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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 11-01-2008 , and ending 10-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
VERMONT MAPLE SUGAR MAKERS ASSOC INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
491 EAST BARNARD ROAD

City or town, state or country, and ZIP + 4
SO ROYALTON, VT 05068

D Employer identification number
03-0213578

E Telephone number
(802) 763-7435

F Group Exemption Number ▶

*** *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶ www vermontmaple org

J Organization type (check only one)— ☑ 501(c) (5) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 447,950

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	83,654
	2	Program service revenue including government fees and contracts		2	23,285
	3	Membership dues and assessments		3	26,160
	4	Investment income		4	838
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b	0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $____ _____of contributions reported on line 1)	6a	174,471	
	b	Less direct expenses other than fundraising expenses	6b	145,154	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	29,317
	7a	Gross sales of inventory, less returns and allowances	7a	117,809	
	b	Less cost of goods sold	7b	106,649	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	11,160
	8	Other revenue (describe ▶)		8	21,733
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	196,147
Expenses	10	Grants and similar amounts paid (attach schedule)		10	17,903
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	92,837
	13	Professional fees and other payments to independent contractors		13	4,734
	14	Occupancy, rent, utilities, and maintenance		14	7,889
	15	Printing, publications, postage, and shipping		15	1,201
	16	Other expenses (describe ▶)		16	46,069
	17	**Total expenses** (add lines 10 through 16) ▶		17	170,633
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	25,514
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	135,618
	20	Other changes in net assets or fund balances (attach explanation)		20	3
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	161,135

Part II Balance Sheets—If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	124,300	22	154,436
23	Land and buildings	836	23	3,155
24	Other assets (describe ▶)	16,892	24	13,062
25	**Total assets**	142,028	25	170,653
26	**Total liabilities** (describe ▶)	6,410	26	9,518
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	135,618	27	161,135

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
Research and promotion of maple industry

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, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 THE ASSOCIATION PARTICIPATED IN SEVERAL EVENTS THOUGHTOUT THE YEAR INCLUDING, BUT NOT LIMITED TO THE VT FARM SHOW, THE VT BALLOON FESTIVAL AND THE EASTERN STATES FAIR THE ASSOCIATION ALSO CONDUCTED MARKET RESEARCH AND PROVIDED TECHNICAL ASSISTANCE TO A NETWORK OF SMALL MAPLE SUGARING BUSINESSES IN THE NORTHEAST
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29 KINGDOM OF VERMONT THE ASSOCIATION IS IN THE PROCESS OF DEVELOPING MARKETING PROGRAMS FOR VEMNOTN MAPLE PRODUCERS
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (attach schedule) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32**

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35	*If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction 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 ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
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 ▶ _____			
b	*Section 501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? *If "Yes," complete Schedule L, Part I.*	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	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?	40e		No

41 List the states with which a copy of this return is filed ▶ _____

42a The books are in care of ▶ MARY CROFT Telephone no ▶ (802) 763-7435

Located at ▶ 491 EAST BARNARD ROAD S ROYALTON, VT ZIP + 4 ▶ 05068

			Yes	No
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)?	42b		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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	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	**46**	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	**47**	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	**48**	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	**49a**	
b	If "Yes," was the related organization(s) a section 527 organization?	**49b**	

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

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
Total number of other employees paid over $100,000 ▶				

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

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
Total number of other independent contractors receiving over $100,000 ▶		

Please Sign Here

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

****** — Signature of officer — 2010-06-11 — Date

MARY CROFT SECRETARY/TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
JANICE C GRAHAM CPA			

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JANICE GRAHAM & COMPANY PC, 68 PLEASANT ST, WOODSTOCK, VT 050911125

EIN ▶

Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
VERMONT MAPLE SUGAR MAKERS ASSOC INC

Employer identification number
03-0213578

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

2a Did the organization have a 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 activities? ☐ **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 Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
Total			▶			

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.

		(a) Event #1 Eastern States Expo (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	174,471			174,471
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	174,471			174,471
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	146,308			146,308
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				146,308
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				28,163

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
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?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **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		
	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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
VERMONT MAPLE SUGAR MAKERS ASSOC INC	Form 990 / Form 990EZ	03-0213578

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	$ 250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$ 800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	208
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		3,439	5	HY	200 DB	688
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	896
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2008 Grants and Similar Amounts Paid Schedule

Name: VERMONT MAPLE SUGAR MAKERS ASSOC INC

EIN: 03-0213578

Item No.	1
Class of Activity	MARKETING
Donee's Name	OPERATION VT MAPLE
Donee's Address	491 EAST BARNARD ROAD SO ROYALTON, VT 05068
Amount (FMV)	11,903
Purpose of Payment to Affiliate	Marketing
Relationship	SPONSOR
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	SUPPORT
Donee's Name	VT TRADITIONS
Donee's Address	PO BOX 991 MONTPELIER, VT 05068
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Support
Relationship	SPONSOR
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	MARKETING
Donee's Name	VERMONT MAPLE FOUNDATION
Donee's Address	491 EAST BARNARD ROAD SO ROYALTON, VT 05068
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Marketing
Relationship	SPONSOR
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	RESEARCH
Donee's Name	NAMSC RESEARCH FUND
Donee's Address	352 FIRETOWN ROAD SIMSBURY, CT 060701238
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Research
Relationship	SPONSOR
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	RESEARCH
Donee's Name	PROCTOR MAPLE RESEARCH CENTER
Donee's Address	PO BOX 233 UNDERHILL CENTER, VT 05490
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Research
Relationship	SPONSOR
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2008 Other Assets Schedule

Name: VERMONT MAPLE SUGAR MAKERS ASSOC INC

EIN: 03-0213578

Description	Beginning of Year Amount	End of Year Amount
Accounts receivable	3,750	984
Inventories	13,142	12,078

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TY 2008 Other Expenses Schedule

Name: VERMONT MAPLE SUGAR MAKERS ASSOC INC

EIN: 03-0213578

Description	Amount
Advertising	3,592
Bad debt expense	164
Bank charges	56
Conference expenses	2,113
Depreciation	896
Directors expenses	10,518
Dues and subscriptions	2,921
Gifts	68
Insurance	4,415
King & Queen expenses	500
Lodging	78
Maple program expenses	4,903
Maple Schools expenses	9,484
Merchant discount fee	1,260
Mileage reimbursement	1,725
Reconciliation discrepancies	400
Vt Farm Show banquet expenses	2,976

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TY 2008 Other Liabilities Schedule

Name: VERMONT MAPLE SUGAR MAKERS ASSOC INC

EIN: 03-0213578

Description	Beginning of Year Amount	End of Year Amount
Accounts payable	4,444	7,623
Payroll tax liabilities	1,808	1,769
Sales tax payable	158	126

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TY 2008 Other Revenues Schedule

Name: VERMONT MAPLE SUGAR MAKERS ASSOC INC

EIN: 03-0213578

Description	Amount
Royalty	19,353
Vt Farm Show Banquet	2,380

Additional Data

Software ID:
Software Version:
EIN: 03-0213578
Name: VERMONT MAPLE SUGAR MAKERS ASSOC INC

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
RICK MARSH 3929 VT RTE 15 JEFFERSONVILLE,VT 05464	Pres 0 50	13,001		2,206
DAVID MANCE 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Vice Pres 0 50	0		275
MARY CROFT 491 EAST BARNARD RD SO ROYALTON,VT 05068	Sec/Treas 20 00	16,500		8,858
WILSON CLARK 1647 TADMER ROAD WELLS,VT 05774	Director 0 50	0		
CATHERINE STEVENS 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 40 00	56,275		6,304
DAVID FOLINO 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
DONALD DOLLIVER 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
DON GALE 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
RICHARD KOBIK 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
JOHN WILLIAMSON 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
GORDON GOSS 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
LESLIE HAM 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
JEFF GOODWIN 491 EAST BARNARD ROAD SO ROYLATON,VT 05068	Director 0 50	0		
LYNN LANG 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
PETER PURINTON 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
JOHN CUSHING 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
CAROLYN PERLEY 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
STEPHEN TETREAULT 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
MATT PLAYFUL 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
PAUL PALMER 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
LEE PORTER 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
LAUREEN BLISS 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
KEN DESROCHES 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
ROGER PALMER 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
JACQUES COUTURE 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
JIM RICHARDSON 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
RANDI CALDERWOOD 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
KEN BUSHEE 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
RICHARD GREEN 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
GREG MANCHESTER 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
KEITH BURT 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
GLENN GOODRICH 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
MARCIA MAYNARD 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
MARK HASTINGS 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
FRANKLIN GEIST 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
DAN CROCKER 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Direcotr 0 50	0		
CHIP KENDALL 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
DON BOURDON 491 EAST BARNARD ROAD SO ROYALTON,VT 05068	Director 0 50	0		
MARY MCCUAIG 491 EAST BARNARD ROAD SO ROYALTON,VT 05168	Director 0 50	0		