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Return of Organization Exempt From Income Tax

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

2009

Department of the Treasury
Internal Revenue Service

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 Check if applicable: <input 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	Please use IRS label or print or type. See specific instructions.	C Name of organization NEW ENGLAND DAIRY AND FOOD COUNCIL		D Employer Identification Number 04-1661230
		Number and street (or P O box if mail is not delivered to street addr) Room/suite 1034 COMMONWEALTH AVE		E Telephone number (617) 734-6750
		City, town or country State ZIP code + 4 BOSTON MA 02215		G Gross receipts \$ 2,204,044.
		F Name and address of principal officer GARY W. WHEELLOCK 1034 COMMONWEALTH AV. BOSTON MA 02215		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No', attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: newenglanddiarycouncil.org		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of Formation 1920		M State of legal domicile MA

Part III Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE HEALTH THROUGH SCIENTIFIC RESEARCH AND EDUCATION IN NUTRITION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 17	
	5 Total number of employees (Part V, line 2a)	5 9	
	6 Total number of volunteers (estimate if necessary)	6 0	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,681,500. Current Year 2,196,183.
		9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		817. 1,025.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,140. 4,575.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,686,457. 2,201,783.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,011,537. 719,174.	
16a Professional fundraising fees (Part IX, column (A), line 11a)			
16b Total fundraising expenses (Part IX, column (D), line 25) 0.			
Expenses	17 Other expenses (Part IX, column (A), lines 11b-11d, 11e, 24f)	824,523. 1,308,433.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,836,060. 2,027,607.	
	19 Revenue less expenses Subtract line 18 from line 12	-149,603. 174,176.	
	20 Total assets (Part X, line 16)	Beginning of Year 308,147. End of Year 378,408.	
	21 Total liabilities (Part X, line 26)	135,699. 31,784.	
	22 Net assets or fund balances Subtract line 21 from line 20	172,448. 346,624.	

Part IV Signature Block

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 GARY W. WHEELLOCK	Date 8/12/10 CHIEF EXECUTIVE OFFICER

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Gene A. Besaw & Associates, PC 401 E. Main St., PO Box 949 Newport VT 05855	8/10/10		P00125781
	EIN 03-0358671		Phone no (802) 334-5093	

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

2-17 10

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

PROMOTE HEALTH THROUGH SCIENTIFIC
RESEARCH AND EDUCATION IN NUTRITION

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 \$ 1,443,772. including grants of \$ 0.) (Revenue \$ 1,756,946.)

NUTRITION EDUCATION, CO-SPONSORSHIP OF PROFESSIONAL ASSOCIATION
MEETINGS, SYMPOSIUMS, MAILING, AND EXHIBITS. 80%

4b (Code:) (Expenses \$ 360,943. including grants of \$ 0.) (Revenue \$ 439,237.)

PLACING CONSUMER INFORMATION IN THE MEDIA ON NUTRITION, HEALTH
ISSUES, SPONSORING MEDIA SPOKESPEOPLE AND PUBLICIZING DAIRY
COUNCIL PROGRAM ACTIVITIES. 20%

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,804,715.

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 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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	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? Note. 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
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	20	
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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	9	
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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)?		X
4 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.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a	
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from other members or shareholders	11 a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	

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Form 990 (2009)

Part VII 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		
1b Enter the number of voting members that are independent		
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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		
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	X	
b Other officers of key employees of the organization	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
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?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ Massachusetts

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ BARBARA MCDERMOTT 1034 COMMONWEALTH AV. BOSTON MA 02215 (617) 734-6750

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			
GARY W. WHEELOCK CEO	14.00			X				0.	127,025.	47,552.
PAUL DOTON DIRECTOR	2.00	X						540.	1,260.	0.
MARK DUFFY DIRECTOR	2.00	X						420.	980.	0.
DEBORA ERB DIRECTOR	2.00	X						0.	0.	0.
PAUL PERCY DIRECTOR	2.00	X						480.	1,120.	0.
RICHARD WOODGER DIRECTOR	2.00	X						480.	1,120.	0.
HEIDI DOLLOFF DIRECTOR	2.00	X						480.	1,120.	0.
TIMOTHY BRYANT SECRETARY	2.00			X				1,170.	2,730.	0.
SHERRY OUELLETTE TREASURER	2.00			X				885.	2,065.	0.
EDGAR KING CHAIRMAN	2.00			X				1,508.	3,517.	0.
DANIEL REQUATE DIRECTOR	2.00	X						300.	700.	0.
ANDREW SAMUELSON DIRECTOR	2.00	X						0.	0.	0.
JOHN KOKOSKI DIRECTOR	2.00	X						300.	700.	0.
CALVIN S. BOGIE, JR. DIRECTOR	2.00	X						0.	0.	0.
BRYAN DAVIS VICE CHAIRMAN	2.00			X				607.	1,418.	0.
RALPH MCNALL DIRECTOR	2.00	X						480.	1,120.	0.
CONNIE MENARD DIRECTOR	2.00	X						240.	560.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(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			
WARREN NOP DIRECTOR	2.00	X						360.	840.	0.
LISA BURNETT DIRECTOR OF NUTRITION AND SCHOOL PROGRAMS	40.00					X		100,473.	0.	13,363.
THOMAS MAGNANT DIRECTOR	2.00	X						825.	1,925.	0.
MICHAEL BARNES DIRECTOR	2.00	X						300.	700.	0.
1 b Total								109,848.	148,900.	60,915.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d	2,196,183.			
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contribns included in lns 1a-1f	\$				
	h Total. Add lines 1a-1f		2,196,183.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		11.	0.	0.	11.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other		3,275.		
	b Less cost or other basis and sales expenses			2,261.		
	c Gain or (loss)			1,014.		
	d Net gain or (loss)		1,014.	1,014.	0.	0.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a	3,915.			
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		3,915.	3,915.	0.	0.
Miscellaneous Revenue Business Code						
11 a MISCELLANEOUS	99999	660.	660.	0.	0.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		660.				
12 Total revenue. See instructions		2,201,783.	5,589.	0.	11.	

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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	123,211.	113,836.	9,375.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	466,889.	466,889.	0.	0.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	47,930.	47,930.	0.	0.
9 Other employee benefits	36,480.	36,480.	0.	0.
10 Payroll taxes	44,664.	44,664.	0.	0.
11 Fees for services (non-employees)				
a Management				
b Legal	2,043.	0.	2,043.	0.
c Accounting	6,111.	0.	6,111.	0.
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	55,018.	0.	55,018.	0.
14 Information technology				
15 Royalties				
16 Occupancy	28,801.	0.	28,801.	0.
17 Travel	56,345.	0.	56,345.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,879.	0.	32,879.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,444.	0.	22,444.	0.
23 Insurance	11,695.	0.	11,695.	0.
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 NUTRITION EDUCATION	818,394.	818,394.	0.	0.
b PUBLIC RELATIONS	272,752.	272,752.	0.	0.
c MISCELLANEOUS	1,951.	0.	1,951.	0.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,027,607.	1,800,945.	226,662.	0.
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
ASSETS	1 Cash — non-interest-bearing	25,000.	1	35,266.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	121,854.	4	147,489.
	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		8	
	9 Prepaid expenses and deferred charges	21,741.	9	17,880.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 514,042.		
	b Less accumulated depreciation	10b 337,269.	10c	176,773.
	11 Investments — publicly-traded securities		11	
	12 Investments — other securities See Part IV, line 11		12	
	13 Investments — program-related See Part IV, line 11		13	
	14 Intangible assets	1,048.	14	
	15 Other assets See Part IV, line 11	1,000.	15	1,000.
16 Total assets Add lines 1 through 15 (must equal line 34)	308,147.	16	378,408.	
LIABILITIES	17 Accounts payable and accrued expenses	135,699.	17	31,784.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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		25	
	26 Total liabilities Add lines 17 through 25	135,699.	26	31,784.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	172,448.	27	346,624.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances	172,448.	33	346,624.
	34 Total liabilities and net assets/fund balances.	308,147.	34	378,408.

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?

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

- 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?

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?

- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

2009

Open to Public Inspection

Name of the organization

NEW ENGLAND DAIRY AND FOOD COUNCIL

Employer identification number

04-1661230

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3 % 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 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III— Other
- e ☐ 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) or section 509(a)(2)
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations

[illegible]

Total

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

Schedule A (Form 990 or 990-EZ) 2009

Part III 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'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
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.						
4 Total. Add lines 1-through 3						
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 line 4						

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						
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 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 <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	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. 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 type="checkbox"/>		
b 33-1/3 support test – 2008. 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 10%-facts-and-circumstances test – 2009 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 10%-facts-and-circumstances test – 2008. 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 Private foundation. 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"/>		

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Schedule A (Form 990 or 990-EZ) 2009

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'.)	1,721,977.	1,728,934.	1,781,000.	1,681,500.	2,196,183.	9,109,594.
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	20,187.	10,589.	7,072.	4,140.	3,915.	45,903.
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 Total. Add lines 1 through 5	1,742,164.	1,739,523.	1,788,072.	1,685,640.	2,200,098.	9,155,497.
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 Public support. (Subtract line 7c from line 6.)						9,155,497.

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	1,742,164.	1,739,523.	1,788,072.	1,685,640.	2,200,098.	9,155,497.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,519.	7,526.	20,862.	817.	11.	31,735.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,519.	7,526.	20,862.	817.	11.	31,735.
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.)	378.		51.		660.	1,089.
13 Total support. (add lns 9, 10c, 11, and 12.)						9,188,321.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.64 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.60 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.35 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.40 %

- 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 ☐

Part IV

Other Income Part III, Line 12

Description: MISCELLANEOUS REIMBURSEMENTS

2005: 378.

2007: 51.

2009: 660.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

NEW ENGLAND DAIRY AND FOOD COUNCIL

04-1661230

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.

1 a 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.

1 a 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:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

2 a 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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

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

- (i) unrelated organizations
 (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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
1 a Land		28,195.		28,195.
b Buildings		37,221.	37,221.	0.
c Leasehold improvements		283,147.	163,245.	119,902.
d Equipment		89,713.	83,895.	5,818.
e Other		75,766.	52,908.	22,858.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				176,773.

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Schedule D (Form 990) 2009

(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		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) must equal Form 990, Part X, Col (B) line 13.) ▶		

(a) Description	(b) Book value
DEPOSITS	1,000.
Total. (Column (b) must equal Form 990, Part X, col (B), line 15)	1,000.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	

Schedule D (Form 990) 2009

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)	2,201,783.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,027,607.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	174,176.
4	Net unrealized gains (losses) on investments	
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	174,176.

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	2,201,783.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,201,783.
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	2,201,783.

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

1	Total expenses and losses per audited financial statements	1	2,027,607.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,027,607.
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	2,027,607.

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 XIV Supplemental Information *(continued)*

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions with Interested Persons**

- Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

NEW ENGLAND DAIRY AND FOOD COUNCIL

Employer identification number

04-1661230

Part II Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$

Part III Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total					► \$					

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
NEW ENGLAND DAIRY PROMOTION BOARD	RELATED ORGANIZATION	2,196,183.	CONTRIBUTIONS		X
NEW ENGLAND DAIRY PROMOTION BOARD	RELATED ORGANIZATION	398.	OFFICE EXPENSE		X
NEW ENGLAND DAIRY PROMOTION BOARD	RELATED ORGANIZATION	6,568.	ANNUAL MEETING REPORTS		X
NEW ENGLAND DAIRY PROMOTION BOARD	RELATED ORGANIZATION	2,420.	STAFF TRAVEL		X
NEW ENGLAND DAIRY PROMOTION BOARD	RELATED ORGANIZATION	3,189.	REIMBURSED EXPENSES		X

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

Schedule L (Form 990 or 990-EZ) 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.



Name of the organization

NEW ENGLAND DAIRY AND FOOD COUNCIL

Employer identification number

04-1661230

Pt VI-A, Line 6 DAIRY PRODUCERS

Pt VI-A, Line 7a BY VOTE AT ANNUAL MEETING

Pt VI-A, Line 7b PREVIOUS YEAR'S ACTIONS RATIFIED BY VOTE AT ANNUAL MEETING.

Pt VI-B, Line 11A REVIEW OF FORM 990 BY AUDIT COMMITTEE BEFORE FILING

Pt VI-B, Line 15 SALARIES ARE ESTABLISHED BASED IN PART ON A BENCHMARK

NATIONAL STUDY OF COMPENSATION IN SIMILAR ORGANIZATIONS.

SALARIES ARE PART OF THE ANNUAL BUDGET AND ARE APPROVED

IN DETAIL BY THE PERSONNEL COMMITTEE AND IN TOTAL BY

THE DIRECTORS AND MEMBERS.

Pt VI-C, Line 19 AVAILABLE THROUGH WRITTEN OR IN-PERSON REQUESTS.

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropor- tionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
- - - - -											
- - - - -											
- - - - -											
- - - - -											
- - - - -											
- - - - -											
- - - - -											
- - - - -											
- - - - -											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
- - - - -							
- - - - -							
- - - - -							
- - - - -							
- - - - -							
- - - - -							
- - - - -							
- - - - -							
- - - - -							

Part V. Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note		Yes	No
1 Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV			
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees		X
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)		X
r	Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			(B) Transaction type (a-f)	(C) Amount involved
(1) NEW ENGLAND DAIRY PROMOTION BOARD			r	2,196,183.
(2) NEW ENGLAND DAIRY PROMOTION BOARD			m	2,019.
(3) NEW ENGLAND DAIRY PROMOTION BOARD			o	9,386.
(4) NEW ENGLAND DAIRY PROMOTION BOARD			p	1,170.
(5)				
(6)				

Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than one investment partnership (including, but not limited to, investment partnerships that generated investment income or revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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NEW ENGLAND DAIRY FOOD COUNCIL
Federal ID #: 04-1661230
Asset Summary - Book Basis
Period Ended 12/31/09

Company: NFC
Page: 1

<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>
Group # 1 SOFTWARE												
1	1	PAGE MAKER 6 5 SOF	01/05/01	M	SL	7	495 00	0 00	0 00	495 00	0 00	495 00
2	1	MS SOFTWARE LICEN	03/12/01	M	SL	5	7,307 00	0 00	0 00	7,307 00	0 00	7,307 00
3	1	QUICKBOOKS SOFTW	10/29/04	M	SL	2	655 00	0 00	0 00	655 00	0 00	655 00
4	1	4 MS OFFICE 2003 UP	05/17/05	M	SL	4	3,637 00	0 00	0 00	3,257 00	380 00	3,637 00
5	1	SONIC WALL VPN SOF	09/16/06	M	SL	4	1,525 00	0 00	0 00	857 00	381 25	1,238 25
Group # 1 Total							13,619 00	0 00	0 00	12,571 00	761 25	13,332 25
Group # 2 BUILDINGS												
1	1	BUILDING - BOSTON	07/01/63	R	SL	40	37,221 00	0 00	0 00	37,221 00	0 00	37,221 00
Group # 2 Total							37,221 00	0 00	0 00	37,221 00	0 00	37,221 00
Group # 3 FURNITURE & FIXTURES												
1	1	FURNITURE & FIXT -	07/01/88	N	SL	7	18,848 00	0 00	0 00	18,848 00	0 00	18,848 00
2	1	FURNITURE & FIXT -	07/01/89	N	SL	7	23,573 00	0 00	0 00	23,573 00	0 00	23,573 00
3	1	FURNITURE & FIXT -	07/01/90	N	SL	7	7,329 00	0 00	0 00	7,329 00	0 00	7,329 00
4	1	FURNITURE & FIXT -	07/01/98	N	SL	7	4,472 00	0 00	0 00	3,833 00	638 86	4,471 86
5	1	2ND FLOOR CUBICLES	08/18/99	N	SL	7	3,500 00	0 00	0 00	3,500 00	0 00	3,500 00
6	1	FURNITURE & FIXT -	07/01/91	N	*SOLD*	7	8,024 00	0 00	0 00	8,024 00	0 00	8,024 00
7	1	LATERAL FILE - LEN	06/11/01	N	SL	7	619 00	0 00	0 00	619 00	0 00	619 00
8	1	AIR CONDITIONER -	06/11/01	N	SL	5	231 00	0 00	0 00	231 00	0 00	231 00
9	1	LEATHER CHAIR - DI	08/13/01	N	SL	7	268 00	0 00	0 00	268 00	0 00	268 00
10	1	97 TELE ADDITIONS	07/01/97	N	SL	7	9,389 00	0 00	0 00	9,389 00	0 00	9,389 00
11	1	97 TELE ADDITIONS	08/01/97	N	SL	7	750 00	0 00	0 00	750 00	0 00	750 00
12	1	3 PHONES - HEIDI	07/26/01	N	SL	5	111 00	0 00	0 00	111 00	0 00	111 00
13	1	SONY CORDLESS PHO	07/11/01	N	SL	5	105 00	0 00	0 00	105 00	0 00	105 00
14	1	CTX PS 5100 PROJCTR	03/28/02	N	SL	5	2,100 00	0 00	0 00	2,100 00	0 00	2,100 00
15	1	COPIER (NH)	07/30/02	N	SL	5	250 00	0 00	0 00	250 00	0 00	250 00
16	1	1 INFOCUS LP 500 PR	01/29/03	N	SL	5	2,129 00	0 00	0 00	2,129 00	0 00	2,129 00
17	1	1 INFOCUS LP 40 PROJ	01/29/03	N	SL	5	3,028 00	0 00	0 00	3,028 00	0 00	3,028 00
18	1	DIGITAL CAMERAS (2	03/24/04	N	*SOLD*	4	668 00	0 00	0 00	668 00	0 00	668 00
19	1	DIGITAL CAMERA 1/2	03/31/04	N	*SOLD*	4	652 00	0 00	0 00	652 00	0 00	652 00
20	1	DIGITAL CAMERA CA	03/31/04	N	*SOLD*	4	58 00	0 00	0 00	58 00	0 00	58 00
21	1	OFFICE DESK	12/31/04	N	SL	7	221 00	0 00	0 00	128 00	31 57	159 57
22	1	COMPUTER STATION	11/30/04	N	SL	7	1,028 00	0 00	0 00	600 00	146 86	746 86
23	1	SMART CELLPHONE	09/01/04	N	SL	3	400 00	0 00	0 00	400 00	0 00	400 00
24	1	COMPUTER TABLE -	02/12/04	N	SL	7	238 00	0 00	0 00	167 00	34 00	201 00
25	1	1/2 PHONE SYSTEM -	06/24/04	N	SL	7	659 00	0 00	0 00	423 00	94 14	517 14
26	1	DIGITAL CAMERAS	09/26/05	N	SL	4	1,476 00	0 00	0 00	1,199 00	277 00	1,476 00
27	1	PROJECTOR	11/07/05	N	SL	4	3,499 00	0 00	0 00	2,771 00	728 00	3,499 00
28	1	OFFICE FURNITURE -	11/07/06	N	SL	7	1,898 00	0 00	0 00	587 00	271 14	858 14
29	1	OFFICE FURNITURE -	12/30/06	N	SL	7	1,086 00	0 00	0 00	310 00	155 14	465 14
30	1	CABINETS (KROLL)	01/24/07	N	SL	7	2,872 00	0 00	0 00	786 00	410 29	1,196 29
31	1	COPIER - VT	01/15/03	N	SL	5	389 00	0 00	0 00	389 00	0 00	389 00
32	1	Conf Room Table - Bos	09/09/09	N	SL	5	1,085 00	0 00	0 00	0 00	72 33	72 33
33	1	Phone Line Set Up-Win	09/08/09	N	SL	5	1,015 05	0 00	0 00	0 00	67 67	67 67
Sub-Total							101,970 05	0 00	0 00	93,225 00	2,927 00	96,152 00
Less Assets Sold							9,402 00	0 00	0 00	9,402 00	0 00	9,402 00
Group # 3 Total							92,568 05	0 00	0 00	83,823 00	2,927 00	86,750 00
Group # 4 IMPROVEMENTS												
1	1	L/H IMPROVEMENT -	07/01/72	R	SL	10	4,495 00	0 00	0 00	4,495 00	0 00	4,495 00
2	1	L/H IMPROVEMENT -	07/01/73	R	SL	10	275 00	0 00	0 00	275 00	0 00	275 00

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NEW ENGLAND DAIRY FOOD COUNCIL
Federal ID #: 04-1661230
Asset Summary - Book Basis
Period Ended 12/31/09

Company: NFC
Page: 2

<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>
Group # 4 IMPROVEMENTS (Continued)												
3	1	L/H IMPROVEMENT -	07/01/79	R	SL	20	10,800 00	0 00	0 00	10,800 00	0 00	10,800 00
4	1	L/H IMPROVEMENT -	07/01/86	R	SL	10	7,955 00	0 00	0 00	7,955 00	0 00	7,955 00
5	1	L/H IMPROVEMENT -	07/01/87	R	SL	7	40,198 00	0 00	0 00	40,198 00	0 00	40,198 00
6	1	L/H IMPROVEMENT -	07/01/87	R	SL	10	1,065 00	0 00	0 00	1,065 00	0 00	1,065 00
7	1	L/H IMPROVEMENT -	07/01/87	R	SL	40	41,118 00	0 00	0 00	27,845 00	1,027 95	28,872 95
8	1	L/H IMPROVEMENT -	07/01/88	N	SL	10	20,357 00	0 00	0 00	20,357 00	0 00	20,357 00
9	1	L/H IMPROVEMENT -	07/01/89	R	SL	10	17,816 00	0 00	0 00	17,816 00	0 00	17,816 00
10	1	L/H IMPROVEMENT -	07/01/90	R	SL	10	6,700 00	0 00	0 00	6,700 00	0 00	6,700 00
11	1	L/H IMPROVEMENT -	07/01/97	R	SL	10	2,175 00	0 00	0 00	2,175 00	0 00	2,175 00
12	1	L/H IMPROVEMENT -	12/22/99	R	SL	10	5,516 00	0 00	0 00	5,243 00	273 00	5,516 00
13	1	ROOF REPLACEMENT	06/30/02	R	SL	20	19,485 00	0 00	0 00	6,331 00	974 25	7,305 25
14	1	HEAT PUMP REPLAC	10/08/03	R	SL	20	4,125 00	0 00	0 00	1,082 00	206 25	1,288 25
15	1	HVAC - BOSTON	10/08/03	R	SL	40	11,075 00	0 00	0 00	1,454 00	276 88	1,730 88
16	1	2ND&3RD FLOOR DO	06/28/04	R	SL	40	3,280 00	0 00	0 00	369 00	82 00	451 00
17	1	SECURITY DOORS - B	05/24/05	R	SL	20	3,850 00	0 00	0 00	691 00	192 50	883 50
18	1	WINDOW GRATES RE	10/30/06	R	SL	40	9,931 00	0 00	0 00	537 00	248 28	785 28
19	1	BASEMENT WORK	02/28/06	R	SL	40	4,300 00	0 00	0 00	306 00	107 50	413 50
20	1	PAVE PARKING LOT	08/09/06	R	SL	15	4,500 00	0 00	0 00	725 00	300 00	1,025 00
21	1	MASONRY WORK	03/31/06	R	SL	15	9,860 00	0 00	0 00	1,807 00	657 33	2,464 33
23	1	Window/Roof Repair-Bo	09/09/09	R	MCRS SL	39	33,648 00	0 00	0 00	0 00	251 64	251 64
24	1	Air Handler - Boston	08/19/09	R	MCRS SL	39	6,150 00	0 00	0 00	0 00	59 13	59 13
25	1	Interior Painting/Repair	09/17/09	N	MCRS SL	20	14,473 25	0 00	0 00	0 00	361 83	361 83
Group # 4 Total							283,147 25	0 00	0 00	158,226 00	5,018 54	163,244 54
Group # 5 LAND												
1	1	LAND - BOSTON	07/01/63	R			28,195 00	0 00	0 00	0 00	0 00	0 00
Group # 5 Total							28,195 00	0 00	0 00	0 00	0 00	0 00
Group # 6 MACHINERY & EQUIPMENT												
1	1	PROXIMA ULTRA - B	02/03/00	N	SL	5	2,824 00	0 00	0 00	2,589 00	235 00	2,824 00
2	1	HP DESKJET 1220C PR	01/05/01	N	SL	7	605 00	0 00	0 00	605 00	0 00	605 00
3	1	DSL WIRING	02/12/02	N	SL	10	5,499 00	0 00	0 00	3,804 00	549 90	4,353 90
4	1	DSL WIRING (ERIN)	03/28/02	N	SL	10	780 00	0 00	0 00	527 00	78 00	605 00
5	1	1 TOSHIBA TECRA CO	01/29/03	N	SL	5	2,580 00	0 00	0 00	2,580 00	0 00	2,580 00
6	1	MONITOR & PRINTER	08/12/04	N	SL	4	1,805 00	0 00	0 00	1,805 00	0 00	1,805 00
7	1	BARBARA CPU & SET	09/01/04	N	SL	4	1,648 00	0 00	0 00	1,648 00	0 00	1,648 00
8	1	TOSHIBA TECRA-BAR	11/30/04	N	SL	4	2,262 00	0 00	0 00	2,262 00	0 00	2,262 00
9	1	NOTEBOOK COMPUT	12/09/05	N	SL	4	1,467 00	0 00	0 00	1,132 00	335 00	1,467 00
10	1	NOTEBK & OFFICE SO	12/05/05	N	SL	4	2,054 00	0 00	0 00	1,585 00	469 00	2,054 00
11	1	NOTEBK & OFFICE SO	12/09/05	N	SL	4	2,054 00	0 00	0 00	1,585 00	469 00	2,054 00
12	1	NOTEBK & OFFICE SO	12/09/05	N	SL	4	2,054 00	0 00	0 00	1,585 00	469 00	2,054 00
13	1	BOSTON SERVER w/ O	04/29/05	N	SL	4	5,502 00	0 00	0 00	5,045 00	457 00	5,502 00
14	1	COMPUTER & MONIT	06/08/05	N	SL	4	2,269 00	0 00	0 00	2,032 00	237 00	2,269 00
15	1	COMPUTER - NORA	02/08/05	N	SL	4	2,006 00	0 00	0 00	1,966 00	40 00	2,006 00
16	1	NOTEBOOK/MONITO	12/18/06	N	SL	4	2,193 00	0 00	0 00	1,096 00	548 25	1,644 25
17	1	NOTEBOOK/MONITO	12/18/06	N	SL	4	2,193 00	0 00	0 00	1,096 00	548 25	1,644 25
18	1	NOTEBOOK/MONITO	12/18/06	N	SL	4	2,193 00	0 00	0 00	1,096 00	548 25	1,644 25
19	1	NOTEBK & SOFTWARE	09/12/06	N	SL	4	3,718 00	0 00	0 00	2,170 00	929 50	3,099 50
20	1	COMPUTER & SOFTW	03/31/06	N	SL	4	1,908 00	0 00	0 00	1,312 00	477 00	1,789 00
21	1	2 CAMCORDERS & PR	12/18/06	N	SL	4	2,596 00	0 00	0 00	1,298 00	649 00	1,947 00
22	1	DELL LAPTOP FOR A	02/28/07	N	SL	4	2,247 00	0 00	0 00	1,030 00	561 75	1,591 75
23	1	DELL LAPTOP FOR JA	02/28/07	N	SL	4	2,247 00	0 00	0 00	1,030 00	561 75	1,591 75
24	1	DELL LAPTOP FOR G	02/28/07	N	SL	4	2,247 00	0 00	0 00	1,030 00	561 75	1,591 75
25	1	DELL LAPTOP FOR S	02/28/07	N	SL	4	2,247 00	0 00	0 00	1,030 00	561 75	1,591 75

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NEW ENGLAND DAIRY FOOD COUNCIL
Federal ID #: 04-1661230
Asset Summary - Book Basis
Period Ended 12/31/09

Company: NFC
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<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>
Group # 6 MACHINERY & EQUIPMENT (Continued)												
26	1	1 TOSHIBA 2410 COM	01/29/03	N	SL	5	1,560 00	0 00	0 00	1,560 00	0 00	1,560 00
27	1	COLOR PRINTER - BO	06/04/08	N	SL	5	4,715 00	0 00	0 00	550 00	943 00	1,493 00
28	1	5 DELL LATITUDES	09/29/08	N	SL	4	10,372 50	0 00	0 00	648 30	2,593 13	3,241 43
29	1	1 DELL LATITUDE	09/29/08	N	*SOLD*	4	2,074 50	0 00	0 00	129 70	259 31	389 01
30	1	Computers	12/17/09	N	MCRS SL	5	6,554 24	0 00	0 00	0 00	655 42	655 42
Sub-Total							84,474 24	0 00	0 00	45,826 00	13,737 01	59,563 01
Less Assets Sold							2,074 50	0 00	0 00	129 70	259 31	389 01
Group # 6 Total							82,399 74	0 00	0 00	45,696 30	13,477 70	59,174 00
Grand Total							548,626 54	0 00	0 00	347,069 00	22,443 80	369,512 80
Less Assets Sold							11,476 50	0 00	0 00	9,531 70	259 31	9,791 01
Net Grand Total							537,150 04	0 00	0 00	337,537 30	22,184 49	359,721 79

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	NEW ENGLAND DAIRY AND FOOD COUNCIL	04-1661230
	Number, street, and room or suite number. If a P.O. box, see instructions	
	1034 COMMONWEALTH AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	BOSTON	MA 02215

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► BARBARA MCDERMOTT

Telephone No. ► (617) 734-6750

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 16, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 09 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 4-2009)