

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

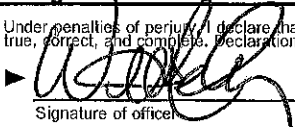

For the 2009 calendar year, or tax year beginning , 2009, and ending ,

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See specific instructions. <b>FARM AID, INC.</b> <b>501 CAMBRIDGE STREET, THIRD FLOOR</b> <b>CAMBRIDGE, MA 02141</b>	<b>D</b> Employer identification number <b>36-3383233</b> <b>E</b> Telephone number <b>617-354-2922</b> <b>G</b> Gross receipts \$ <b>2,814,361.</b>	<b>F</b> Name and address of principal officer: <b>WILLIE NELSON</b> <b>SAME AS C ABOVE</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <b>FARMAID.ORG</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of Formation: <b>1985</b> <b>M</b> State of legal domicile: <b>IL</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>FARM AID'S MISSION IS TO BUILD A VIBRANT, FAMILY FARM-CENTERED SYSTEM OF AGRICULTURE IN AMERICA. FARM AID HOSTS AN ANNUAL CONCERT TO RAISE FUNDS TO SUPPORT WORK WITH FAMILY FARMERS AND TO INSPIRE PEOPLE TO CHOOSE FAMILY-FARMED FOOD.</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> ..... <b>11</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> ..... <b>11</b> <b>5</b> Total number of employees (Part V, line 2a) ..... <b>5</b> ..... <b>15</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> ..... <b>345</b> <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> ..... <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> ..... <b>0.</b>			
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	1,243,998.	1,109,726.	
	<b>9</b> Program service revenue (Part VIII, line 2g) .....			
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	21,437.	35,211.	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	495,789.	381,979.	
	<b>12</b> Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	1,761,224.	1,526,916.	
<b>Expenses</b>				
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	585,861.	525,341.	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....			
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	591,696.	633,503.	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		6,750.	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>167,456.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	455,608.	519,608.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	1,633,165.	1,685,202.	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	128,059.	-158,286.	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Year</b>	<b>End of Year</b>	
	<b>20</b> Total assets (Part X, line 16) .....	1,178,109.	1,042,502.	
	<b>21</b> Total liabilities (Part X, line 26) .....	189,580.	186,354.	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	988,529.	856,148.	

**Part II Signature Block**

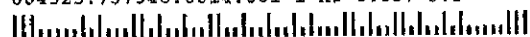
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ▶  <span style="float: right;">8-13-2010</span> Signature of officer <span style="float: right;">Date</span> ▶ <b>WILLIE NELSON</b> <span style="float: right;">PRESIDENT</span> Type or print name and title.	
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶  <span style="float: right;">6/23/10</span> Date Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>DEBRA A DOBBINS CPA PC</b> <b>139 BILLERICA RD</b> <b>CHELMSFORD, MA 01824-3619</b>	Check if self-employed <input type="checkbox"/> <span style="float: right;">Preparer's identifying number (see instructions)</span> <b>P00135585</b> EIN ▶ <b>35-2204238</b> Phone no. ▶ <b>(978) 251-8830</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

UD 67 200912 670  
201022 0947900441  
02143K  
IRS USE ONLY29404-128-56884-0 A0164374 211A  
363383233 TE 3Department of the Treasury  
Internal Revenue Service  
OGDEN UT 84201-0074For assistance, call:  
1-877-829-5500Notice Number: CP211A  
Date: June 14, 2010Taxpayer Identification Number:  
36-3383233  
Tax Form: 990  
Tax Period: December 31, 2009

RECEIVED JUN 24 2010

004523.737346.0014.001 1 AT 0.357 375

FARM AID INC  
% WILLIE NELSON  
11 WARD STREET  
SOMERVILLE MA 02143-4214991

004523

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**APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT  
ORGANIZATION RETURN - APPROVED**

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We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **August 15, 2010**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at [www.irs.gov/eo](http://www.irs.gov/eo). This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ☐) (Expenses \$ 391,402. including grants of \$ 205,772.) (Revenue \$ 115,711.)

SEE SCHEDULE O

4b (Code: ☐) (Expenses \$ 391,000. including grants of \$ ) (Revenue \$ 13,681.)

SEE SCHEDULE O

4c (Code: ☐) (Expenses \$ 377,429. including grants of \$ 247,569.) (Revenue \$ )

SEE SCHEDULE O

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

(Expenses \$ 160,189. including grants of \$ 72,000.) (Revenue \$ )

4e Total program service expenses ► 1,320,020.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• 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		
• 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		
• 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• 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? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		
	Yes	No
12 A		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

**Part IV Checklist of Required Schedules (continued)**

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

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Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. .... <b>1 a</b> 15		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. .... <b>1 b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .... <b>1 c</b>	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. .... <b>2 a</b> 15		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .... <b>2 b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .... <b>3 a</b>		X
<b>b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. .... <b>3 b</b>		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .... <b>4 a</b>		X
<b>b</b>	If 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .... <b>5 a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .... <b>5 b</b>		X
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .... <b>5 c</b>		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? .... <b>6 a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? .... <b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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? .... <b>7 a</b>	X	
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .... <b>7 b</b>	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .... <b>7 c</b>		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. .... <b>7 d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .... <b>7 e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .... <b>7 f</b>		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .... <b>7 g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .... <b>7 h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .... <b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966? .... <b>9 a</b>		
<b>b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? .... <b>9 b</b>		
<b>10 Section 501(c)(7) organizations. Enter:</b>			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. .... <b>10 a</b>		
<b>b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. .... <b>10 b</b>		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
<b>a</b>	Gross income from other members or shareholders. .... <b>11 a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .... <b>11 b</b>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .... <b>12 a</b>		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. .... <b>12 b</b>		

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Form 990 (2009)

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosures**

17 List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ► GLENDA YODER, ASSC DRCTR 501 CAMBRIDGE ST, 3RD FLR, CAMBRIDGE, MA 02141 617-354-2922

**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**

**1 a** 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. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK ROTHBAUM DIRECTOR	1	X						0.	0.	0.
DAVID ANDERSON DIRECTOR	1	X						0.	0.	0.
JOHN MELLENCAMP DIRECTOR	1	X						0.	0.	0.
DAVE MATTHEWS DIRECTOR	1	X						0.	0.	0.
JOEL KATZ DIRECTOR	1	X						0.	0.	0.
EVELYN SHRIVER DIRECTOR	1	X						0.	0.	0.
NEIL YOUNG DIRECTOR	1	X						0.	0.	0.
RICHARD FIELDS DIRECTOR	1	X						0.	0.	0.
WILLIE NELSON PRESIDENT	1			X				0.	0.	0.
PAUL ENGLISH TREASURER	1			X				0.	0.	0.
LANA NELSON SECRETARY	1			X				0.	0.	0.
CAROLYN MUGAR EXECUTIVE DIREC	20			X				39,026.	0.	0.
GLENDY YODER CFO	35			X				76,384.	0.	0.





**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1a</b> Federated campaigns.....	<b>1a</b> 59,101.				
	<b>b</b> Membership dues.....	<b>1b</b>				
	<b>c</b> Fundraising events.....	<b>1c</b> 474,805.				
	<b>d</b> Related organizations.....	<b>1d</b>				
	<b>e</b> Government grants (contributions).....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above.....	<b>1f</b> 575,820.				
	<b>g</b> Noncash contribns included in lns 1a-1f: \$	48,900.				
	<b>h Total.</b> Add lines 1a-1f.....		1,109,726.			
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2a</b> -----					
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue...					
	<b>g Total.</b> Add lines 2a-2f.....					
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts).....		20,810.			20,810.
	<b>4</b> Income from investment of tax-exempt bond proceeds.....					
	<b>5</b> Royalties.....		39,208.			39,208.
		(i) Real (ii) Personal				
	<b>6a</b> Gross Rents.....					
	<b>b</b> Less: rental expenses.....					
	<b>c</b> Rental income or (loss).....					
	<b>d</b> Net rental income or (loss).....					
		(i) Securities (ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory.....	377,808. 486.				
	<b>b</b> Less: cost or other basis and sales expenses.....	363,702. 191.				
	<b>c</b> Gain or (loss).....	14,106. 295.				
	<b>d</b> Net gain or (loss).....		14,401.			14,401.
	<b>8a</b> Gross income from fundraising events (not including \$ 474,805. of contributions reported on line 1c). See Part IV, line 18.....	<b>a</b> 1,252,642.				
	<b>b</b> Less: direct expenses.....	<b>b</b> 916,848.				
	<b>c</b> Net income or (loss) from fundraising events.....		335,794.			335,794.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19.....	<b>a</b>				
	<b>b</b> Less: direct expenses.....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities.....					
	<b>10a</b> Gross sales of inventory, less returns and allowances.....	<b>a</b> 13,681.				
<b>b</b> Less: cost of goods sold.....	<b>b</b> 6,704.					
<b>c</b> Net income or (loss) from sales of inventory.....		6,977.	6,977.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> -----						
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue.....						
<b>e Total.</b> Add lines 11a-11d.....						
<b>12 Total revenue.</b> See instructions.....		1,526,916.	6,977.	0.	410,213.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	501,669.	501,669.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,672.	23,672.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,410.	88,293.	10,694.	16,423.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	383,524.	249,935.	86,477.	47,112.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,686.	9,795.	1,606.	1,285.
9 Other employee benefits	84,016.	56,900.	16,396.	10,720.
10 Payroll taxes	37,867.	25,670.	7,375.	4,822.
11 Fees for services (non-employees)				
a Management				
b Legal	1,209.		1,209.	
c Accounting	32,457.		32,457.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17	6,750.			6,750.
f Investment management fees	6,858.		6,858.	
g Other	40,652.	8,002.	1,479.	31,171.
12 Advertising and promotion	111,198.	111,198.		
13 Office expenses	84,713.	55,780.	10,441.	18,492.
14 Information technology	54,881.	50,510.	221.	4,150.
15 Royalties				
16 Occupancy	76,486.	51,882.	14,858.	9,746.
17 Travel	35,142.	31,108.	21.	4,013.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,669.	8,027.	1,357.	1,285.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,328.	24,999.	579.	5,750.
23 Insurance	8,294.	6,404.	1,050.	840.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS	11,483.	7,836.	296.	3,351.
b SUBSCRIPTIONS	9,071.	7,595.	30.	1,446.
c FILING FEES	3,812.		3,812.	
d PREMIUMS	745.	745.		
e FOOTAGE	610.		510.	100.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,685,202.	1,320,020.	197,726.	167,456.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing.....	144.	1	144.
	2 Savings and temporary cash investments.....	583,774.	2	423,355.
	3 Pledges and grants receivable, net.....	19,215.	3	43,592.
	4 Accounts receivable, net.....	6,785.	4	9,848.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L..		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....	25,498.	8	38,919.
	9 Prepaid expenses and deferred charges.....	25,534.	9	20,658.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,419.		
	b Less: accumulated depreciation.....	10b 25,450.	10c	6,969.
	11 Investments — publicly-traded securities.....	17,434.	11	16,144.
	12 Investments — other securities. See Part IV, line 11.....		12	
	13 Investments — program-related. See Part IV, line 11.....	420,895.	13	445,198.
	14 Intangible assets.....	60,950.	14	28,907.
	15 Other assets. See Part IV, line 11.....	8,148.	15	8,768.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).....	1,178,109.	16	1,042,502.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses.....	18,314.	17	60,396.
	18 Grants payable.....	14,156.	18	10,586.
	19 Deferred revenue.....	126,609.	19	87,401.
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities. Complete Part X of Schedule D.....	30,501.	25	27,971.
	26 <b>Total liabilities.</b> Add lines 17 through 25.....	189,580.	26	186,354.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets.....	581,995.	27	389,890.
	28 Temporarily restricted net assets.....	406,534.	28	466,258.
	29 Permanently restricted net assets.....		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
	33 <b>Total net assets or fund balances.</b> .....	988,529.	33	856,148.
34 <b>Total liabilities and net assets/fund balances.</b> .....	1,178,109.	34	1,042,502.	

BAA

Form 990 (2009)

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....

2a Yes No X

b Were the organization's financial statements audited by an independent accountant? .....

2b X

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

2c X

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: .....

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

3a X

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

3b

BAA

Form 990 (2009)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)...	1,214,503.	1,027,591.	1,166,216.	1,243,998.	1,109,726.	5,762,034.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....						0.
4 <b>Total.</b> Add lines 1-through 3....	1,214,503.	1,027,591.	1,166,216.	1,243,998.	1,109,726.	5,762,034.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)...						1,271,660.
6 <b>Public support.</b> Subtract line 5 from line 4.....						4,490,374.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.....	1,214,503.	1,027,591.	1,166,216.	1,243,998.	1,109,726.	5,762,034.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....	128,043.	135,980.	146,451.	67,667.	60,018.	538,159.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).....						0.
11 <b>Total support.</b> Add lines 7 through 10.....						6,300,193.
12 Gross receipts from related activities, etc. (see instructions).....					12	7,428,464.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).....	14	71.3 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.....	15	68.6 %
16a <b>33-1/3 support test — 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization..... ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3 support test — 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test — 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions... ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (add lns 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

b **33-1/3% support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

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



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

**2009**

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)( 3 ) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule —**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules —**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2009)**

Name of organization

Employer identification number

FARM AID, INC.

36-3383233

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LAVIN FAMILY FOUNDATION 411 LAKESIDE TERRACE GLENCOE, IL 60022	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DAHR JAMAIL 2217 TROON HOUSTON, TX 77019	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BEN & JERRY'S 30 COMMUNITY DRIVE SOUTH BURLINGTON, VT 05403	\$ 64,616.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	WHITE WAVE FOODS 12002 AIRPORT WAY BROOMFIELD, CO 80021	\$ 150,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE TURNER FOUNDATION 133 LUCKIE STREET, 2ND FLOOR ATLANTA, GA 30303	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE KURZ FAMILY FOUNDATION 72 GROZIER ROAD CAMBRIDGE, MA 02138	\$ 54,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

FARM AID, INC.

Employer identification number

36-3383233

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DIRECTTV PO BOX 915 EL SEGUNAO, CA 90245	\$ 47,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	GRTR HOUSTON COMM. FNDTN 4550 POST OAK PLACE, STE 100 HOUSTON, TX 77027	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	WIND CAPITAL VENTURES, LLC 1430 WASHINGTON AVE, STE 300 ST. LOUIS, MO 63103	\$ 24,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MANTRIA INDUSTRIES, LLC 555 E CITY LINE AVE, STE 430 BALA CYNWYD, PA 19004	\$ 23,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	HUMAN CARE CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE LARKSPUR, CA 94939	\$ 59,101.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

FARM AID, INC.

Employer identification number

36-3383233

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	5000 SHARES OF PRESIDENTIAL LIFE STOCK		
		\$ 48,900.	12/28/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

FARM AID, INC.

Employer identification number

36-3383233

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► **Complete if the organization is described below.**

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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

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

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

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

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then**

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

Name of organization

FARM AID, INC.

Employer identification number

36-3383233

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ► \$

3 Volunteer hours .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ► \$ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$

3 Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ► \$

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule C (Form 990 or 990-EZ) 2009

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

- A** Check ☐ if the filing organization belongs to an affiliated group.  
**B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures –</b> (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		50.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		50.	0.												
<b>d</b> Other exempt purpose expenditures .....		2,608,704.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		2,608,754.	0.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		280,438.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		70,110.	0.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying non-taxable amount .....	276,581.	321,223.	277,683.	280,438.	1,155,925.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)) .....					1,733,888.
<b>c</b> Total lobbying expenditures .....	178.	92.		50.	320.
<b>d</b> Grassroots nontaxable amount .....	69,145.	80,306.	69,421.	70,110.	288,982.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) .....					433,473.
<b>f</b> Grassroots lobbying expenditures .....	178.	92.		50.	320.

BAA

Schedule C (Form 990 or 990-EZ) 2009

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV.			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2a	
b Carryover from last year.	2b	
c Total.	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions).	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

FARM AID, INC.

**Supplemental Financial Statements**

- ▶ Complete if the organization answered 'Yes' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions

OMB No. 1545-0047

**2009****Open to Public  
Inspection**

Employer identification number

36-3383233

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06.....	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance.....	1c
d Additions during the year.....	1d
e Distributions during the year.....	1e
f Ending balance.....	1f

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

b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....	420,895.	566,228.			
b Contributions.....					
c Net Investment earnings, gains, and losses.....	54,075.	-111,599.			
d Grants or scholarships.....	24,742.	27,735.			
e Other expenditures for facilities and programs.....					
f Administrative expenses.....	5,030.	5,999.			
g End of year balance.....	445,198.	420,895.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 100.00 %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

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

	Yes	No
(i) unrelated organizations.....	3a(i) X	
(ii) related organizations.....	3a(ii)	X

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

3b

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

SEE PART XIV

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land.....				
b Buildings.....				
c Leasehold improvements.....		7,397.	7,397.	0.
d Equipment.....		25,022.	18,053.	6,969.
e Other.....				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 6,969.

BAA

Schedule D (Form 990) 2009

<b>Part VII</b>	<b>Investments—Other Securities</b> See Form 990, Part X, line 12.	N/A
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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		

<b>Part VIII</b>	<b>Investments—Program Related</b> (See Form 990, Part X, line 13)
------------------	--

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
NO. INSTITUTIONAL GOVERNMENT FUND	28,038.	END OF YEAR MARKET VALUE
19656 SHS - PIMCO TOTAL RETURN FUND	212,280.	END OF YEAR MARKET VALUE
1404 SHS - ALLIANZ NFJ LRGE CAP VALU	17,787.	END OF YEAR MARKET VALUE
344 SHS - DODGE & COX INTNTL STOCK F	10,951.	END OF YEAR MARKET VALUE
1950 SHS - GOLDMAN SACHS HIGH YLD FN	13,553.	END OF YEAR MARKET VALUE
1573 SHS - JANUS ADVSR INTECH RISK M	17,931.	END OF YEAR MARKET VALUE
475 SHS - MFS INTRNTNL GRWTH FUND	10,990.	END OF YEAR MARKET VALUE
1116 SHS - MFS CORE GROWTH FUND	18,015.	END OF YEAR MARKET VALUE
11099 SHS - VANGUARD ST BOND INDEX	115,653.	END OF YEAR MARKET VALUE
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)	445,198.	

<b>Part IX</b>	<b>Other Assets</b> (See Form 990, Part X, line 15)	N/A
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[illegible]

<b>Part X</b>	<b>Other Liabilities</b> (See Form 990, Part X, line 25)
---------------	--

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PAYROLL & PAYROLL TAXES	11,561.
EMPLOYEE BENEFITS PAYABLE	16,410.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	27,971.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,526,916.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,685,202.
3	Excess or (deficit) for the year. Subtract line 2 from line 1.	-158,286.
4	Net unrealized gains (losses) on investments	18,456.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8.	18,456.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	-139,830.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements.	1	1,583,703.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	18,456.
b	Donated services and use of facilities	2b	5,161.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) ... SEE PART XIV	2d	33,170.
e	Add lines 2a through 2d	2e	56,787.
3	Subtract line 2e from line 1.	3	1,526,916.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,526,916.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,723,533.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,161.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV) ... SEE PART XIV	2d	33,170.
e	Add lines 2a through 2d	2e	38,331.
3	Subtract line 2e from line 1.	3	1,685,202.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,685,202.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

FARM AID, INC. USES THESE ENDOWMENT FUNDS TO AWARD SCHOLARSHIPS TO STUDENTS PURSUING

AGRICULTURE AND AGRICULTURE - RELATED STUDIES AT COLLEGES AND UNIVERSITIES IN THE

REGION IN WHICH YOUNKERS, INC. DOES BUSINESS.

2009

## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 968

FARM AID, INC.

36-3383233

6/23/10

04:52PM

## SCHEDULE D, PART XII, LINE 2D

## OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

COST OF GOODS SOLD.....	\$	6,704.
LOSS ON DISPOSAL OF CAPITAL EQUIPMENT.....		191.
NET ASSETS RELEASED FROM RESTRICTIONS.....		26,275.
TOTAL	\$	<u>33,170.</u>

## SCHEDULE D, PART XIII, LINE 2D

## OTHER EXPENSES AND LOSSES PER AUDITED F/S

COST OF GOODS SOLD.....	\$	6,704.
LOSS ON DISPOSAL OF CAPITAL EQUIPMENT.....		191.
NET ASSETS RELEASED FROM RESTRICTIONS.....		26,275.
TOTAL	\$	<u>33,170.</u>

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

## Open to Public Inspection

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Mail solicitations               | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations              | <input type="checkbox"/> Special fundraising events            |
| <input type="checkbox"/> In-person solicitations          |  |

- 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total .....						0.

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

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 CONCERT (event type)	(b) Event #2 EXPO EAST (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts.....	1,696,022.	15,875.	15,550.	1,727,447.
	2 Less: Charitable contributions.....	466,445.	7,250.	1,110.	474,805.
	3 Gross income (line 1 minus line 2).....	1,229,577.	8,625.	14,440.	1,252,642.
DIRECT EXPENSES	4 Cash prizes.....				
	5 Noncash prizes.....				
	6 Rent/facility costs.....	188,063.	14,007.	2,935.	205,005.
	7 Food and beverages.....	58,209.			58,209.
	8 Entertainment.....		1,000.		1,000.
	9 Other direct expenses.....	649,975.	2,259.	400.	652,634.
	10 Direct expense summary. Add lines 4- through 9 in column (d).....				916,848.
	11 Net income summary. Combine lines 3, column (d) and line 10.....				335,794.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue.....				
DIRECT EXPENSES	2 Cash prizes.....				
	3 Non-cash prizes.....				
	4 Rent/facility costs.....				
	5 Other direct expenses.....				
	6 Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d).....				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7.....				

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

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

b If 'No,' explain:

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

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers?.....

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?.....

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

	13a	%
a The organization's facility .....		
b An outside facility .....	13b	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ .....

Address: ▶ .....

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....

15a

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

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

Name: ▶ .....

Address: ▶ .....

**16** Gaming manager information

Name: ▶ .....

Gaming manager compensation ▶ \$\_\_\_\_\_

Description of services provided: ▶ .....

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

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....

17a

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



**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**FARM AID, INC.**

Employer identification number

**36-3383233**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR RURAL AFFAIRS PO BOX 136 LYONS, NE 68038	43-1432033	501 (C) (3)	25,500.	0.			TAKING ACTION TO CHANGE
COMM. FOOD SEC. COALITION 3830 SE DIVISION STREET PORTLAND, OR 97202	06-1495135	501 (C) (3)	7,500.	0.			TAKING ACTION TO CHANGE
FAMILY FARM DEFENDERS 1019 WILLIAMSON ST. #B MADISON, WI 53703	39-1814573	501 (C) (3)	15,300.	0.			TAKING ACTION/HELPING FARMERS
FARMER VETERAN COALITION 1000 NORTH ALAMEDA ST., STE. 240 LOS ANGELES, CA 90012	95-4302067	501 (C) (3)	6,000.	0.			HELPING FARMERS THRIVE
FARMERS LEGAL ACTION GROUP 360 NORTH ROBERT ST., STE. 500 SAINT PAUL, MN 55101	36-3431212	501 (C) (3)	30,000.	0.			HELPING FARMERS/TAKING ACTION
FEDERATION OF SOUTHERN COOP. 2769 CHURCH STREET EAST POINT, GA 30344	58-1026695	501 (C) (3)	20,000.	0.			HELPING FARMERS THRIVE
FLORIDA ORGANIC GRWRS & CNSMRS PO BOX 12311 GAINESVILLE, FL 32604	59-3006664	501 (C) (3)	7,500.	0.			HELPING FARMERS THRIVE
FRIENDS OF FAMILY FARMERS P.O. BOX 133 MOLALLA, OR 97017	30-0390131	501 (C) (3)	6,000.	0.			TAKING ACTION TO CHANGE
<b>2</b> Enter total number of section 501 (c)(3) and government organizations.....							20
<b>3</b> Enter total number of other organizations.....							0

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization		Employer identification number					
FARM AID, INC.		36-3383233					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLISTIC MGMT. INTERNATIONAL PO BOX 373 JOHNSON CITY, TX 78636	74-2469589	501 (C) (3)	30,000.				TAKING ACTION TO CHANGE
IDAHO RURAL COUNCIL PO BOX 118 BLISS, ID 83314	82-0409737	501 (C) (3)	6,000.				TAKING ACTION TO CHANGE
INTERCHURCH MINISTRIES OF NE 215 CENTENNIAL MALL S. STE. 300 LINCOLN, NE 68508	47-0379495	501 (C) (3)	7,500.				HELPING FARMERS THRIVE
LOUISIANA INTERCHURCH CONFERENCE 527 NORTH BLVD, FOURTH FLOOR BATON ROUGE, LA 70802	72-0632780	501 (C) (3)	12,500.				HELPING FARMERS THRIVE
LUTHERAN SOC. SERV. OF THE SOUTH PO BOX 140767 AUSTIN, TX 78714	45-0226421	501 (C) (3)	10,000.				HELPING FARMERS THRIVE
MISSOURI RURAL CRISIS CENTER 1108 RANGELINE STREET COLUMBIA, MO 65201	43-1432032	501 (C) (3)	15,000.				TAKING ACTION TO CHANGE
NATIONAL FAMILY FARM COALITION 110 MARYLAND AVE., NE, STE. 307 WASHINGTON, DC 20002	38-2652620	501 (C) (3)	38,500.				TAKING ACTION/HELPIN G FARMERS
ORGANIC FARMING RSCH FNDTN PO BOX 440 SANTA CRUZ, CA 95061	77-0252545	501 (C) (3)	7,500.				TAKING ACTION TO CHANGE
RURAL ADVANCEMENT FNDTN INTNTNL PO BOX 640 PITTSBORO, NC 27312	56-1704863	501 (C) (3)	20,000.				HELPING FRMRS/TAKING ACTION HELPING FARMERS/GROWI NG GOOD FOOD
SUSTAINABLE FOOD CENTER 1106 CLAYTON LANE, STE. 480W AUSTIN, TX 78723	74-2681096	501 (C) (3)	15,000.				

## Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Department of the Treasury  
Internal Revenue Service

Name of the organization

FARM AID, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

[illegible]

NAME OF THE ORGANIZATION	ADDRESS	CITY	STATE	ZIP	AMOUNT	DATE	TAKING ACTION TO CHANGE
WESTERN ORG. OF RESOURCE COUNCIL	220 S. 27TH ST., STE. B						
BILLINGS, MT 59101					84-1123481	501(C) (3)	7,500.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

A series of horizontal lines for handwriting practice. It includes two dashed lines for ascenders, two dashed lines for x-height, and two dashed lines for descenders, all set between solid top and bottom lines.

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMERGENCY	7	2,500.			
SCHOLARSHIPS	3	21,172.			

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED**

REPORTING.

FARM AID REQUIRES TWO REPORTS PER YEAR.

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

CLIENT 968

FARM AID, INC.

36-3383233

6/23/10

04:52PM

**PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)**

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

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

**PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION****PART III: SCHOLARSHIPS**

FARM AID AWARDS SCHOLARSHIP FUNDS TO THREE UNIVERSITIES WHO INTURN AWARD SCHOLARSHIPS TO INDIVIDUAL STUDENTS AT THEIR DISCRETION.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art.....				
2 Art—Historical treasures.....				
3 Art—Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....				
6 Cars and other vehicles.....				
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities—Publicly traded.....	X	1	48,900.	FMV
10 Securities—Closely held stock.....				
11 Securities—Partnership, LLC, or trust interests.....				
12 Securities—Miscellaneous.....				
13 Qualified conservation contribution— Historic structures.....				
14 Qualified conservation contribution—Other.....				
15 Real estate—Residential.....				
16 Real estate—Commercial.....				
17 Real estate—Other.....				
18 Collectibles.....				
19 Food inventory.....				
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ► (.....)				
26 Other ► (.....)				
27 Other ► (.....)				
28 Other ► (.....)				

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

29

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

	Yes	No
30a		X
31		X
32a		X
33		

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

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

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

b If 'Yes,' describe in Part II.

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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

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

SINCE 1985, FARM AID HAS RAISED NEARLY \$36 MILLION TO SUPPORT PROGRAMS THAT HELP FARMERS THRIVE, EXPAND THE REACH OF THE GOOD FOOD MOVEMENT, TAKE ACTION TO CHANGE THE CURRENT SYSTEM OF INDUSTRIAL AGRICULTURE AND PROMOTE FOOD FROM FAMILY FARMS. THE FOLLOWING FARM AID PROGRAMS ACCOMPLISHED OUR MISSION IN 2009.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

HELPING FARMERS THRIVE:

THROUGH 1-800-FARM-AID AND WWW.FARMAID.ORG, FARM AID'S HOTLINE COORDINATOR REFERS FARMERS TO AN EXTENSIVE NETWORK OF FAMILY FARM ORGANIZATIONS ACROSS THE COUNTRY. THIS NETWORK WAS GROWN TO 460 ORGANIZATIONS DURING 2009. THE REFERRALS SUPPORT FARMERS SEEKING TO MAKE TRANSITIONS TO MORE SUSTAINABLE AND PROFITABLE FARMING PRACTICES, AND ALSO PROVIDE IMMEDIATE AND EFFECTIVE SUPPORT SERVICES TO FARM FAMILIES IN CRISIS. IN ALL, THERE WERE NEARLY 1,000 CALLS AND EMAILS TO THE FARM AID HOTLINE IN 2009.

IN 2009, FARM AID CONTINUED TO GROW THE FARMER RESOURCE NETWORK (FRN), AN ONLINE TOOL THAT FARMERS CAN ACCESS AT WWW.FARMAID.ORG/IDEAS. THE FRN IS AN INTERACTIVE DATABASE OF THE NEARLY 500 ORGANIZATIONS FARM AID WORKS WITH TO PROVIDE DIRECT ASSISTANCE TO FARMERS. THE FRN CONNECTS FARMERS TO IDEAS FOR PRODUCING, PROCESSING AND MARKETING FOOD FROM FAMILY FARMS, SPECIFICALLY TARGETING CONVENTIONAL FARMERS INTERESTED IN TRANSITIONING TO SUSTAINABLE PRODUCTION METHODS. IN ADDITION, THE FRN SEEKS TO INCREASE THE CAPACITY OF AMERICAN FARMERS TO MEET CONSUMER DEMAND FOR FRESH, FAMILY

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)**

FARM PRODUCED FOOD. IN 2009, 1,282 FARMERS UTILIZED THE FARMER RESOURCE NETWORK.

FARM AID SUPPORTED DROUGHT RELIEF EFFORTS IN TEXAS AND PROGRAMS TO HELP FARMERS AND RANCHERS MANAGE THEIR LAND IN WAYS THAT MITIGATE DROUGHT. FARM AID ALSO PROVIDED EMERGENCY CASH ASSISTANCE TO A NUMBER OF FARMERS HIT BY OTHER WEATHER DISASTERS.

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

PROMOTING FOOD FROM FAMILY FARMS:

FARM AID 2009 PRESENTED BY HORIZON ORGANIC WAS OUR PRIMARY TOOL TO PROMOTE FAMILY FARMERS AS OUR BEST RESOURCE FOR GOOD FOOD WITH A VARIETY OF ACTIVITIES AND EVENTS.

THE CONCERT WAS HELD AT THE VERIZON WIRELESS AMPHITHEATER IN ST. LOUIS, MISSOURI, ON OCTOBER 4, 2009. MORE THAN 20,000 ENJOYED PERFORMANCES BY WILLIE NELSON, NEIL YOUNG, JOHN MELLENCAMP, DAVE MATTHEWS AND MANY MORE. ALL OF THE ARTISTS DONATED THEIR TIME AND TRAVEL EXPENSES.

ON CONCERT-DAY FARM AID SERVED LOCAL, ORGANIC AND FAMILY-FARM FOODS AT OUR HOMEGROWN CONCESSIONS AND BACKSTAGE. OUR HOMEGROWN VILLAGE OFFERED HANDS-ON INTERACTIVE EXPERIENCES WITH SOIL, WATER, LOCAL GROWING, BIO-ENERGY, AND FAMILY FARMERS. OUR ANNUAL FOOD DRIVE COLLECTED NEARLY 5,000 POUNDS OF FOOD FROM CONCERT-GOERS AND FROM THE BACKSTAGE CATERERS, WHICH WAS DISTRIBUTED TO FOOD PANTRIES ACROSS MISSOURI. WE IMPLEMENTED OUR THIRD RECYCLING AND COMPOSTING PROGRAM. COMPOSTABLE WASTE WILL BE TURNED INTO COMPOST TO SUSTAIN FUTURE CROPS.

FARM AID CREATED A NUMBER OF PRE-CONCERT EVENTS TO ENGAGE THE PUBLIC AND ENTICE THE MEDIA TO TELL THE GOOD FOOD STORY, PROMOTE THE ANNUAL CONCERT AND THE WORK OF FARM AID. EACH EVENT CONTRIBUTED TO THE PUBLIC AWARENESS OF THE IMPORTANCE OF FAMILY FARMERS IN CREATING A FOOD SYSTEM THAT IS ENVIRONMENTALLY SOUND, ECONOMICALLY STRONG



Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)**

AND HEALTHFUL FOR EVERYONE. EACH ALSO ENABLED FARM AID TO CREATE STRONG NEW CONNECTIONS WITH FARM AND FOOD ACTIVISTS THROUGHOUT THE MIDWEST.

FARM AID CONTINUED TO GROW WWW.HOMEGROWN.ORG, AN ONLINE COMMUNITY FOR GROWERS, DOERS, COOKS, AND MAKERS TO EXTEND A WELCOME TO A NEW GENERATION TO SUPPORT FAMILY FARMS. HOMEGROWN.ORG PARTICIPATED IN SEVERAL CULTURAL EVENTS, INCLUDING A HANDS-ON EDUCATIONAL BOOTH AT BONNAROO, THE HOMEGROWN VILLAGE AT MAKER FAIRE BAY AREA IN CALIFORNIA, AND THE HOMEGROWN URBAN COUNTRY FAIR AT TOWER GROVE FARMERS MARKET IN ST. LOUIS.

MEDIA IMPACT - FARM AID 2009 GENERATED A VARIETY OF STORIES PROMOTING THE MANY OPPORTUNITIES FOR FAMILY FARMERS AND CALLING FOR SPECIFIC POLICY CHANGES TO STRENGTHEN FAMILY FARM AGRICULTURE ACROSS THE COUNTRY. MEDIA COVERAGE PROMOTED THE ENTERTAINMENT VALUE OF THE CONCERT, BUT ALSO THE SHOW'S MESSAGE ABOUT CONNECTING PEOPLE EVERYWHERE WITH FRESH, HEALTHFUL FOOD FROM FAMILY FARMS.

FARM AID'S CONCERT ANNOUNCEMENT AND THE CONCERT GENERATED MORE THAN 32 MILLION IMPRESSIONS AND 1,400 MEDIA HITS IN NATIONAL AND LOCAL OUTLETS. NEARLY 2,000 REPORTERS AND PHOTOGRAPHERS ATTENDED THE CONCERT PRESS EVENT ON OCTOBER 4 AND MORE THAN 1,300 PEOPLE SHARED NEWS ABOUT FARM AID 2009 VIA SOCIAL NETWORKS.

THE CONCERT WAS BROADCAST LIVE ON DIRECTV'S THE 101 NETWORK, WHICH REPEATED DURING THE FOLLOWING WEEK, AND ON WILLIE'S PLACE ON SIRIUS|XM SATELLITE RADIO ACROSS THE COUNTRY. DIRECTV WILL ALSO RUN FOUR ONE-HOUR SPECIALS FEATURING THE MUSIC AND THE MESSAGE OF FARM AID IN 2010.

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)**

ONLINE - FARM AID'S WEBSITE CONTINUED TO EDUCATE, ENGAGE AND MOBILIZE VISITORS

ONLINE. THE WEBSITE WAS A PRIMARY TOOL FOR COMMUNICATING WITH CONSTITUENTS,

COLLECTING DONATIONS, SELLING MERCHANDISE, ALLOWING USERS TO ENGAGE IN ONLINE

ADVOCACY WITH PETITIONS AND LETTER-WRITING CAMPAIGNS, AND ORGANIZING EVENTS. ON

CONCERT-DAY THERE WERE 37,786 UNIQUE VISITORS AND 26,066 VIEWS OF THE WEBCAST.

FARM AID'S E-NEWSLETTER KEPT THE FARM AID COMMUNITY INFORMED AND INSPIRED WITH

MONTHLY COLUMNS THAT PROFILE AMERICA'S FAMILY FARMERS AND ADDRESS QUESTIONS ABOUT

FOOD AND FARMING. FARM AID GREW ITS EMAIL LIST BY REGISTERING NEARLY 22,000 NEW

CONTACTS BY FOCUSING ON TIMELY AND RELEVANT TOPICS AND OFFERING TOOLS TO TAKE

ACTION.

FARM FRESH PICS, FARM AID'S PHOTO CONTEST TO CELEBRATE FAMILY FARMERS, ALLOWED

VISITORS TO ENTER THEIR FAVORITE FARM PHOTOS FOR A CHANCE TO WIN FARM AID TICKETS.

THE CONTEST RAISED OVER \$14,500 AND ATTRACTED NEARLY 56,000 UNIQUE VISITORS WITH

OVER 600 PHOTOS UPLOADED TO HONOR FAMILY FARMS.

THOUSANDS OF NEW USERS WERE CULTIVATED, EDUCATED AND ENGAGED THROUGH ITS SOCIAL

MEDIA ENDEAVORS. \$4,688 OF DONATED SERVICES WAS RECEIVED FROM MEDIA CONSULTANTS.

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

TAKING ACTION TO CHANGE THE SYSTEM:

FARM AID WORKS WITH AND PROVIDES GRANTS TO LOCAL, REGIONAL AND NATIONAL

ORGANIZATIONS TO PROMOTE FAIR FARM POLICIES AND GRASSROOTS ORGANIZING CAMPAIGNS.

FARM AID PARTNERS WITH FAMILY FARM ORGANIZATIONS FIGHTING FACTORY FARMING AND

INDUSTRIAL AGRICULTURE, WHILE BUILDING OPPORTUNITY FOR FAMILY FARMERS WHO PRODUCE

Name of the organization

Employer identification number

FARM AID, INC.

36-3383233

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)**

OUR FOOD, FIBER, AND ENERGY. BY STRENGTHENING THE VOICES OF FAMILY FARMERS, FARM AID STANDS UP FOR THE MOST RESOURCEFUL, HEROIC AMERICANS-THE FAMILY FARMERS WHO WORK THE LAND.

FARM AID SPENT CONSIDERABLE TIME AND EFFORT IN 2009 WORKING ON SPECIFIC ISSUES AFFECTING FAMILY FARMERS IN THE ECONOMIC DOWNTURN OF 2009, SPECIFICALLY AVAILABILITY AND ACCESSIBILITY OF CREDIT, FARM FORECLOSURE PROTECTION, AND THE DAIRY CRISIS. FARM AID STAFF MET WITH USDA OFFICIALS IN WASHINGTON, DC, AND PARTICIPATED IN PHONE CALLS WITH THE OBAMA ADMINISTRATION AND THE MEDIA TO CALL ATTENTION TO THESE MATTERS. FARM AID'S ONLINE ADVOCACY EFFORTS RESULTED IN MORE THAN 13,000 PETITIONS BEING DELIVERED BY FARM AID TO THE SECRETARY OF AGRICULTURE.

IN 2009, FARM AID GRANTED TO FAMILY FARM GROUPS WORKING TO KEEP FAMILY FARMERS ON THEIR LAND AND STRENGTHENING LOCAL AND SUSTAINABLE AGRICULTURE. ADDITIONAL FUNDS SUPPORTED AGRICULTURE SCHOLARSHIPS FOR COLLEGE STUDENTS.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

GROWING THE GOOD FOOD MOVEMENT:

DURING 2009, FARM AID AND ITS PARTNERS CONTINUED TO IMPLEMENT INNOVATIVE STRATEGIES THAT BOLSTER WHAT FARM AID CALLS THE GOOD FOOD MOVEMENT-THE GROWING NUMBER OF AMERICANS REACHING FOR AND DEMANDING FAMILY FARM-IDENTIFIED, LOCAL, ORGANIC OR HUMANELY-RAISED FOOD. FARM AID MADE GRANTS TO ORGANIZATIONS ACROSS THE COUNTRY THAT ARE BUILDING CONNECTIONS BETWEEN FARMERS AND CONSUMERS, CREATING NEW MARKETS FOR FAMILY FARMED FOOD.

Name of the organization

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**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT**

WILLIE NELSON AND LANA NELSON ARE FATHER AND DAUGHTER.

**FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS**THERE ARE CURRENTLY NO ESTABLISHED COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE  
GOVERNING BODY.**FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS**

WILLIE NELSON

C/O ROTHBAUM &amp; ASSOCIATES

36 MILL PLAIN ROAD

DANBURY, CT 06811

PAUL ENGLISH

6607 GLENHURST DRIVE

DALLAS, TX 75240

LANA NELSON

14509 FITZHUGH

AUSTIN, TX 78746

DAVID ANDERSON

2115 RUNNELS STREET, #2103

HOUSTON, TX 77003

JOHN MELLENCAMP

C/O HOFFMAN ENTERTAINMENT

362 5TH AVENUE, SUITE 804

NEW YORK, NY 10001

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

## FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS (CONTINUED)

JOEL KATZ

C/O GREENBURG TRAUIG, LLP

3290 NORTHSIDE PARKWAY, STE 400

ATLANTA, GA 30327

MARK ROTHBAUM

C/O ROTHBAUM &amp; ASSOCIATES

36 MILL PLAIN ROAD

DANBURY, CT 06811

NEIL YOUNG

C/O LOOKOUT ENTERTAINMENT

1460 4TH STREET, STE 300

SANTA MONICA, CA 90401

EVELYN SHRIVER

C/O BANDIT RECORDS

635 WEST IRIS DRIVE

NASHVILLE, TN 37204

DAVE MATTHEWS

C/O RED LIGHT MANAGEMENT

3305 LOBBAN PLACE

CHARLOTTESVILLE, VA 22903

Name of the organization

FARM AID, INC.

Employer identification number

36-3383233

**FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS (CONTINUED)**

RICHARD FIELDS

C/O COASTAL DEVELOPMENT, LLC

1 EAST 57TH STREET

NEW YORK, NY 10022

**FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS**

AN EMAIL WITH THE FORM 990 ATTACHED WAS SENT TO ALL BOARD MEMBERS. CONFIRMATION WAS REQUESTED VIA EMAIL FROM EACH MEMBER THAT IT WAS RECEIVED AND PRINTED.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT**

THE BOARD OF DIRECTORS HAD VOTED TO IMPLEMENT A COMMITTEE COMPRISED OF BOARD MEMBERS TO REVIEW THE EXECUTIVE DIRECTOR ANNUALLY. TYPICALLY, ONLY COST OF LIVING INCREASES ARE AWARDED.

**FORM 990, PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED**

MO GA AR IN HI LA NH NY NC OH OR PA WA SC CA FL CT MA IL KS MD NJ NM WI MI MN ND

RI AZ ME OK WV KY MS UT

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.