on workshops and educational farm tours  |
|         | 7) THE KIDS MARKET PASSPORT PROGRAM - a seasonal foods education program, similar to a library summer reading program  |
|         | 8) CROP MOBS - including the coordination of several large-scale volunteers days on farms  |
|         | 9) MEDIA - Given Augusta's status as "Amerca's Fifth Fattest City," our work requires lots of public educationa about seasonality,   |
|         | nutrition and the economic benefit of buying, growing and eating locally. We work closely with local media to accomplish this.   |
| ic.     | (Code: ) (Expenses \$ 10,106.00 including grants of \$ 0.00 ) (Revenue \$ 212.00 )   |
| ••      | STUDENT INTERN PROGRAM AND VOLUNTEER PROGRAMS: In 2014, Augusta Locally Grown voluntarism continued as the driving   |
|         |  |
|         | force behind our mission.  1) HIGH SCHOOL STUDENT INTERNSHIP PROGRAM - Our student intern program for high school students involves them in the  |
|         |  |
|         | management of our farmers markets, in hosting special events, in assisting with our educational programs, and in a wide variety of   |
|         | farm-based or garden-based projects of their choosing. All student interns do several volunteer days on farms to better learn about the complexity of tasks involved in sustainable farming. Those who commit to a full semester of volunteer hours (3 per week) receive |
|         | a small stipend. Students who use the opportunity to complete their senior projects volunteer without a stipend. Intern projects   |
|         | a sman superior students who use the opportunity to complete their senior projects volunteer without a superior intern projects  |

completed in 2014 included: 1) helping design a drought-resistant "hugelkulture" raised bed at one of our youth garden programs; 2) helping install raised bed vegetables gardens for individual families in a low-income neighborhood of downtown Augusta; 3) assisting with local foods culinary preparation at educational events, including garden workshops and a kids health fair. 2) VOLUNTEERS - In 2014, we enjoyed the help of approximately 250 volunteers, including those who help run our farmers markets, our special events, our educational programs and our fundraising events. Costs include minimal travel stipends, tshirts and meals.

| <b>4</b> 0 | Other program services | (Describe in Schedule O.)   |
|------------|------------------------|-----------------------------|
|            | (Expenses \$           | a an including grants of \$ |

0.00) (Revenue \$

0.00)

| Part | Checklist of Required Schedules   |     |  | rage     |
|------|---|-----|--|----------|
|      |   |     | 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   | 1  |          |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2   | <del>                                     </del> | 1        |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3   |  | 1        |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   |  | 1        |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |  | <b>√</b> |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |  | 1        |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |  | 1        |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |  | 1        |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV            | 9   |  | 1        |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  |  | 1        |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |  |          |
| 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 |  | 1        |
| b    | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |  | 1        |
|      | 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 |  | 1        |
|      | 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 |  | 1        |
|      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |  | ✓        |
|      | 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 |  | 1        |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a |  | 1        |
| 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 |  | 1        |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |  | 1        |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |  | ✓        |
|      | 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 |  | ✓        |
|      | 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  |  | 1        |
|      | 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  |  | ✓        |
|      | 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        |
|      | 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  |  | 1        |
|      | 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 |  | ✓        |
| h    | If "Voe" to line 202, did the organization attach a copy of its guidted financial statements to this return?  | 20h |  |          |

| Part     | Checklist of Required Schedules (continued)  |            | <u></u> '    | aye •      |
|----------|--|------------|--------------|------------|
|          |  |            | Yes          | No         |
| 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         |              | 1          |
| 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         |              | 1          |
| 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         |              | 1          |
| 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        |              | <b>√</b>   |
| c        | 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        |              | 1          |
| d<br>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<br>25a |              | 1          |
| 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        |              | 1          |
| 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         |              | <b>√</b>   |
| 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         | i            | <b>√</b>   |
| 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a<br>28b |              | <b>√</b>   |
| 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        |              | <u>·</u> ✓ |
| 29<br>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                                  | 29<br>30   |              | <b>√</b>   |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |              | <u>·</u>   |
| 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         |              | <b>✓</b>   |
| 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         |              | <b>√</b>   |
| 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         |              | <b>✓</b>   |
| 35a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |              | <u>✓</u>   |
| 36       | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   | 35b        |              | <b>√</b>   |
|          | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36         |              | <u>✓</u>   |
| 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? <b>Note</b> . All Form 990 filers are required to complete Schedule O   | 38         | 1            |            |
|          |  | Form       | n <b>990</b> | (2014)     |

| Part   |  |     |          |  |
|--------|--|-----|----------|--|
|        | Check if Schedule O contains a response or note to any line in this Part V   | • • |          | <u>.                                    </u> |
| 4      | EN MARION AND DESCRIPTION OF A DESCRIPTI |     | Yes      | No   |
|        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | Į ; |          |  |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     | ]        | }  |
| C      | reportable gaming (gambling) winnings to prize winners?  |     | ,        | ]  |
| 22     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  | 1c  | 1        | <u> </u>                                     |
| 20     |  |     |          |  |
| b      | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 0 1 1 at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  | ĺ        | ļ  |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 20  |          | <del> </del>                                 |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |          | 1  |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b  |          |  |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority  |     |          | <del> </del>                                 |
|        | over, a financial account in a foreign country (such as a bank account, securities account, or other financial   |     |          | 1  |
|        | 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  |     |          | ĺ  |
|        | (FBAR).  |     |          |  |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |          | ✓  |
| þ      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |          | <b>✓</b>                                     |
| C      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |          |  |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |     | , ,      |  |
| h      | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a  | <b>V</b> | <u> </u>                                     |
| U      | If "Yes," did the organization include with every solicitation an express statement that such contributions or affts were not tax deductible?  | er. | 1        |  |
| 7      | gifts were not tax deductible?   | 6b  |          |  |
| a      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  |     |          |  |
| _      | and services provided to the payor?  | 7a  |          | 1  |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |          | <b>V</b>                                     |
| c      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |     |          | •  |
|        | required to file Form 8282?  | 7c  |          | 1  |
| d      | 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  |          | ✓  |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .   | 7f  |          | ✓  |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |          | <b>✓</b>                                     |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  | ✓        |  |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |     |          |  |
|        | sponsoring organization have excess business holdings at any time during the year?   | 8   |          | <b>✓</b>                                     |
| 9      | Sponsoring organizations maintaining donor advised funds.  |     |          |  |
| a      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |          | <b>✓</b>                                     |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |          | <u> </u>                                     |
| 10     | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12   |     |          |  |
| a<br>b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b  | ]   |          |  |
| 11     | Section 501(c)(12) organizations. Enter:   |     | į        |  |
| a      | 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.)  |     |          |  |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |          | ✓_   |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |     |          |  |
| 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?   | 13a |          | 1  |
|        | Note. See the instructions for additional information the organization must report on Schedule O.  |     | -        |  |
| 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?   | 14a |          | ✓  |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .  | 14b |          |  |

| Part     |  | v, and           | for a  | "No  |
|----------|--|------------------|--|--|
| •        | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O   |                  |  |  |
| Sacti    | Check if Schedule O contains a response or note to any line in this Part VI  | <u></u>          | <del></del>                                  | <u>. [√]</u>                                     |
| 0000     | on A. doverning body and management  |                  | Yes  | No   |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year   1a   | 12               | 1  | +  |
|          | If there are material differences in voting rights among members of the governing body, or   | ٦                | 1  |  |
|          | if the governing body delegated broad authority to an executive committee or similar   |                  | }  | 1  |
|          | committee, explain in Schedule O.  | }                | }  | 1  |
| р<br>2   | Enter the number of voting members included in line 1a, above, who are independent .   1b  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  | 의                | 1  |  |
| -        | any other officer, director, trustee, or key employee?   | `   <sub>2</sub> | 1  | 1  |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct  |                  | +-   | <del>                                     </del> |
|          | supervision of officers, directors, or trustees, or key employees to a management company or other person? .   | 3                | }  | 1  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4                | 1  |  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5                |  | 1  |
| 6<br>7-  | Did the organization have members or stockholders?   | 6                | -  | 1  |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | ¹                | .  | 1  |
| 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           | , [  | 1  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during   | ,                | 1  |  |
|          | the year by the following:   | -                |  | 1  |
| a        | The governing body?  | 8a               |  | ↓  |
| ь<br>9   | Each committee with authority to act on behalf of the governing body?  | 8b               | 1  | <del> </del>                                     |
|          | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | و ا              |  | 1  |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Revo   |                  | Code.  | )  |
|          |  |                  | Yes  | No   |
| 10a      | Did the organization have local chapters, branches, or affiliates?   | 10a              | <u> </u>                                     | 1  |
| þ        | 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?  | 1                |  |  |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?   | 10k              |  | <del> </del>                                     |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 116              | <u>'</u>                                     | <del> </del>                                     |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 128              |  |  |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |                  |  |  |
| C        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  | ١.               |  |  |
|          | describe in Schedule O how this was done   | 120              |  | <del> </del> _                                   |
| 13<br>14 | Did the organization have a written whistleblower policy?  | 13               | <del></del>                                  | 1  |
| 15       | Did the process for determining compensation of the following persons include a review and approval by   |                  | +  | <del>  •</del> -                                 |
|          | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |                  |  |  |
| а        | The organization's CEO, Executive Director, or top management official   | 15a              |  | 1  |
| b        | Other officers or key employees of the organization  | 15t              | ·[   | 1  |
| 40-      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |                  |  |  |
| 108      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a              | .  | 1  |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   | _                | +  | <del>                                     </del> |
| -        | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  |                  | 1  |  |
|          | organization's exempt status with respect to such arrangements?  | 16b              | <u>.                                    </u> | <u></u>  |
|          | on C. Disclosure   |                  |  |  |
| 17<br>18 | List the states with which a copy of this Form 990 is required to be filed Georgla  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization declaration for the forms 1024 requires and organization for the forms 1024 requires and 0124 requires | on 50            | (0)(3)(                                      | onk/   |
| 10       | available for public inspection. Indicate how you made these available. Check all that apply.  | JII JU           | (د)رع)٥                                      | only)  |
|          | ☐ 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 it  | nteres           | polic  | y, and   |
|          | financial statements available to the public during the tax year.  |                  |  |  |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and the person who possesses the organization of the person  | ecord            | s: 🕨   |  |
|          | Kim Hines, Executive Director, 1301 Waters Edge Drive, Augusta, GA 30901, 706-288-7895   |                  |  |  |

| Form | 990 | (2014) |  |
|------|-----|--------|--|
|      |     |        |  |

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

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

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 no     | r any relate                | d org                             | aniz                  | atic     | n c          | ompe                         | nsa    | ted any currer   | nt officer, directo              | r, or trustee.            |
|---|-----------------------------|-----------------------------------|-----------------------|----------|--------------|------------------------------|--------|------------------|----------------------------------|---------------------------|
|   | }                           | [                                 |                       | (0       | C)           |                              |        |                  |                                  |                           |
| (A)   | (B)                         | ĺ                                 |                       |          | ition        |                              |        | (0)              | (E)                              | (F)                       |
| Name and Title                                    | Average                     |                                   |                       |          |              | e than o                     |        | Reportable       | Reportable                       | Estimated                 |
| 7.00.000  | hours per                   |                                   |                       |          |              | or/trust                     |        | compensation     | compensation from                |                           |
|   | week (list any<br>hours for | -                                 | _                     | _        | _            |                              |        | from             | related                          | other                     |
|   | related                     | 8 ₹                               | l st#                 | Officer  | eye          | [ 호호                         | Former | the organization | organizations<br>(W-2/1099-MISC) | compensation from the     |
|   | organizations               | 충률                                | 할                     | *        | 콩            | year c                       | 4      | (W-2/1099-MISC)  |                                  | organization              |
|   | below dotted                | ٦٥                                | 臣                     |          | Key employee | 릙                            |        | ĺ                | ł                                | and related organizations |
|   | """                         | Individual trustee<br>or director | Institutional trustee | ĺ        | l°           | eng                          | ļ      | ĺ                | }                                | organizations             |
|   | ]                           | ]                                 | 8                     |          |              | Highest compensated employee | }      | ì                | }                                |                           |
|   |                             |                                   |                       |          |              |                              |        |                  |                                  | <del></del>               |
| (1) Amy Sutter                                    | 3                           |                                   |                       |          |              | ł                            |        |                  | <u> </u>                         |                           |
| Board President                                   | L                           |                                   |                       | <b>✓</b> | L            |                              |        | 0.00             | 0.00                             | 0.00                      |
| (2) Landon Dawson                                 | 11                          |                                   |                       |          | ĺ            | }                            |        |                  |                                  |                           |
| Board Vice President                              |                             |                                   |                       | ✓        | <u></u>      |                              |        | 0.00             | 0.00                             | 0.00                      |
| (3) Leslie Carson                                 | 20                          |                                   |                       |          |              |                              |        |                  |                                  |                           |
| Board Treasurer                                   |                             |                                   | L.                    | ✓        | L            |                              |        | 4520.00          | 0.00                             | 0.00                      |
| (4) Lauren Belcher                                | 11                          |                                   |                       |          | ļ            | l                            |        |                  |                                  |                           |
| Board Member                                      |                             | ✓                                 |                       |          |              |                              |        | 0.00             | 0.00                             | 0.00                      |
| (5) Matthew DeMatteo                              | 1 1                         | i                                 |                       |          | ļ            |                              |        |                  |                                  |                           |
| Board Member                                      |                             | 1                                 |                       |          |              |                              |        | 0.00             | 0.00                             | 0.00                      |
| (6) Steve Gianino                                 | 1 1                         |                                   |                       |          |              |                              |        |                  |                                  |                           |
| Board Member                                      | <u> </u>                    | 1                                 |                       |          |              |                              |        | 0.00             | 0.00                             | 0.00                      |
| (7) Jenny Jia                                     | 1                           |                                   |                       |          |              |                              |        |                  |                                  |                           |
| Board Member                                      |                             | ✓                                 |                       |          |              |                              |        | 0.00             | 0.00                             | 0.00                      |
| (8) Sandy Legette                                 | 1                           |                                   |                       |          |              |                              |        |                  |                                  |                           |
| Board Member                                      |                             | ✓                                 |                       |          |              | i                            |        | 0.00             | 0.00                             | 0.00                      |
| (9) Judy Maxwell                                  | 1                           |                                   |                       |          |              |                              |        |                  |                                  |                           |
| Board Member                                      |                             | ✓                                 |                       | . 1      |              |                              |        | 0.00             | 0.00                             | 0.00                      |
| (10) Janie Peel                                   | 1                           |                                   |                       |          |              |                              |        |                  |                                  |                           |
| Board Member                                      |                             | 1                                 |                       |          |              |                              |        | 0.00             | 0.00                             | 0.00                      |
| (11) Jan Perry                                    | 1                           |                                   |                       |          |              |                              |        |                  |                                  |                           |
| Board Member                                      |                             | ✓                                 |                       |          |              |                              |        | 0.00             | 0.00                             | 0.00                      |
| (12) Laurie Ritchle                               | 1                           |                                   |                       |          |              |                              |        |                  |                                  |                           |
| Board Member                                      |                             | ✓                                 |                       |          |              |                              |        | 0.00             | 0.00                             | 0.00                      |
| (13) Kim Hines, Executive Director                | 50                          |                                   |                       |          |              |                              |        |                  |                                  |                           |
| (not compensated as director, just as instructor) |                             |                                   |                       | [        |              |                              |        | 840.00           | 0.00                             | 0.00                      |
| (14)  |                             |                                   |                       | $\Box$   |              |                              |        |                  |                                  |                           |
|   |                             |                                   |                       |          |              |                              |        |                  |                                  |                           |

|         | (A)<br>Name and title  | (B) Average hours per week (list any                           | box,             | ot ch<br>unles<br>er and | s pe<br>dad | ntion<br>more<br>rson<br>rect | than out the state of the state | n an<br>tee)  | (D)  Reportable compensation from      | (E) Reportable compensation related |          | am                         | (F)<br>timated<br>ount of                    |               |
|---------|--|--|------------------|--------------------------|-------------|-------------------------------|--|---------------|--|-------------------------------------|----------|----------------------------|--|---------------|
|         |  | hours for<br>related<br>organizations<br>below dotted<br>line) |                  | Institutional trustee    | Officer     | Key employee                  | Highest compensated<br>employee  | Former        | the<br>organization<br>(W-2/1099-MISC) | organizatio<br>(W-2/1099-N          |          | comp<br>fro<br>orga<br>and | pensation the anization I related nization   | n<br>d        |
| (15)    |  |  |                  |                          |             |                               |  |               |  |                                     |          |                            |  |               |
| (16)    |  |  |                  |                          |             |                               |  |               |  | -                                   |          |                            |  |               |
| (17)    |  |  |                  |                          |             | <u> </u>                      |  |               |  |                                     |          | <del></del> .              | ···.   |               |
| (18)    |  |  |                  |                          |             |                               |  |               |  |                                     |          |                            |  |               |
| (19)    |  |  |                  |                          |             |                               |  |               |  |                                     |          |                            |  |               |
| (20)    |  |  |                  |                          |             |                               |  |               |  |                                     |          |                            |  |               |
| (21)    |  |  |                  |                          |             |                               |  |               |  |                                     |          |                            |  |               |
| (22)    |  |  |                  |                          |             |                               |  |               |  |                                     |          |                            |  |               |
| (23)    |  |  |                  |                          |             |                               |  |               |  |                                     |          |                            |  |               |
| (24)    |  |  |                  |                          |             |                               |  |               |  |                                     |          |                            |  |               |
| (25)    |  |  |                  |                          |             |                               |  |               |  |                                     |          |                            |  | <del></del> - |
| 1b<br>c | Sub-total  |  | <br>n A          |                          |             |                               |  |               | 5360.00<br>0.00                        |                                     | 0.00     |                            |  | 0.00          |
| d       | Total (add lines 1b and 1c)  | <u> </u>   |                  |                          |             |                               |  |               | 5360.00                                |                                     |          |                            |  |               |
| 2       | Total number of individuals (including but reportable compensation from the organization)      |  | to th            | ose                      | list        | ed a                          | bove   | ) wł          | no received mo                         | ore than \$10                       | 00,000 c | )f                         |  |               |
| 3       | Did the organization list any former off employee on line 1a? If "Yes," complete S             |  |                  |                          |             |                               |  |               |  |                                     |          | 3                          | Yes  | No            |
| 4       | For any individual listed on line 1a, is the organization and related organizations individual | sum of rep<br>greater tha                                      | oortab<br>an \$1 | ole c<br>50,0            | 000°        | pen<br>? <i>If</i>            | satio  | n ar<br>S," ( | nd other comp                          | ensation fro                        | m the    | 4                          |  | 1             |
| 5       | Did any person listed on line 1a receive of for services rendered to the organization?         |  |                  |                          |             |                               |  |               |  | ation or ind                        |          | 5                          | <br>   | 1             |
|         | n B. Independent Contractors   | ·  |                  |                          |             |                               |  |               |  |                                     |          |                            | <u>'                                    </u> |               |
| 1       | Complete this table for your five highest compensation from the organization. Rep year.        |  |                  |                          |             |                               |  |               |  |                                     |          |                            |  | ax            |
|         | (A)<br>Name and business addr  | ess  |                  |                          |             |                               |  |               | (B)<br>Description of se               | ervices                             | Co       | (C)<br>mpens               | ation  |               |
|         |  |  |                  |                          |             |                               |  |               |  |                                     |          |                            |  |               |
|         |  |  |                  |                          | ····        |                               |  |               |  |                                     |          |                            |  |               |
| 2       | Total number of independent contractor received more than \$100,000 of compens                 |  |                  |                          |             |                               |  | tho           | ose listed abo                         | ve) who                             |          |                            |  |               |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . 7 (D)
Revenue
excluded from tax
under sections
512-514 (B) Related or (C) Unrelated (A) Total revenue exempt business Grants Amounts Federated campaigns . . 1a 0.00 Membership dues . . . 1b 0.00 Fundraising events . . . . 1c 5067.63 Contributions, Gifts, Related organizations . . . 1d and Other Similar 0.00 Government grants (contributions) 1e 0.00 All other contributions, gifts, grants, and similar amounts not included above 1f 14,374.56 Noncash contributions included in lines 1a-1f; \$ 0.00 Total. Add lines 1a-1f .  $\triangleright$ 19,442.19 **Business Code** Program Service Revenue 2a EDUCATIONAL PROGRAMS 2929.31 2929.31 0.00 **ALG ON-LINE FARMERS MARKET** 28,053.92 28,053.92 0.00 **EVANS TOWNE FARMERS MARKET** 8323.00 8323.00 0.00 **VEGGIE TRUCK FARMERS MARKET** 0.00 0.00 0.00 INTERN & VOLUNTEER PROGRAMS 212.00 212.00 0.00 All other program service revenue. 0.00 0.00 0.00 Total. Add lines 2a-2f . 39,518.23 Investment income (including dividends, interest, and other similar amounts) . . . . . . . ▶ 0.00 0.00 0.00 4 Income from investment of tax-exempt bond proceeds ▶ 0.00 0.00 0.00 Royalties . . . . 5 0.00 0.00 0.00 (i) Real (ii) Personal 6a Gross rents . . Less: rental expenses Rental income or (loss) d Net rental income or (loss) 0.00 0.00 0.00 7a Gross amount from sales of (i) Securities (ii) Other assets other than inventory Less: cost or other basis and sales expenses . c Gain or (loss) . Net gain or (loss)  $\triangleright$ 0.00 0.00 0.00 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . **b** Less: direct expenses . . . . c Net income or (loss) from fundraising events 0.00 0.00 Gross income from gaming activities. See Part IV, line 19 . . . . . a **b** Less: direct expenses . . . . Net income or (loss) from gaming activities . C 0.00 0.00 0.00 Gross sales of inventory, less 10a returns and allowances . . . Less: cost of goods sold . . . b b Net income or (loss) from sales of inventory . . ▶ 0.00 0.00 0.00 Miscellaneous Revenue **Business Code** 11a Customer Payments On-Line Farmers 193,985.27 0.00 0.00 193,985.27 b 0.00 0.00 Customer Payments ETFM Farmers 3931.00 3931.00 0.00 Customer Payments to VT Farmers 4124.40 0.00 4124.40 All other revenue . . . 0.00 0.00 0.00 0.00 Total. Add lines 11a-11d . 202,040.67 Total revenue. See instructions. 0.00 261,001.09 31,518.23 202,040.67

Part IX Statement of Functional Expenses

|          | Check if Schedule O contains a response include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.   | Se or note to any lin  (A)  Total expenses |   |                                |   |
|----------|--|--|---|--------------------------------|---|
| 8b, 9l   |  | (A) (                                      |   |                                |   |
| 1        | <del></del>  | (B)<br>Program service<br>expenses         | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |   |
|          | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 0.00                                       | 0.00                                      |                                |   |
| 2        | Grants and other assistance to domestic individuals. See Part IV, line 22  | 0.00                                       | 0.00                                      |                                |   |
| 3        | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   | 0.00                                       | 0.00                                      |                                |   |
| 4        | Benefits paid to or for members  | 0.00                                       | 0.00                                      |                                |   |
| 5        | Compensation of current officers, directors, trustees, and key employees   | 0.00                                       | 0.00                                      |                                |   |
| 6        | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |  |   |                                |   |
| 7        | Other salaries and wages   | 0.00                                       | 0.00                                      |                                | - · · · · · · · · · · · · · · · · · · · |
| 8        | Pension plan accruals and contributions (include   | 0.00                                       | 0.00                                      |                                | <del></del>                             |
| _        | section 401(k) and 403(b) employer contributions)  | 0.00                                       | 0.00                                      | j                              |   |
| 9        | Other employee benefits  | 0.00                                       | 0.00                                      | <del></del>                    |   |
| 10       | Payroll taxes  | 0.00                                       | 0.00                                      |                                | <del></del>                             |
| 11       | Fees for services (non-employees):   |  |   |                                |   |
| а        | Management   | 2540.00                                    | 2540.00                                   |                                |   |
| b        | Legal  | 0.00                                       | 0.00                                      |                                | <u></u>                                 |
| C        | Accounting   | 2000.00                                    | 2000.00                                   |                                |   |
| d        | Lobbying   | 0.00                                       | 0.00                                      | ·                              | <del></del>                             |
| е        | Professional fundraising services. See Part IV, line 17  | 0.00                                       |   |                                | <del></del>                             |
| f<br>g   | Investment management fees   | 0.00                                       | 0.00                                      |                                |   |
|          | (A) amount, list line 11g expenses on Schedule O.)   | 10,106.00                                  | 10,106.00                                 |                                | <del></del>                             |
| 12       | Advertising and promotion  | 4961.32                                    | 4961.32                                   |                                |   |
| 13       | Office expenses  | 691.48                                     | 691.48                                    |                                |   |
| 14<br>15 | Information technology   | 6689.58                                    | 6689.58                                   | <del></del>                    | <del></del>                             |
| 16       | Royalties  | 0.00<br>5440.65                            | 0.00<br>5440.65                           |                                |   |
| 17       | Travel   | 87.48                                      | 87.48                                     |                                |   |
| 18       | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0.00                                       | 0.00                                      |                                | <del></del>                             |
| 19       | Conferences, conventions, and meetings .   | 0.00                                       | 0.00                                      |                                |   |
| 20       | Interest   | 0.00                                       | 0.00                                      |                                |   |
| 21       | Payments to affiliates   | 941.80                                     | 941.80                                    |                                |   |
| 22       | Depreciation, depletion, and amortization .  | 0.00                                       | 0.00                                      |                                |   |
| 23       | Insurance  | 822.00                                     | 822.00                                    |                                |   |
| 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        | EDUCATION PROGRAM EXPENSES   | 7285.91                                    | 7285.91                                   |                                |   |
| b        | FARM MARKET PROGRAMS & EXPENSES  | 4674.28                                    | 4674.28                                   |                                |   |
| С        | FUNDRAISING EXPENSES   | 2183.35                                    |   |                                | 2183.35                                 |
| þ        | PAYOUT TO FARMERS AT MARKETS   | 203,060.43                                 |   | 203,060.43                     |   |
| е        | All other expenses GOVERNMENT FEES   | 350.85                                     |   | 350.85                         |   |
| 25_      | Total functional expenses. Add lines 1 through 24e   | 251,835.13                                 | 46,240.50                                 | 203,411.28                     | 2183.35                                 |
| 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 Sheet

| _                           |     | Check if Schedule O contains a response or note to any line in this Par                    | t X                      |          | n                                     |
|-----------------------------|-----|--|--------------------------|----------|---------------------------------------|
|                             |     |  | (A)<br>Beginning of year |          | (B)<br>End of year                    |
|                             | 1   | Cash—non-interest-bearing  | 6186.24                  | 1        | 15,352.20                             |
|                             | 2   | Savings and temporary cash investments   | 0                        | 2        | 0                                     |
|                             | 3   | Pledges and grants receivable, net   | 0                        | 3        | C                                     |
|                             | 4   | Accounts receivable, net   | 0                        | 4        | 0                                     |
|                             | 5   | Loans and other receivables from current and former officers, directors,                   |                          |          |                                       |
|                             |     | trustees, key employees, and highest compensated employees.                                | 1                        | ļ        |                                       |
|                             | 1   | Complete Part II of Schedule L   | 0                        | 5        | 0                                     |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under section      |                          | Ì        |                                       |
|                             |     | 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             |                          | }        |                                       |
| ţ                           |     | organizations (see instructions). Complete Part II of Schedule L                           | 0                        | _        | 0                                     |
| Assets                      | 7   | Notes and loans receivable, net  | 0                        | _        | 0                                     |
| ⋖                           | 8   | Inventories for sale or use  | 0                        |          | 0                                     |
|                             | 9   | Prepaid expenses and deferred charges  | 0                        | 9        | 0                                     |
|                             | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D        | •                        |          |                                       |
|                             |     | · · · · · · · · · · · · · · · · · · ·  |                          |          |                                       |
|                             | b   | Less: accumulated depreciation 10b 0   |                          | 10c      | 0                                     |
|                             | 11  | Investments—publicly traded securities   |                          | 11       | 0                                     |
|                             | 12  | Investments—other securities. See Part IV, line 11   |                          | 12       | 0                                     |
|                             | 13  | Investments—program-related. See Part IV, line 11  | 0                        |          | 0                                     |
|                             | 15  | Intangible assets  | 0                        |          | 0                                     |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)                                  | 6186.24                  |          | 0<br>15,352.20                        |
|                             | 17  | Accounts payable and accrued expenses  | 0186.24                  |          | 19,392.20                             |
|                             | 18  | Grants payable ,   |                          | 18       | 0                                     |
|                             | 19  | Deferred revenue   | 0                        |          | 0                                     |
|                             | 20  | Tax-exempt bond liabilities  | 0                        |          | 0                                     |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D .                    | 0                        | 21       | 0                                     |
| S                           | 22  | Loans and other payables to current and former officers, directors,                        |                          |          |                                       |
| Ě                           | İ   | trustees, key employees, highest compensated employees, and                                | ]                        | 1        |                                       |
| Liabilities                 |     | disqualified persons. Complete Part II of Schedule L                                       | 0                        | 22       | 0                                     |
| <b>=</b>                    | 23  | Secured mortgages and notes payable to unrelated third parties                             | 0                        | 23       | 0                                     |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties                               | 0                        | 24       | 0                                     |
|                             | 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 |                          |          |                                       |
|                             | 26  | Total liabilities. Add lines 17 through 25   | 0                        | 25<br>26 | 0                                     |
|                             | 20  | Organizations that follow SFAS 117 (ASC 958), check here                                   | 0                        | 20       | 0                                     |
| es                          |     | complete lines 27 through 29, and lines 33 and 34.   |                          | ļ        |                                       |
| Ĕ                           | 27  | Unrestricted net assets  |                          | 27       |                                       |
| ale<br>Sale                 | 28  | Temporarily restricted net assets  |                          | 28       | · · · · · · · · · · · · · · · · · · · |
| D<br>E                      | 29  | Permanently restricted net assets  |                          | 29       | <del></del>                           |
| Ë                           |     | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and ☐                  |                          |          | <del></del>                           |
| 7.                          |     | complete lines 30 through 34.  |                          |          |                                       |
| ţ                           | 30  | Capital stock or trust principal, or current funds   |                          | 30       |                                       |
| 380                         | 31  | Paid-in or capital surplus, or land, building, or equipment fund                           |                          | 31       |                                       |
| Ä                           | 32  | Retained earnings, endowment, accumulated income, or other funds .                         |                          | 32       |                                       |
| Net Assets or Fund Balances | 33  | Total net assets or fund balances  |                          | 33       | ····                                  |
|                             | 34  | Total liabilities and net assets/fund balances   | <u></u> l                | 34       | 5 000 (2011)                          |

| Page | 1 | 2 |
|------|---|---|
| rage | • | _ |

|      |  |             |          |               | age        |
|------|--|-------------|----------|---------------|------------|
| 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           |          | 261,          | 001.09     |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2           |          | 251,          | 835,13     |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3           |          | 9             | 165.96     |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4           |          | 6             | 186.24     |
| 5    | Net unrealized gains (losses) on investments   | 5           |          |               | 0.00       |
| 6    | Donated services and use of facilities   | 6           |          |               | 0.00       |
| 7    | Investment expenses  | 7           |          |               | 0.00       |
| 8    | Prior period adjustments   | 8           |          |               | 0.00       |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)   | 9           |          |               | 0.00       |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   | 1 1         |          |               |            |
|      | 33, column (B))  | 10          |          | 15,           | 352.20     |
| Part | XII Financial Statements and Reporting   |             |          |               |            |
|      | Check if Schedule O contains a response or note to any line in this Part XII   | •           | <u> </u> |               | <u>. 🗆</u> |
|      |  |             |          | Yes           | No         |
| 1    | Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other   | <del></del> | _        | 1             | ł          |
|      | If the organization changed its method of accounting from a prior year or checked "Other," ex  | plain i     | n )      | ]             | }          |
| _    | Schedule O.  |             | }        | 1             | } _        |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |             |          | <u> </u>      | <b>✓</b>   |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were com   | piled o     | or       | l             | ļ          |
|      | reviewed on a separate basis, consolidated basis, or both:   |             | į        | l             |            |
| _    | Separate basis Consolidated basis Both consolidated and separate basis   |             | 1        |               |            |
| b    | Were the organization's financial statements audited by an independent accountant?   | • . •       | . 2b     | <u> </u>      | <b>✓</b>   |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audite  | ed on       | a        | 1             | ļ          |
|      | separate basis, consolidated basis, or both:   |             |          | ]             | }          |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |             |          | 1             | }          |
| C    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or   | ersign/     | it       | (             | ļ          |
|      | of the audit, review, or compilation of its financial statements and selection of an independent accounts to the selection of the selection of an independent accounts to the selection of the se |             |          |               | ļ          |
|      | If the organization changed either its oversight process or selection process during the tax year, ex  | piain ii    | n )      | }             | Ì          |
| _    | Schedule O.  |             |          | ļ             |            |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set   | torth i     |          | {             | 1          |
|      | the Single Audit Act and OMB Circular A-133?   |             | - 3a     |               | <u> </u>   |
| þ    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits are undergo the provided audit or audits?  |             | 1        | }             |            |
|      | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a   | Julis.      | 3b       | -             | <u> </u>   |
|      |  |             | For      | m <b>99</b> 0 | (2014)     |
|      |  |             |          |               |            |

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

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

4947(а)(1) попехетрt charitable trust.

2014

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Augusta Locally Grown, inc. 45-3581329 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . . . g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

(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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . The portion of total contributions by each person (other than a governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 . . . . . . Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources . . . . . . . . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 11 Total support. Add lines 7 through 10 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) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . % Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . .  $\Box$ 331/2% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, 17a 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

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

|       | 1 the organization rails to quality  | under the te    | SIS listed Delt   | w, piease cu      | inplete rait                             | 1./             |              |
|-------|--|-----------------|-------------------|-------------------|--|-----------------|--------------|
|       | on A. Public Support   |                 |                   |                   |  |                 | <del></del>  |
| _     | dar year (or fiscal year beginning in)   | (a) 2010        | <b>(b)</b> 2011   | (c) 2012          | (d) 2013                                 | (e) 2014        | (f) Total    |
| 1     | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") |                 |                   |                   |  |                 |              |
| 2     | Gross receipts from admissions, merchandise  |                 | 3262.00           | 6926.14           | 16,990.51                                | 19,442.19       | 46,620.84    |
| _     | sold or services performed, or facilities  |                 |                   |                   |  |                 |              |
|       | furnished in any activity that is related to the   |                 | ļ .               |                   |  |                 |              |
| _     | organization's tax-exempt purpose  |                 | 32,056.30         | 44,100.28         | 51,396.33                                | 39,518.23       | 167,071.14   |
| 3     | Gross receipts from activities that are not an   |                 |                   |                   |  |                 |              |
|       | unrelated trade or business under section 513  |                 | 0.00              | 0.00              | 0.00                                     | 0.00            | 0.00         |
| 4     | Tax revenues levied for the  | i               | {                 |                   |  |                 |              |
|       | organization's benefit and either paid   |                 | }                 | }                 |  |                 |              |
|       | to or expended on its behalf   |                 | 0.00              | 0.00              | 0.00                                     | 0.00            | 0.00         |
| 5     | The value of services or facilities  |                 |                   |                   |  |                 |              |
|       | furnished by a governmental unit to the  |                 |                   | ]                 |  | İ               |              |
|       | organization without charge  |                 | 0.00              | 0.00              | 0.00                                     | 0.00            | 0.00         |
| 6     | Total. Add lines 1 through 5   | L               | 35,318.30         | 51,026.42         | 68,386.84                                | 58,960.42       | 213,691.98   |
| 7a    | Amounts included on lines 1, 2, and 3  |                 |                   |                   |  |                 |              |
|       | received from disqualified persons .   |                 | 0.00              | 0.00              | 0.00                                     | 0.00            | 0.00         |
| b     | Amounts included on lines 2 and 3  |                 |                   |                   | ĺ  |                 |              |
|       | received from other than disqualified  |                 |                   | i                 | Į  |                 |              |
|       | persons that exceed the greater of \$5,000   |                 |                   |                   | Î  | }               |              |
|       | or 1% of the amount on line 13 for the year  |                 | 0.00              | 0.00              | 0.00                                     | 0.00            | 0.00         |
| C     | Add lines 7a and 7b  |                 | 0.00              | 0.00              | 0.00                                     | 0.00            | 0.00         |
| 8     | Public support (Subtract line 7c from  | ·               |                   | Ì                 | J  |                 |              |
|       | line 6.)   |                 |                   |                   | <u>.                                </u> |                 | 213,691.98   |
|       | on B. Total Support  |                 |                   |                   |  |                 |              |
| Calen | dar year (or fiscal year beginning in) 🕨   | (a) 2010        | <b>(b)</b> 2011   | (c) 2012          | (d) 2013                                 | (e) 2014        | (f) Total    |
| 9     | Amounts from line 6  |                 | 35,318.30         | 51,026.42         | 68,386.84                                | 58,960.42       | 213,691.98   |
| 10a   | · · · · · · · · · · · · · · · ·  |                 |                   |                   |  | i               |              |
|       | payments received on securities loans, rents,  |                 |                   | · ·               | 1  |                 |              |
|       | royalties and income from similar sources .  |                 | 0.00              | 0.00              | 0.00                                     | 0.00            | 0.00         |
| b     | Unrelated business taxable income (less  |                 |                   | İ                 |  |                 |              |
|       | section 511 taxes) from businesses   |                 |                   | 1                 |  |                 |              |
|       | acquired after June 30, 1975   |                 | 0.00              | 0.00              | 0.00                                     | 0.00            | 0.00         |
| C     | Add lines 10a and 10b  |                 | 0.00              | 0.00              | 0.00                                     | 0.00            | 0.00         |
| 11    | Net income from unrelated business   |                 |                   |                   |  | 1               |              |
|       | activities not included in line 10b, whether   |                 |                   |                   |  | ]               |              |
|       | or not the business is regularly carried on  |                 | 0.00              | 0.00              | 0.00                                     | 0.00            | 0.00         |
| 12    | Other income. Do not include gain or   |                 |                   |                   |  |                 |              |
|       | loss from the sale of capital assets   |                 | [                 | į                 |  | į               |              |
|       | (Explain in Part VI.)  |                 | 194,134.47        | 272,179.17        | 268,850.37                               | 202,040.67      | 937,204.68   |
| 13    | Total support. (Add lines 9, 10c, 11,  |                 |                   | T                 |  |                 |              |
|       | and 12.)   |                 | 229,452.77        | 323,205.59        | 337,237.21                               | 261,001.09      | 1,150,896.66 |
| 14    | First five years. If the Form 990 is for the   |                 | i's first, second | d, third, fourth, | or fifth tax ye                          | ar as a section | n 501(c)(3)  |
|       | organization, check this box and stop her  | re              | · · · · ·         |                   |  | · · · · ·       | ▶ 🗸          |
| Secti | on C. Computation of Public Suppor   |                 |                   |                   |  |                 |              |
| 15    | Public support percentage for 2014 (line 8   |                 | •                 |                   |  | 15              | %            |
| 16    | Public support percentage from 2013 Sch  |                 |                   | <u> </u>          |  | 16              | %            |
| Secti | on D. Computation of Investment Inc  |                 |                   |                   |  |                 |              |
| 17    | Investment income percentage for 2014 (I   |                 |                   |                   |  | 17              | %            |
| 18    | Investment income percentage from 2013   |                 |                   |                   |  | 18              | <u>%</u>     |
| 19a   | 331/3% support tests-2014. If the organi   |                 |                   |                   |  |                 |              |
|       | 17 is not more than 331/3%, check this box   |                 |                   |                   |  |                 |              |
| b     | 331/3% support tests—2013. If the organiz  |                 |                   |                   |  |                 |              |
|       | line 18 is not more than 331/3%, check this t  | •               | -                 | •                 | •  |                 | _            |
| 20    | Private foundation. If the organization did  | d not check a l | box on line 14.   | 19a, or 19b, cl   | neck this box :                          | and see instruc | ctions       |

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

| Sect | on A. All Supporting Organizations  |     |     |    |
|------|---|-----|-----|----|
|      |   |     | Yes | No |
| 1    | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1   |     |    |
| 2    | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2   |     |    |
| 3a   | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   | 3a  |     |    |
| b    | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   | 3b  |     |    |
| C    | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   | 3с  |     |    |
| 4a   | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.   | 4a  |     |    |
| b    | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b  |     |    |
| С    | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   | 4c  |     |    |
| 5a   | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a  |     |    |
| b    | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b  |     |    |
| c    | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c  |     |    |
| 6    | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.  | 6   |     |    |
| 7    | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).   | 7   |     |    |
| 8    | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).   | 8   |     |    |
| 9a   | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  | 9a  |     |    |
| b    | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   | 9b  |     |    |
| С    | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>   | 9c  |     |    |
| 10a  | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.  | 10a |     |    |
| b    | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  | 10b |     |    |

|       | M. O. Harrison   |               |          | age C        |
|-------|--|---------------|----------|--------------|
| Part  | Supporting Organizations (continued)   |               | 1        |              |
|       | Handle annulation accorded a 25 county to the form   |               | Yes      | No           |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?  | 1             | 1        | 1            |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |               |          | ]            |
| h     | below, the governing body of a supported organization? A family member of a person described in (a) above?   | 11a           |          | <u> </u>     |
|       | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11b           | <u> </u> | <del> </del> |
| Secti | ion B. Type I Supporting Organizations   | 1116          | L        | <u> </u>     |
|       | on bi Typo i cupporang digamentono   |               | Yes      | No           |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to  |               | 163      | 110          |
|       | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   | ĺ             |          | ł            |
|       | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or  | 1             | 1        | 1            |
|       | controlled the organization's activities. If the organization had more than one supported organization,  |               | ]        | İ            |
|       | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  | 1             |          |              |
|       | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1             | i        | ľ            |
| 2     | Did the organization operate for the benefit of any supported organization other than the supported  |               |          |              |
|       | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  |               | i .      |              |
|       | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   | 1             |          | }            |
|       | supervised, or controlled the supporting organization.   | 2             |          | l            |
| Secti | on C. Type II Supporting Organizations   |               |          |              |
|       |  |               | Yes      | No           |
| 1     | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |               |          | 1            |
|       | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |               |          |              |
|       | or management of the supporting organization was vested in the same persons that controlled or managed   | [             |          |              |
|       | the supported organization(s).   | 1             | Ĺ        | L            |
| Secti | on D. All Type III Supporting Organizations  |               | r        | r::-         |
|       |  |               | Yes      | No           |
| 1     | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |               |          | ļ            |
|       | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the    |               |          |              |
|       | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1             |          |              |
| •     |  | <del></del> - |          | <b></b> -    |
| 2     | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how          |               |          |              |
|       | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2             |          |              |
| 3     | By reason of the relationship described in (2), did the organization's supported organizations have a  |               |          |              |
| •     | significant voice in the organization's investment policies and in directing the use of the organization's   |               |          |              |
|       | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |               |          |              |
|       | supported organizations played in this regard.   | 3             |          |              |
| Secti | on E. Type III Functionally-Integrated Supporting Organizations  | نيخيا         |          |              |
| 4     | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i   | netru         | ctions   | e).          |
| ٠.    |  | iisu u        | Guons    | 3).          |
| a     | ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.   |               |          |              |
| b     | The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s                                | oo inc        | ta esti  | one)         |
| С     | The organization supported a governmental entity. Describe in Fait Vi now you supported a government entity (s   | ee 1113       | uuca     | urisj.       |
| 2     | Activities Test. Answer (a) and (b) below.   |               | Yes      | No           |
| а     | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |               |          |              |
|       | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   | (             |          |              |
|       | those supported organizations and explain how these activities directly furthered their exempt purposes,   |               |          |              |
|       | how the organization was responsive to those supported organizations, and how the organization determined  |               |          |              |
|       | that these activities constituted substantially all of its activities.   | 2a            |          |              |
| b     | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more  |               |          |              |
|       | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the   |               |          |              |
|       | reasons for the organization's position that its supported organization(s) would have engaged in these   | _             |          |              |
|       | activities but for the organization's involvement.   | 2b            |          |              |
| 3     | Parent of Supported Organizations. Answer (a) and (b) below.   |               |          |              |
| а     | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |               |          |              |
|       | trustees of each of the supported organizations? Provide details in Part VI.   | _3a           |          |              |
| b     | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard. | 3ь            |          |              |
|       | or no supported organization or a roo, assorbe fire are the fire played by the organization in this regard.  | . ~~          | i        |              |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or  | gan   | izations  |                                |
|--|-------|---|--------------------------------|
| <ol> <li>Check here if the organization satisfied the Integral Part Test as a qualifying<br/>other Type III non-functionally integrated supporting organizations must contain the properties of the III non-functional contains the III non-functional contain</li></ol> | g tru | st on Nov. 20, 1970. <b>See</b><br>ete Sections A through E | instructions. All              |
| Section A - Adjusted Net Income  |       | (A) Prior Year  | (B) Current Year<br>(optional) |
| 1 Net short-term capital gain  | 1     |   |                                |
| 2 Recoveries of prior-year distributions   | 2     |   |                                |
| 3 Other gross income (see instructions)  | 3     |   |                                |
| 4 Add lines 1 through 3  | 4     |   |                                |
| 5 Depreciation and depletion   | 5     |   |                                |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)   | 6     |   |                                |
| 7 Other expenses (see instructions)  | 7     |   |                                |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8     |   |                                |
| Section B - Minimum Asset Amount   |       | (A) Prior Year  | (B) Current Year (optional)    |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |       |   |                                |
| a Average monthly value of securities  | 1a    |   |                                |
| <b>b</b> Average monthly cash balances   | 1b    |   |                                |
| c Fair market value of other non-exempt-use assets   | 10    |   |                                |
| d Total (add lines 1a, 1b, and 1c)   | 1d    |   |                                |
| e Discount claimed for blockage or other factors (explain in detail in Part VI):   |       |   |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 2     |   |                                |
| 3 Subtract line 2 from line 1d   | 3     |   |                                |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4     |   |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5     |   |                                |
| 6 Multiply line 5 by .035  | 6     |   |                                |
| 7 Recoveries of prior-year distributions   | 7     |   |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8     |   |                                |
| Section C - Distributable Amount   |       |   | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1     |   |                                |
| 2 Enter 85% of line 1  | 2     |   |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3     |   |                                |
| 4 Enter greater of line 2 or line 3  | 4     |   |                                |
| 5 Income tax imposed in prior year   | 5     |   |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to   |       |   |                                |
| emergency temporary reduction (see instructions)   | 6     |   |                                |
| 7 Check here if the current year is the organization's first as a non-functional instructions).  | y-in  | tegrated Type III supporti                                  | ng organization (see           |

| Part         |   | <ol><li>Supporting Organ</li></ol> | izations (continued)                   |   |
|--------------|---|------------------------------------|--|---|
|              | ion D - Distributions   |                                    |  | Current Year                              |
| 1            | Amounts paid to supported organizations to accomplish   |                                    |  | <u> </u>                                  |
| 2            | Amounts paid to perform activity that directly furthers ex-<br>organizations, in excess of income from activity                                     | empt purposes of suppo             | orted                                  |   |
| 3            | Administrative expenses paid to accomplish exempt purp  | ooses of supported orga            | nizations                              |   |
| 4            | Amounts paid to acquire exempt-use assets   |                                    |  |   |
| 5            | Qualified set-aside amounts (prior IRS approval required)   |                                    |  |   |
| 6            | Other distributions (describe in Part VI). See instructions.  |                                    |  |   |
|              | Total annual distributions. Add lines 1 through 6.  |                                    |  |   |
| 8            | Distributions to attentive supported organizations to whic<br>(provide details in <b>Part VI</b> ). See instructions.                               | ch the organization is res         | sponsive                               |   |
| 9            | Distributable amount for 2014 from Section C, line 6  |                                    |  |   |
| 10           | Line 8 amount divided by Line 9 amount  |                                    |  |   |
| S            | ection E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions        | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
| _1_          | Distributable amount for 2014 from Section C, line 6  |                                    |  |   |
| 2            | Underdistributions, if any, for years prior to 2014   |                                    |  |   |
|              | (reasonable cause required-see instructions)  |                                    |  |   |
| 3            | Excess distributions carryover, if any, to 2014:  |                                    |  | <u></u>                                   |
| a            |   |                                    |  |   |
| <u>b</u>     |   | <del> </del>                       |  | ļ   |
| c            |   |                                    |  | <del></del>                               |
|              | From 2013   |                                    | ·····                                  |   |
| f            | Total of lines 3a through e   |                                    |  |   |
| g            | Applied to underdistributions of prior years  |                                    |  | <del></del>                               |
| <del>y</del> | Applied to 2014 distributable amount  |                                    |  |   |
| 1            | Carryover from 2009 not applied (see instructions)  |                                    |  |   |
| <u>j</u>     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                    |  |   |
| 4            | Distributions for 2014 from Section D, line 7: \$   |                                    |  |   |
| а            | Applied to underdistributions of prior years  |                                    |  |   |
| b            | Applied to 2014 distributable amount  |                                    |  |   |
| c            | Remainder. Subtract lines 4a and 4b from 4.   |                                    | · · · · · · · · · · · · · · · · · · ·  |   |
| 5            | Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                                    |  |   |
| 6            | Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                                    |  |   |
| 7            | Excess distributions carryover to 2015. Add lines 3j and 4c.  |                                    |  |   |
| 8            | Breakdown of line 7:  |                                    |  |   |
| а            |   |                                    |  |   |
| b            |   |                                    |  |   |
| С            |   |                                    |  |   |
| <u>d</u>     | Excess from 2013  |                                    |  |   |
| е_           | Excess from 2014  | <u> </u>                           |  |   |

| Schedule A (Form 990 or 990-EZ) 2014   | Page 8                                  |
|--|---|
| Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part III, line 12. Also complete this part for any additional information. (See instructions.) | 17b; and                                |
| Part III, Line 12: The totals in these line items are payouts to farmers (pass-through money) at the farmers markets, which we organ   | nize and                                |
| nanage as a nonprofit organization. This is not "revenue" or "income" to our program. Rather, it represents market sales made by   | farmers                                 |
| and other vendors when customers use our "token" system to purchase at our farmers markets. Augusta Locally Grown acts as a  |   |
| hrid-party payor at its farmers markets and abides by the law outlined in IRS 6050W in conducting and reporting these transaction  | IS                                      |
| uthermore, our "Farmer & Grower Handbook" clearly states that market vendors are responsible for reporting their own sales tax   | and                                     |
| ncome tax for sales made at the markets that we manage. The small income generated by these services to our organization IS rep  | orted                                   |
| s mission-related, program-generated income.   |   |
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

AUGUSTA LOCALLY GROWN, INC.

Employer identification number 45-3581329

| Part III, 4a - Statement of Program Service Accomplishments - Our Farmers Market Services Include "Payouts to Farmers," which represent            |
|--|
| the bulk of the "expenses" in the catagory. This is NOT technically "revenue" to our program. Rather, it represents farmers market sales           |
| made by farmers and other vendors when customers use a "token" or "script" system to purchase at our farmers markets. The farmers                  |
| market third-party payment network requirements are addressed in the IRS ruling called *Information Reporting Requirements Payments                |
| Made In Settlement of Payment Cards and Third Party Network Transactions" In 2011, with regards to IRS 6050W. Specifically this states that        |
| a "central payor in a farmers market scenario may have an obligation to issue information reports (via 1099-K) documenting payments made           |
| to market stall merchants if their relationship meets the definition of a third party network and if the number and amount of transactions         |
| exceed certain thresholds." (August 22, 2011, posted by the Farmers Market Coalition, Inc.) Further, it states that "Third party network           |
| transactions are reportable only if the total annual transactions with respect to a particular payee exceed \$20,000 and 200 in number." We        |
| have attached a copy of that document to this Schedule O. Please note that we carefully track payments made to all farmers (and related            |
| market vendors) and have attached summaries for all three markets we managed in 2014. As shown, none exceed the \$20,000-and-200                   |
| transactions rule in fiscal year 2014. Thus, we did not issue 1099-Ks to our market vendors for that time period. In our 990 reporting, we         |
| Include the Income and expense of these third-party Farmers Payouts because they pass through our banking accounts. However, as                    |
| supported by our recent 501c3 ruling, we understand that the IRS takes into consideration that this particular amount (\$202,040.67) is not a      |
| realistic indication of the "cost" or "income" of the services we offer. Rather, it reflects the portion of our program that involves us as a      |
| pass-through, third-party network. Given gross receipts of \$251,835.13 for the year 2014, it is clear that third-party payouts is a large portion |
| of that. To further clarify our role as central payor at the Augusta Locally Grown On-Line Market, Evans Towne Farmers Market and the              |
| Veggle Truck Farmers Market, our Board of Directors has established guidelines for vendors with regard to sales and income reporting.              |
| Our "Farmer & Grower Handbook" clearly states that market vendors are responsible for reporting their own sales tax and income tax for             |
| sales made at our markets. In the event that some of our vendors come close to approaching the \$20,000-and-200 transaction rule, we will          |
| implement a policy of collecting w-9s from our vendors. At this time, however, given that our markets are weekly and seasonal, it is not even      |
| possible for any of our vendors to come close to the 200-transaction limit in any given year. In preparing our 990 report for 2014, we expect      |
| that the IRS will continue to agree with our interpretation and application of its Third Party Network Transaction policy for farmers markets.     |
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Part V, 1c - Statements Regarding Other IRS Filings and Tax Compliance - Augusta Locally Grown followed IRS guidelines for payouts to

Name of the organization Employer Identification number **AUGUSTA LOCALLY GROWN, INC.** 45-3581329 Part V, 3a - Statements Regarding Other IRS Filings and Tax Compliance - Augusta Locally Grown did not have any unrelated business gross income during the 2014 fiscal year. Part V, 14a - Statements Regarding Other IRS Filings and Tax Compliance - We do not conduct indoor tanning services, nor will we EVER do so. It does not fall within the mission of our organization whatsoever. Part V, 6a - Statements Regarding Other IRS Filings and Tax Compliance - The organization has annual gross receipts of more than \$100,000 mostly due to our role as a third-party payor at farmers markets. During the first half 2014, we received several gifts from the community to help pay for our educational programs. All granting parties were made aware that their support of our programs was not tax exempt because we had not yet received final approval on our 501c3 status. 6b - We did not do any formal solicitations until after July 2014. Part VI, 4 - The Board of Directors elected to increase its number of members of the Board from 9 to 12, with a quorum of 7. This change was made at the Board of Directors meeting on December 2, 2014. It was recorded as a change to our bylaws. Part VI, 11b - Having already reviewed the 2014 financials in February 2015, the board received an email of the 990 prior to submission to IRS. Part VI, 12c - Policles - This 990 was compiled by our volunteer Exec Director Kim Hines, with review by our current Board of Directors, via email, during the week of July 27-31. This was done after a pro bono review by CPA Bambi Arnold of Washington GA on Apr 28, 15. Part VI, 15a - Policies - Our Board of Directors is mindful of the fact that conflict of interest may arise when we discuss issues that pertain to our farmers market policies because several market farm vendors sit on the board. As such, it is understood in our meetings that a board member who is also a farmer may be asked to abstain from a vote if the issue would unfairly advantage that board member. At this time, no such decisions have been made. The conflict of interest policy is clearly spelled out in the organization's bylaws. Part VI, 15a - Policies - The process for determining compensation for the Executive Director of the organization has not yet been determined because the organization does not currently have the funds to pay a salary for that (or any) position. We funding is procured, the Board of Directors will consider comparable data and it contemporaneously substantiate its deliberation and decision in the process of setting fair pay Part VI, 19 - Disclosure - ALG's governing documents, conflict of interest policy (in the bylaws) and financials are available by request. Part VIII, A 1a - Our board treasurer, Leslie Carson, was contracted to manage one of our farmers markets. She did not get paid as treasurer. Part VIII 11 a,b,c,e - Our miscellaneous revenue are payouts to farmers (pass-through money) at the farmers markets that we manage. This is not revenue or income to our program. Rather, it represents market sales made by farmers when customers use a "token" system at our markets. ALG acts as a third-party payor in this system, and abides by IRS6050W in reporting these transactions. Part IX, 11g - Statement of Functional Expenses - This amount reflects fees for services paid in the form of stipends or contracts to: 1) 10 student interns; 6 market managers, and 4 educators. Most earned less than \$600. For those earning more in 2014, a 1099 was provided. Part IX, 24d - Payouts to farmers are pass-through monles, not income or revenue to our program. See Part III, 4a explanation above. Schedule O (Form 990 or 990-EZ) (2014)