ef	ile G	RAPHIC prin	nt - DO NOT PROCESS As Filed Data -	DLN: 9	349	2311014144	
			Short Form		омв	No 1545-1150	
	90	90-EZ		ax		0040	
	nJi		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	.,,		2013	
Ð			(except private foundation) ► Do not enter Social Security numbers on this form as it may be made public. By I	aw tha			
			IRS generally cannot redact the information on the form.	aw, the	One	en to Public	
Depar	tment of	the Treasury	Information about Form 990-EZ and its instructions is at <u>www.irs.gov/form99</u>	<u>o</u> .		nspection	
		ue Service					
		e 2013 calenda f applicable	r year, or tax year beginning 01-01-2013 , and ending 12-31-2013 C Name of organization		er ider	tification number	
_		change	HOMER FARMERS MARKET INC	92-0176			
	lame cl	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephon		ber	
PO BOX 2274			PO BOX 2274	(	907) 2	35-5971	
	ermina	ed return	City or town, state or province, country, and ZIP or foreign postal code	<b>F</b> Group Ex			
		ion pending	HOMER, AK 99603	Number		F	
						ization is <b>not</b>	
GΑ	ccoun	ting Method		to attach S			
		<b>-</b>	(Form 9	90,990-EZ	Z, or 9	90-PF)	
		<b>≥: I</b> ► N/A					
			only one)?  501(c)(3)  501(c)( )  ◄(Insert no ) 4947(a)(1) or  527				
			Corporation Trust TAssociation Tother	.6 + . + .	-+- /D		
			7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or ) or more, file Form 990 instead of Form 990-EZ	F total ass ► \$ 67		art II, column	
Pa	art I	Revenue Check if the	, Expenses, and Changes in Net Assets or Fund Balances (see the mean organization used Schedule O to respond to any question in this Part I	structions	for Pa	nrtI) 	
	1	Contributions	, gifts, grants, and similar amounts received		1	16,718	
	2	Program serv	ice revenue including government fees and contracts	· • •	2	49,109	
	3	Membership d	embership dues and assessments				
	4	Investment in		4	2		
	5a	Gross amount	rvestment income				
ē	Ь		other basis and sales expenses				
enu	c		or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
Reven	6		indraising events		5c		
	a		from gaming (attach Schodulo G if greater than \$15,000)	1,255			
	_		od od				
	Ь		from fundraising events (not including \$of contributions ng events reported on line 1) (attach Schedule G if the				
			ross income and contributions exceeds \$15,000) <b>6b</b>				
	с	Less dırecte	xpenses from gaming and fundraising events	104			
	d	Net income or	 loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c	:)	6d	1,151	
	7a	Gross sales o	f inventory, less returns and allowances				
	Ь	Less costof	goods sold				
	с	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8	O ther revenue	e (describe in Schedule O )		8		
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	66,980	
	10	Grants and su	milar amounts paid (list in Schedule O)		10		
	11	Benefits paid	to or for members		11		
	12	Salarıes, othe	r compensation, and employee benefits		12	14,673	
ŝ	13		ees and other payments to independent contractors		13	<u> </u>	
ŝIJa	14		ent, utilities, and maintenance		14	825	
Expense	15		cations, postage, and shipping		15	436	
ш	16		es (describe in Schedule O)	, <b></b>	16	46,533	
	17	Total expense	s. Add lines 10 through 16	•	17	62,467	
<u>yn</u>	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)		18	4,513	
ssets	19	Net assets or	fund balances at beginning of year (from line 27, column (A )) (must agree with	ľ			
<b>a</b>			gure reported on prior year's return)		19	13,636	
Net	20		s in net assets or fund balances (explain in Schedule O )		20	-	
	21	-	fund balances at end of year Combine lines 18 through 20	🕨 🗍	21	18,149	
For	Paper	work Reductio	n Act Notice, see the separate instructions. Cat No 10642I	I F		<b>990-EZ</b> (2013)	

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	17,669	22,040
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	17,669	25 22,040
26	Total liabilities (describe in Schedule O)	4,033	<b>26</b> 3,891
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) $\cdot$ .	13,636	27 18,149

Part III	Part III         Statement of Program Service Accomplishments (see the instructions for Part III)           Check if the organization used Schedule O to respond to any question in this Part III         Image: Check if the organization used Schedule O to respond to any question in this Part III				
PROVIDE A	What is the organization's primary exempt purpose? PROVIDE A COMMUNITY MARKET TO PROMOTE LOCAL AND SUSTAINABLE AGRICULTURE AND EDUCATE THE PUBLIC ON MATTERS OF AGRICULTURE				
measured b	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title				
<b>28</b> See Add	tional Data Table				
(Grants \$	If this amount includes foreign grants, check here 🛛 🕨 🦵	28a			
29					
(Grants \$	If this amount includes foreign grants, check here 🛛 🕨 🦵	29a			
30					
(Grants \$	If this amount includes foreign grants, check here 🛛 🕨 🦵	30a			
	ogram services (describe in Schedule O )				
(Grants \$		31a 32	60,717		
Part IV	gram service expenses (add lines 28 a through 31 a)		,		
	Check if the organization used Schedule O to respond to any question in this Part IV.				

(a) Name and title	<b>(b)</b> A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Addıtıonal Data Table				

Form 990-EZ (2013)

Form	990-EZ (2013)			Page <b>3</b>
Ра	rt V Other Information (Note the Schedule A and personal benefit contract statement requiren	nents	in the	_
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	· V	<u></u>	<u></u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy			
	of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule (	35b		
с	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>F</b> 37a			
Ь	Did the organization file Form 1120-POL for this year?	37b		No
38a	Dıd the organızatıon borrow from, or make any loans to, any officer, dırector, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? $$ . $$ .	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 🕨, section 4912 🕨, section 4955 🕨			
Ь	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
с	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of 🕨 SHARON BROOKS	► <u>(</u> 90	)7)235	-5971
	Located at 🕨 165 E BUNNELL AVE HOMER, AK ZIP + 4	▶ 9	9603	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
5	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	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.			
с	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	42c		No
	If "Yes," enter the name of the foreign country 🕨			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041?</b> Check here	•••	•••	▶□
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	442		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	44a		No
~	Instead of Form 990-EZ			No No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
<i></i>	explanation in Schedule O	44d		<u> </u>
	Did the organization have a controlled entity within the meaning of section $512(b)(13)^2$	45a		No
45D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No
				_

Form **990-EZ** (2013)

Form	n 990-EZ (2013)			Page <b>4</b>
			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No
Ра	rt VI Section 501(c)(3) organizations only			

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 ----used Schedule O to receand to a inction in this Part VI \_

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	Dıd the organızatıon engage ın lobbyıng activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				
<b>f</b> Total number of other employees pa	ı nd over \$100,000 .			▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

Total number of other independent contractors each receiving over \$10 d

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3 nonexempt charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (othe knowledge.

Sign Here	Γ Sig	**** nature of officer IARON BROOKS TREASURER pe or print name and title		
Daid		Print/Type preparer's name JUDITH LUND EA	Preparer's signature	
Paid Prepare	r	Firm's name 🕨 SUNDOG CONSULTANTS	INC	
Use Onl		Firm's address Þ 165 E BUNNELL AVE STE E		
		HOMER, AK 99603		

May the IRS discuss this return with the preparer shown above? See instruction

## Software ID: Software Version: EIN: 92-0176052 Name: HOMER FARMERS MARKET INC

#### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		501(	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)		
<b>28</b> PROVIDING THE NEC (Grants \$ )	CESSARY INFRASTRUCTURE AND SUPPORT FOR A COMMUNITY MARKET If this amount includes foreign grants, check here ►	28a	51,173		
<b>29</b> OFFER SCHOLARSHIF AND SERVICES (Grants \$ )	PS AND GRANTS THAT PROMOTE AGRICULTURAL EDUCATION, RESEARCH If this amount includes foreign grants, check here ► 厂	29a	1,700		
<b>30</b> PROVIDED A SAFE AI (Grants \$ )	ND FUN PLACE FOR CHILDREN WHILE ADULTS ARE USING THE MARKET If this amount includes foreign grants, check here ►	30a	1,597		
	NECESSARY TO PROVIDE OTHER COMMUNITY SERVICES THAT FORWARD LTURE AND LOCAL CRAFTS If this amount includes foreign grants, check here ►		6,247		

# Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SCOTT MILLER	4 00	0		
MARSHA ROUGGLY	4 00	0		
RACHEL LORD	4 00	0		
SHARON BROOKS	4 00	0		
JANET BACHER	2 00	0		
PAUL CASTELLANI	2 00	0		
DAN DORVALL	2 00	0		
EMILY GARRITY	2 00	0		
SUSAN HOULIHAN	2 00	0		
MARGO REVEIL	2 00	0		
DAWN SCHNEIDER	2 00	0		
CHRISTINA CASTELLANOS	2 0 0	0		

efil	e GR	APHIC	print - D	O NOT PROCESS	As File	ed Data -				DLN: 93493	231101	L4144
50		ULE /		Dublia C	harit - C	Statue e				ОМВ	No 154	5-0047
		or 990EZ		PUDIIC C nplete if the organiza	ation is a se					1)	201	3
Depart Treasu Interna	ry	of the enue Servic	e	Attach to Form 990 or Form 990-EZ. See separate instructions.					pen to P Inspect			
		ne organiz							Employer i	dentification	n number	r
HOME	R FARM	IERS MARK	ET INC						92-01760	50		
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All or	nanizations	must com	olete this n				
_				te foundation becaus						isti dettoris.		
1	Г			ion of churches, or as								
2	Ē			d in section 170(b)(1				·				
3	Ē			perative hospital se				n 170(b)(1)	(A)(iii).			
4	Ē			h organization operat	_					1)(A)(iii). Er	nter the	
		hospita	l's name, c	ity, and state	_							
5	Γ	An orga	nızatıon op	erated for the benefi	t of a college	e or universit	ty owned or o	perated by a	government	al unit descr	ibed in	
		sect ion	170(b)(1)(	( <b>A)(iv).</b> (Complete P	art II )							
6	Γ	A federa	al, state, or	local government or	governmen	tal unıt desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).			
7 8	ন ম	describ	ed in <b>sectic</b>	at normally receives on 170(b)(1)(A)(vi). : described in sectior	(Complete F	Part II )			ntal unit or fr	om the gene	ral public	C
9			-				-	-	utions mem	hershin fees	and area	
5	,	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
			its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )									
10												
11	, 		An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of									
	•	one or r the box	nore public that descr	ly supported organiz ibes the type of supp	ations descr orting organ	ubed in secti zation and c	ion 509(a)(1 complete line	) or section ! s 11e throug	509(a)(2) Se gh 11h	ee section 50	9(a)(3).	.Check
e f	Г	<ul> <li>a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated</li> <li>By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) of section 509(a)(2)</li> <li>If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization or check this box.</li> </ul>						1)or				
g				2006, has the organi	zation accei	oted any gift	or contributi	on from any	ofthe			
			g persons? rson who d	rectly or indirectly o	ontrols. eith	ner alone or t	ogether with	persons des	cribed in (ii)		Yes	No
				governing body of th	-		-			11g(		
			-	er of a person descri		-				11g(		
			-	Iled entity of a perso			above?			11g(i		<u>                                      </u>
h				ng information about							- 1	<b>I</b>
(i) Name of supported organization		rted	(ii) EIN	(ii) EIN (iii) Type of organization (described on lines 1- 9 above or IRC section (see		(iv) Is the organization in col (i) listed in your governing document? (v) Did you noti the organizatio in col (i) of you support?		zation f your	n organization in		<b>(vii)</b> Am mone supp	
				instructions))	Yes	No	Yes	No	Yes	No		
Tota												

Pa	art III Support Schedule for							
	(Complete only if you of Part III. If the organiza							ality under
s	ection A. Public Support	<u></u>					/	
	endar year (or fiscal year beginning	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2	013	<b>(f)</b> Total
1	in) <b>&gt;</b> Gifts, grants, contributions, and						<del></del>	
•	membership fees received (Do not						16,718	16,718
	Include any "unusual						10,710	10,718
2	grants ") Tax revenues levied for the							
2	organization's benefit and either							
	paid to or expended on its							
-	behalf						<del>_</del>	
3	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3						16,718	16,718
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from							16,718
	line 4							
	ection B. Total Support endar year (or fiscal year beginning		1		1			
Car	in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 20	13	(f) Total
7	Amounts from line 4						16,718	16,718
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties							
	and income from similar							
	sources							
9	Net income from unrelated business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain							
	or loss from the sale of capital assets (Explain in Part IV)							
11	Total support (Add lines 7 through							16,718
4.5	10)							
12	Gross receipts from related activitie					12	<u></u>	49,111
13	First five years. If the Form 990 is this box and stop here							
s	ection C. Computation of Pub					<u></u>	<u> </u>	••••
14	Public support percentage for 2013			11, column (f))		14		
15	Public support percentage for 2012	Schedule A, Pa	rt II, line 14			15		
16a	33 1/3% support test—2013. If the	organization did i	not check the box	on line 13, and l	ine 14 is 33 1/3%	or more,	heck th	s box
	and <b>stop here.</b> The organization qua							
D	33 1/3% support test-2012. If the box and stop here. The organization	-			, and line 15 is 33	5 1/3% or n	iore, che	
17a	10%-facts-and-circumstances test-				ne 13, 16a, or 16	b, and line	14	F (
	is 10% or more, and if the organization							
	in Part IV how the organization mee	ts the "facts-and	d-cırcumstances'	' test The organı	zation qualifies a	s a publici	y suppor	
b	organization 10%-facts-and-circumstances test-	– <b>2012.</b> If the ora	anızatıon dıd not	check a box on lu	ne 13, 16a. 16b.	or 17a.an	d line	▶
_	15 is 10% or more, and if the organ	ization meets th	e "facts-and-cırc	umstances" test,	, check this box a	nd stop he	ere.	
	Explain in Part IV how the organizat	tion meets the "f	acts-and-circum	stances" test Th	e organızatıon qu	alıfıes as a	a publicly	/ <b>_</b>
18	supported organization Private foundation. If the organizat	ion did not check	ka box on line 13	. 16a. 16b 17a	or 17b. check the	s box and	see	▶
	instructions		t a box on fine 15	, _00, 100, 1, u,	e. 17 by check th	e sex and		►□

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

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

ender ver (or fice) ver beginning in)       (a) 2009       (b) 2010       (c) 2011       (d) 2012       (e) 2013       (f) Tot         Grits, grants, contributions, and membership for a cavier (0) onto itorise reveal to main control on any activity this related to the organization's fax-exempt particle of a services of performed, or facilities furnished in any activity this related to the organization's fax-exempt particle of a services of the organization's fax-exempt particle of expression activities fatt are not a unrelated trade or business under section 513       Image: Control of the organization's fax-exempt particle of expression activities fatt are not a unrelated trade or business under section 513       Image: Control of the organization's fax-exempt particle of expression activities fatt are not a unrelated trade or business under section 513       Image: Control of the organization's fax-exempt particle of expression fatt are evend from druth rate disguiline depressions that exceed the granetar of \$5,000 or 1% of the amounts on luce of an inset of consumers on the 5 Gross income from interest, divelend on lines 1,2, and a received from druth rate in)       Image: Control of the organization's fax-exempt particle dusting fatt are evend from interest, divelend a particle dustrial fatt are evend from interest, divelend are or of the set and 2b mounts from line 6 Gross income from interest, divelend are or of the are evend from interest, divelend are or of the are evend from interest, divelend are or of the dustrial divelend are or of the are evend are or of the are evend from interest, divelend are or of the are evend from interest, divelend are or of the are or of a second fatt faxes) from business acquired after fails apport, fatt are of the are or of the set and 10 interesting are or of the are or of the dusthe are or of the are or of the business acquir		Part II. If the organiza	ation fails to q	ualify under the	e tests listed be	elow, please co	omplete Part II	.)
in)     in)     (i) 2003     (i) 2014     (i) 2012     (i) 2013		ction A. Public Support	1	1	1	1		
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**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test						
Return Reference	Explanation					

Schedule A (Form 990 or 990-EZ) 2013

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -		DLN: 93492311014144
SCHEDULE O				OMBNo 1545-0047
(Form 990 or 990-EZ)	2013			
Department of the Treasury Internal Revenue Service	Complete to prov Form 99	Open to Public Inspection		
	Information about	•	or 990-EZ) and its instructions is at	
		www.irs.gov/fo		
			Employe	r identification number
HOMER FARMERS MARKET INC				
			92-0170	5052

### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAY ABLE AND ACCRUED EXPENSES 548 376 DEFERRED REVENUE 3,485 3,515
FORM 990-EZ, PART III	PROVIDE A COMMUNITY MARKET TO PROMOTE LOCAL AND SUSTAINABLE AGRICULTURE AND EDUCATE THE PUBLIC ON MATTERS OF AGRICULTURE.
FORM 990-EZ, PART III, LINE 31	ALL OTHER EXPENSES NECESSARY TO PROVIDE OTHER COMMUNITY SERVICES THAT FORWARD SUSTAINABLE AGRICULTURE AND LOCAL CRAFTS

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# TY 2013 Compensation Explanation

#### Name: HOMER FARMERS MARKET INC

**EIN:** 92-0176052

Person Name	Explanation
SCOTT MILLER	
MARSHA ROUGGLY	
RACHEL LORD	
SHARON BROOKS	
JANET BACHER	
PAUL CASTELLANI	
DAN DORVALL	
EMILY GARRITY	
SUSAN HOULIHAN	
MARGO REVEIL	
DAWN SCHNEIDER	
CHRISTINA CASTELLANOS	