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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

Open to Public

OMB No 1545-0047

Department of the Treasury

benefit trust or private foundation)

	al Revenu	** ***********************************			nspection					
<u> </u>	For the	2009 calendar year, or tax year beginning , and en								
B	heck if ap	plicable Please C Name of organization Northeast Organic Farming Association of	of Verr D Employer	identification n	umber					
∐,ª	ddress o	ress change label or Doing Business As 22-3260420								
ח	lame cha	me change print or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number								
\Box	nitial retu	m see PO Box 697	(802) 434-4	122						
=	eminate	Specific City or town state or country and 7IP + 4	(002) 404-4	122	·					
=		instruc-	G Gross rece	inte C	1 277 000					
=	mended				1,377,990					
⊔′	Application	n pending F Name and address of principal officer.	H(a) Is this a group retur	n for affiliates?	Yes X No					
			H(b) Are all affiliates inc	luded?	Yes No					
i T	ax-exer	npt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list	t (see instruction	ons)					
			11/-> 0							
			H(c) Group exemption n							
<u>K F</u>	orm of o	ganization Corporation Trust X Association Other ▶ L Year	of formation 1971	M State of I	egal domicile VT					
Р	art I	Summary								
	1	Briefly describe the organization's mission or most significant activities. Northeas	t Organic Farming	Association	of Vermont works					
		with farmers, gardeners and consumers to promote an economically viable and economically economically viable and economically ec								
9		vision consists of small farms and agriculturally based businesses that are thriving								
蟫	1	scapes, where organic farms and gardens supply local food to all members of their								
Activités Zodemme	1_									
. vg	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of the organization discontinued its operations of the organization discontinued its operation discontinued its		1 1						
200	3	Number of voting members of the governing body (Part VI, line 1a)		3	12					
€.	4	Number of independent voting members of the governing body (Part VI, line 1b).		4	0					
墨	5	Total number of employees (Part V, line 2a)		5	17					
₹	6	Total number of volunteers (estimate if necessary)		6						
_	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0					
ᇤ	b	Net unrelated business taxable income from 990-T, line 34		7b	0					
Revention NED	 		Prior Year		Current Year					
Z	8	Contributions and grants (Part VIII line 1h)		3,559	783,781					
₹	9			7,650	474,753					
%					4,617					
Ę,	10	Investment income (Part-VIII,-column-(A),-lines 3, 4, and 7d)		6,719						
	11	Other revenue (Part VIL) @ [[] [M], [ij] \$5, 6d, 8c, 9c, 10c, and 11e)		7,921	27,976					
_	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,849	1,291,127					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7:	3,070	113,621					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0					
en.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	52	0,512	587,363					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	101					
per	ь	Total fundraising expenses (Part IX, column (D), line 25) ► 13,151			and markety lines in					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,225	555,367					
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,807	1,256,452					
	19	Revenue less expenses. Subtract line 18 from line 12		0.042	34,675					
	13	Revenue less expenses. Subtract line 10 front line 12	Beginning of Current		End of Year					
<u> </u>	20 21 22	Total assets (Dart V. June 16)		4,194	555,369					
886	20	Total assets (Part X, line 16)								
Y E	21	Total liabilities (Part X, line 26)		9,964	56,464					
		Net assets or fund balances. Subtract line 21 from line 20	46	4,230	498,905					
Pa	ırt II	Signature Block								
		Under penalties of penjury, I declare that I have examined this return, including accompanying schedul	es and statements, and t	o the best of my	/ knowledge					
		and belief, it is true porrect, and complete Declaration of preparer (other than officer) is based on all i	nformation of which prep	arer has any kn	owledge					
			18/2	/						
Sig	ın	10/m 100 g		1290						
He	-	Signature of officer	Date							
пе	16	Thomas M.L. Steams, Treasurer								
		Type or print name and title								
		1 · · · · · · · · · · · · · · · · · · ·	heck if	1 .	entifying number					
Pai	d	1 ******** V 1 V 1 V V V V V V V V V V	elf-	(see instruction	s)					
Pre	parer'	8 -	nployed •							
	e Only	I Firm's name (or yours Independent Tax Service, Inc.	EIN >	03-030268	8					
-50	,	if self-employed), address, and ZIP + 4 One Mill Street, #140; Burlington, VT 05401	Phone no	`(802) 863	-2271					
14-	ال عطاء يا		1		X Yes No					
Ma	y ine II	RS discuss this return with the preparer shown above? (see instructions)	· · · · · · · ·	<u> </u>	C) 169 NO					

Pa	art III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	To promote an economically viable and ecologically sound Vermont food system for the benefit of current and future
	generations.

2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	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
	, and a second conference of the second confer
<u> 4</u> a	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	See attached list.
4b	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	(Codd:) (Coponico V
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	•••••••••••••••••••••••••••••••••••••••

4d	Other program services. (Describe in Schedule O.)
-	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 1 110 737

Parl	V 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	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4	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	5		
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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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,"			1
	complete Schedule D, Part IV	9		Х
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	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11	х	
_	VII, VIII, IX, or X as applicable		â	
•	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 statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
4-	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	40		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-^-
D	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? <i>If</i> "Yes," <i>complete Schedule F, Part I</i>	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	175		┢
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	1	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	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
4-	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	\vdash	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		,
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		×
20	If "Yes," complete Schedule G, Part III	20	 	Î
20	Did the diganization operate one of more hospitals? If thes, complete schedule in	1 20	<u></u>	\sim

Part IV	Checklist o	f Required	Schedules	(continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		ĺ	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		i	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	1		
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	}	1	
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	- [Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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	25a	1	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			<u> </u>
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b	- 1	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	235		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26]	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
41	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27	}	Х
28		2000	F 7 38	<u> </u>
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		, 3 #	F
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	200	r. Z.	ئىڭ."
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	{	<u>X</u> _
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201	Ì	V
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		1	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	_		v
••	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	_	- 1	
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1 1		
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	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	34		<u>X</u>
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	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		ł	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Ţ	·
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Χ_
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.	38	х	
		_		(2009)

. u	Statements Regarding Other INST mings and Tax Somphance			
4.0	Enter the number repeated in Boy 2 of Form 1006. Applied Summers and Transmitted of		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable)
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			ļ
	gaming (gambling) winnings to prize winners?	1c	X	
2a	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 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	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	40		х
b	account)?	_4a		-
U	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	İ
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	X	4
	and services provided to the payor?	7a 7b	x	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		<u> </u>	<u> </u>
U	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	, , ,	<u> </u>
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			X
9	organization, have excess business holdings at any time during the year?	8	· ·	 ^
	Did the organization make any taxable distributions under section 4966?	9a		X
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	X
10	Section 501(c)(7) organizations. Enter:	. 		1
а	Initiation fees and capital contributions included on Part VIII, line 12	.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:		-	İ
а	Gross income from members or shareholders	'		
b	Gross income from other sources (Do not net amounts due or paid to other sources			i i
	against amounts due or received from them.)		_	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		L	<u> </u>

Part VI

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

Sect	ion A. Governing Body and Management						
				Yes	No		
1a	Enter the number of voting members of the governing body	1a 12					
b	Enter the number of voting members that are independent	1b 0					
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	itionship with					
	any other officer, director, trustee, or key employee?		2		X		
3	Did the organization delegate control over management duties customarily performed by or un		3		Х		
	supervision of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its organizational documents since the prior Form 9	90 was filed? .	4		X		
5	Did the organization become aware during the year of a material diversion of the organization	's assets?	5		X		
6	Does the organization have members or stockholders?		6		-		
7a	Does the organization have members, stockholders, or other persons who may elect one or m	ore members	7.				
L	of the governing body?		7a 7b		X		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other Did the organization contemporaneously document the meetings held or written actions under		10	· .	^		
8		taken duning					
_	the year by the following: The governing body?		8a	χ_			
a b	Each committee with authority to act on behalf of the governing body?		8b	X	 		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached	- 				
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9a		х		
Sect	ion B. Policies (This Section B requests information about policies not required by the						
	enue Code.)	· · · · · · · · · · · · · · · · · · ·					
				Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?		10a		Х		
b	If "Yes," does the organization have written policies and procedures governing the activities o	f such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organizatio		10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body b	efore filing the		İ			
	form?		11	X	<u> </u>		
11A	· · · · · · · · · · · · · · · · · · ·		<u> </u>	-	ļ		
12a			12a	X			
b	Are officers, directors or trustees, and key employees required to disclose annually interests t	hat could give					
	rise to conflicts?		12b	X	ļ		
С	Does the organization regularly and consistently monitor and enforce compliance with the pol	icy? If "Yes,"	40.				
	describe in Schedule O how this is done		12c	X	-		
13	Does the organization have a written whistleblower policy?		13	X	X		
14	Does the organization have a written document retention and destruction policy?		14	 ^-	ļ		
15	Did the process for determining compensation of the following persons include a review and a independent persons, comparability data, and contemporaneous substantiation of the deliber	ation and decision?	1		á		
_			15a	X			
a b	The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization		15b	Î	 		
D			-:-	† 🗘			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a		1				
iva	with a taxable entity during the year?		16a	1	X		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	to evaluate		<u> </u>	-1		
~	its participation in joint venture arrangements under applicable federal tax law, and taken step			1			
	the organization's exempt status with respect to such arrangements?		16b	1	-		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar	nd 990-T (501(c)(3)s	only)				
	available for public inspection. Indicate how you make these available. Check all that apply.	•					
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docur	nents, conflict of inter	est				
	policy, and financial statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the b	ooks and records of t	he				
	organization: Kirsten Bower						
	39 Bridge St., Richmond, VT 05477						

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Po or director			≅ Key employee	Highest compensated at employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Regina Beidler Co-Chair	2 hrs/mo	X		Х				0	0	0
Josh Brown	2 hrs/mo	х						0	0	0
Jennifer Colby	2 hrs/mo	х						0	0	0
Chris Gordon	2 hrs/mo	х						0	0	0
Peter Griffin	2 hrs/mo	Х				-		0	0	0
John Hayden Co-Chair	4 hrs/mo	х		х				0	0	0
Jack Manıx	2 hrs/mo	х						0	0	0
Chuch Mitchell	2 hrs/mo	х						0	. 0	0
Elyse Moore	2 hrs/mo	х						0	0	0
Tom Stearns Treasurer	4 hrs/mo	х		x				0	0	0
Helen Whybrow	2 hrs/mo	X						0		0
Morgan Wolaver	2 hrs/mo	X						0		0
						-				
			Γ							
			T							

Pa	rt VII Section A. Officers, Directors, Tru		ploy	ees,	and	Hiç	hes	t Co	mpensated Em	ployees (contin	nued)
	(A)	Position (check all that anniv)				(E)	(F)				
	Name and title	Average hours per week	_		(chec				Reportable compensation from	Reportable compensation from related	Estimated amount of other
			ndividual trustee or director	Institutional trustee	ær	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
		=-									
							ļ 				
							<u> </u>	<u> </u>			
							ļ				
							<u> </u>				
				<u> </u>			<u> </u>				
							_				
							ļ				
								Ļ			
<u>1b</u>	Total	<u></u>	·	<u></u>				<u>. </u>	0	· · · · · · · · · · · · · · · · · · ·	0 0
2	Total number of individuals (including but no reportable compensation from the organization		se lis	ted a	o D	e) wl	ho re	ceiv	ed more than \$1	00,000 in	
3	Did the organization list any former officer, employee on line 1a? <i>If</i> "Yes," complete Sc.			•		yee		_	st compensated		Yes No
4	For any individual listed on line 1a, is the su the organization and related organizations of individual										4 X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y										5 X
Sec	ction B. Independent Contractors	,pioto 0	504						· · · · · · · · · · · · · · · · · · ·		- 1. 1. 7
1	Complete this table for your five highest cor compensation from the organization.	npensated inde	pend	lent	contr	acto	rs th	at re	ceived more tha	n \$100,000 of	
	(A) Name and business a	address			-				(B) Description of ser	vices C	(C) ompensation
	NONE										(
											(
											(
2	Total number of independent contractors (in more than \$100,000 in compensation from					se lis	sted a	abov	e) who received		- 1

22-3260420

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		i i	ľ	
	lude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	s and other assistance to governments and				
•	izations in the U.S. See Part IV, line 21	113,621		()	
	s and other assistance to individuals in				40
	S See Part IV, line 22	0			3-
	s and other assistance to governments,				•
	izations, and individuals outside the				
	See Part IV, lines 15 and 16	0			
	fits paid to or for members	<u> </u>			····
	pensation of current officers, directors,	0			
	es, and key employees	<u>U</u>			
	pensation not included above, to disqualified ins (as defined under section 4958(f)(1)) and				
•	ns described in section 4958(c)(3)(B)	0			
	salaries and wages	496,023	408,677	80,757	6,589
	ion plan contributions (include section 401(k)	400,020	100,011	00,7.0.	
	ection 403(b) employer contributions)	o	ļ		
	employee benefits	53,394	42,464	10,930	
	oll taxes .	37,946	30,879	6,559	508
•	for services (non-employees):				
	gement	4,779	j	4,779	
b Legal		0			
	unting	1,120		1,120	
	ying	0			
	ssional fundraising services See Part IV, line 17	101			101
	tment management fees	0			
	r. , , ,	223,862	223,862	. <u></u>	
	rtising and promotion [0			
13 Office	e expenses	36,697	30,266	5,875	556
14 Inform	nation technology	9,131	7,311	1,784	36
15 Roya	Ities	0			
16 Occu	pancy	16,995	6,806	10,189	
	91 <u>.</u>	91,225	87,819	3,400	6
•	nents of travel or entertainment expenses				
	ny federal, state, or local public officials	0		4 400	
	erences, conventions, and meetings.	19,740	18,541	1,199	
	est	2,048	2,048		
	nents to affiliates	0	2.222	4.440	
•	eciation, depletion, and amortization	3,716	2,600	1,116	
	ance	5,771	4,028	1,743	
	r expenses. Itemize expenses not	ļ			
	red above (Expenses grouped together	,			2
	abeled miscellaneous may not exceed			, , ,	
	f total expenses shown on line 25 below)	38,904	35,587	320	2,997
	ng and Copying	25,155	21,808	989	2,358
b Posta		5,602	5,092	510	2,000
	and subscriptions	9,520	9,132	388	
	ity rent	2,125	1,219	906	
	ll equipment her expenses Farm shares	58,977	58,977		
		1,256,452	1,110,737	132,564	13,15
	I functional expenses. Add lines 1 through 24f	1,230,432	1,110,101	102,004	,10
	t costs. Check here				
	98-2. Complete this line only if the organization]	
	rted in column (B) joint costs from a combined				
	ational campaign and fundraising				
SOIICI	itation			 	Form 990 (2009

Part	t X	Balance Sheet		т	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	24,123	1	309,143
	2	Savings and temporary cash investments	416,733	2	170,072
-	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	993	_5	0
	6	Receivables from other disqualified persons (as defined under section		l	F
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part il of Schedule L	0	6	
र्ह्	7	Notes and loans receivable, net	57,325	7	52,412
Assets	8	Inventories for sale or use	13,609		13,105
⋖	9	Prepaid expenses and deferred charges		9	
1	10a	Land, buildings, and equipment cost or 10a 35,121			
		other basis Complete Part VI of Schedule D		.	
	b	Less. accumulated depreciation 10b 28,433	10,404		6,688
1	11	Investments—publicly traded securities	1,007	11	3,949
'	12	Investments—other securities. See Part IV, line 11	0	12	0
•	13	Investments—program-related. See Part IV, line 11	0	13	0
•	14	Intangible assets	0	14	0
'	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	524,194	16	555,369
'	17	Accounts payable and accrued expenses		17	· · · · · · · · · · · · · · · · · · ·
'	18	Grants payable		18	
· /	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	0	20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		:	
ja þ		employees, highest compensated employees, and disqualified			
		persons Complete Part II of Schedule L	0	22	
;	23	Secured mortgages and notes payable to unrelated third parties .	0		50.404
	24	Unsecured notes and loans payable to unrelated third parties	59,964	24	56,464
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	59,964	26	56,464
		Organizations that follow SFAS 117, check here ▶ and			**************************************
ě		complete lines 27 through 29, and lines 33 and 34.		`- 	H
ä	27	Unrestricted net assets	434,230	27	458,905
Bal	28	Temporarily restricted net assets	30,000	28	40,000
ᅙ	29	Permanently restricted net assets .		29	
וַ בָּ		Organizations that do not follow SFAS 117, check here▶			, , ,
7		and complete lines 30 through 34.		-	,
25	20	·		30	
Se	30	Capital stock or trust principal, or current funds		31	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Oυ	32	V .	464,230		498,905
	33	Total net assets or fund balances	524,194		555,369
\bot	34	Total liabilities and net assets/fund balances	J27, 134		Form 990 (2009)

Form **990** (2009)

Part	XI Financial Statements and Reporting			
	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		l
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	ŀ		
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:			İ
	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	1		
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
-		Fo	m 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

<u> Iortr</u>	east	Organic Farr	ming Association	n of Vermont						22-32	260420		
Par	t I	Reason	for Public Ch	narity Status (All org	ganizatio	ns must (complete	this par	t.) See ır	<u>istructio</u>	าร		
he o	o <u>rga</u> i			ation because it is (Fo									
1		A church, co	nvention of chu	rches, or association o	of churche	es describ	ed in sec	tion 170(b)(1)(A)(i).			
2		A school des	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (At	tach Sche	edule E)							
3		A hospital or	a cooperative h	nospital service organi	zation de:	scribed in	section	170(b)(1)	(A)(iii).				
4			search organiza	ation operated in conju	inction wit	th a hospi	tal descri	bed in se	ction 170	(b)(1)(A)	(iii). Ente	er the	
5		An organizat	tion operated for	r the benefit of a collect (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental un	it descri	bed	
6				ernment or governmer	ntal unit d	escribed i	ın sectio r	170(b)(1	I)(A)(v).				
7				y receives a substanti (1)(A)(vi). (Complete I		ıts suppor	t from a g	jovernme	ntal unit c	or from the	e genera	al publi	С
8				d in section 170(b)(1)(omplete F	Part II.)						
9	X			y receives. (1) more th				om contri	butions, r	nembersl	nip fees,	and g	ross
		receipts from	n activities relate i gross investme	ed to its exempt function ent income and unrelated a after June 30, 1975	ons—subj ted busine	ect to ceri ess taxabl	tain exce _l le income	otions, an (less sec	d (2) no n tion 511 t	nore than	33 1/3	% of its	
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. Se	ee sectio	n 509(a)(4).			
11		An organizat	tion organized a	nd operated exclusive	ly for the	benefit of	, to perfor	m the fun	ctions of,	or to can	y out the	е	
				blicly supported organ								sectio	n
				at describes the type o	_				te lines 1				
	_	a Type		Type II c		: III–Fund	•	-		_	ype III-		
e				y that the organization									
		-		on managers and othe	r than on	e or more	publicly s	supported	organiza	tions des	cribed ir	section	on
			section 509(a)(2	·			_						
f		-		a written determinatior			ıt ıs a Typ	e I, Type	II, or Typ	e III supp	orting		_
_		•	, check this box	the organization acce		auft or con	 tribution f	rom any	of the		• •	• •	L
g		following per		the organization acce	pieu any	giit or con	ili ibulion i	TOTTI ATTY C	טו נוופ				
				or indirectly controls,	either alo	ne or toge	ther with	persons o	described	in (ii)	[Yes	No
		• • •	•	verning body of the su		_					11g(i)		Х
		•		person described in (i)		_					11g(ii)		Х
		(iii) A 35%	controlled entit	y of a person describe	ed in (i) or	(II) above	?				11g(iii)		Х
<u>h</u>		Provide the	following informa	ation about the suppor							1 4.40	Amount	-4
(i)		of supported	(ii) EIN	(III) Type of organization (described on lines 1–9		organization sted in your		ou notify	(VI) I organizat	s the ion in col		support	Oi
	org	anization		above or IRC section		document?	col (i)	of your	(i) organı	zed in the			
				(see instructions))	Yes	No	Yes	No No	Yes	S?	ł		
		· · · · · · · · · · · · · · · · · · ·			162	140	162	140	163	140			
													0
													0
													0
													. 0
													0
				- ,									0

Par	Support Schedule for Organia (Complete only if you checked to				1)(A)(iv) and	170(b)(1)(A)(vi)
Sect	ion A. Public Support	are box on mile	70, 7, 01 0 01	1 41(1.)	· · ·		
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(0) = 000	(17, 2000		(-) 2000	(0) = 000	
•	membership fees received (Do not						
	include any "unusual grants")	İ					0
_			-				0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf					ŀ	•
_							0
3	The value of services or facilities						
	furnished by a governmental unit to the						_
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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)					ا عن	
6	Public support. Subtract line 5 from line 4.						0
	ion B. Total Support					L	
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	0	0				
7 8	Gross income from interest, dividends,	V	Ų	0	0	0	0
U	payments received on securities loans,					:	
	rents, royalties and income from similar						
	sources		i			[0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						0
11	Total support. Add lines 7 through 10.	, ķ <u> </u>	<u>'</u>	<u>'</u>	195	1.42, 1500 (2.75)	0
12	Gross receipts from related activities, etc (s	ee instructions)				12	
13	First five years. If the Form 990 is for the oil	rganization's fir	st, second, thi	rd, fourth, or fift	th tax year as a	a section 501(c)	(3)
	organization, check this box and stop here						▶∐
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2009 (line 6, o	column (f) divide	ed by line 11,	column (f)) .		14	0.00%
15	Public support percentage from 2008 Sched	lule A, Part II, lı	ne 14 .			15	0.00%
16a	33 1/3% support test-2009. If the organizar	tion did not che	ck the box on	line 13, and lin	e 14 is 33 1/39	% or more, ched	k this box
	and stop here. The organization qualifies as	s a publicly sup	ported organiz	ation			▶ []
b	33 1/3% support test-2008. If the organizar	tion did not che	ck a box on lir	ne 13 or 16a, ai	nd line 15 is 33	3 1/3% or more,	check this
	box and stop here. The organization qualified	es as a publicly	supported org	janization .			▶ 🔲
17a	10%-facts-and-circumstances test-2009.	If the organizat	on did not che	eck a box on lin	e 13, 16a, or 1	16b, and line 14	is 10%
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum				•	•	
b	10%-facts-and-circumstances test-2008.		•	•			
	or more, and if the organization meets the "f	acts-and-circur	nstances" test	, check this box	k and stop he i	re. Explain ın P	art IV how
	the organization meets the "facts-and-circum						
18	Private foundation. If the organization did not ch	eck a box on line	13 16a 16b 1	7a or 17b check	this hox and se	e instructions	. ▶□
	att i variation ii iio organization ala not on	TEN G DON ON HITO	.5, .55, 105, 1	,0: 0, 0::00!	our and oc		

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

	(Complete only if you checked t	he box on line	9 of Part I)				
	tion A. Public Support	·		<u></u>			
Cale	endar 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 any "unusual grants ") .	489,382	804,801	604,006	813,559	783,781	3,495,529
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose	271,224	299,859	391,688	435,571	502,729	1,901,071
3	Gross receipts from activities that are not an unrelated trade or business under section 513	[[0
4	Tax revenues levied for the organization's benefit and either paid to or expended on		-				
_	its behalf	0	0				0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6	Total. Add lines 1 through 5	760,606	1,104,660	995,694	1,249,130	1,286,510	5,396,600
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	}					0
C	Add lines 7a and 7b .	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)			八記。 統正的成字(增			5,396,600
	tion B. Total Support			-			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6	760,606	1,104,660	995,694	1,249,130	1,286,510	5,396,600
	payments received on securities loans, rents, royalties and income from similar	500	4 205	6 605	6 740	4 617	22 022
b	sources	596	4,385	6,605	6,719	4,617	22,922
	acquired after June 30, 1975	L					0
с 11	Add lines 10a and 10b	596	4,385	6,605	6,719	4,617	22,922
	whether or not the business is regularly carried on]					0
12	Other income. Do not include gain or loss from the sale of capital assets					<u> </u>	
13	(Explain in Part IV.)	<u> </u>	0				0
	and 12.)	761,202	1,109,045				5,419,522
14	First five years. If the Form 990 is for the or	-					(3)
	organization, check this box and stop here .			<u> </u>	<u> </u>	<u> </u>	· · • [_
	tion C. Computation of Public Support				 	r	
15	Public support percentage for 2009 (line 8, c	.,	-			15	99.58%
16 Sect	Public support percentage from 2008 Schedution D. Computation of Investment Inc			<u> </u>	·· ·	16	99 65%
17	Investment income percentage for 2009 (line			e 13, column (0)	17	0.42%
18	Investment income percentage from 2008 Sc					18	0.35%
19a		ation did not che	eck the box on	line 14, and lin	e 15 is more ti	nan 33 1/3% ar	nd line 17 is
b	33 1/3% support tests-2008. If the organization of	lid not check a bo	ox on line 14 or li	ne 19a, and line	16 is more than	33 1/3% and	· · · · · <u>· · · · · · · · · · · · · · </u>
20	line 18 is not more than 33 1/3%, check this box at	-				-	:

Schedule A (Form	990 or 990-EZ) 2009	Northeast O	rganic Farming	Association of \	/ermont		22-3260420	Page 4
Part IV		Information	. Complete th	is part to provid	de the explanation			
	Part II, line 17a	or 17b; and	Part III, line 12	2. Provide any o	other additional	information.	See instructions	
						• • • • • • • • • • • • • • • • • • • •		
*******					,			
		•••••						
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						-		·
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				• • • • • • • • • • • • • • • • • • • •				
			• • • • • • • • • • • • • • • • • • • •					
			• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •		·
				•••••				
			• • • • • • • • • • • • • • • • • • • •		,			
			••••••				••••••	• • • • • • • •

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Complete if the organization is described below.

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

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

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

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

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

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

• S	ection 501(c)(4), (5), or (6) org	janizations Complete Part III			
N	ame of organization			Employe	Identification number
Nort	heast Organic Farming Ass	sociation of Vermont			22-3260420
Pa		he organization is exempt und			organization.
1	•	the organization's direct and indirect	•		
2	•				
3	Volunteer hours				
Pa		he organization is exempt und			
1		excise tax incurred by the organizati			
2		excise tax incurred by organization r			
3	If the organization incurre	ed a section 4955 tax, did it file Form	n 4720 for this yea	ar?	. Yes No
4a					Yes No
b	If "Yes," describe in Part	IV.			
Pa		he organization is exempt und			(c)(3).
1	•	expended by the filing organization			
_	activities			> \$	
2		filing organization's funds contributed			
_	•	unction activities			
3		penditures. Add lines 1 and 2 Enter			0
		n file Form 1120-POL for this year?			Yes No
4		ses and employer identification num			
5	navments were made. Fr	or each organization listed, enter the	amount paid from	n the filing organization's	funds. Also enter the
	amount of political contri	butions received that were promptly	and directly delive	ered to a separate politica	il organization, such as
	a separate segregated fu	und or a political action committee (F	PAC). If additional	space is needed, provide	information in Part IV.
٠	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
				0	
				0	0
				0	0
				0	0
				0	0
				0	0

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

Schedule C (Form 990 or 990-EZ) 2009

301	edule C (FOITH 990 OF 990-EZ) 2009					Page Z
P	art II-A Complete if the orga under section 501(h)		pt under section	501(c)(3) and 1	filed Form 5768 (el	ection
Α	Check ► If the filing organization		n affiliated group			
	Check ► if the filing organization	•			e anniv	
<u> </u>	Officer P If the filling organize	adon checked box	A and infliced Co	provisions	з арріу.	· -
		Lobbying Expen			(a) Filing	(b) Affiliated
	(The term "expenditure	es" means amoun	ts paid or incurre	d.)	organization's totals	group totals
1a	Total lobbying expenditures to influ	ence public opinio	n (grass roots lobby	ring)		0
b	Total lobbying expenditures to influ	•				0
С	Total lobbying expenditures (add li	<u> </u>			0	0
d	Other exempt purpose expenditure	s				0
e	Total exempt purpose expenditure:	s (add lines 1c and	1d)		0	0
f	Lobbying nontaxable amount. Ente	er the amount from	the following table i	n both		
,	columns				0	0
l	If the amount on line 1e, column (a) or (b) i		g nontaxable amoun	t is:		~
	Not over \$500,000		mount on line 1e			
ŀ	Over \$500,000 but not over \$1,000,000		s 15% of the excess of			
ŀ	Over \$1,000,000 but not over \$1,500,00 Over \$1,500,000 but not over \$17,000,000 but not over \$10,000,000 but not over \$10		s 10% of the excess of the exc			
f	Over \$17,000,000	\$1,000,000	S 376 OF THE EXCESS OF	7er \$1,500,000		
 g	Grassroots nontaxable amount (en			<u>_</u>	0	0
h	Subtract line 1g from line 1a. If zero				0	0
i	Subtract line 1f from line 1c. If zero				0	0
j	If there is an amount other than ze	•			rm 4720 reporting	
-	section 4911 tax for this year?			-	· · · · ·	Yes No
	(Some organizations t			do not have to co)
	<u>Lo</u>	bbying Expenditu	res During 4-Year	Averaging Perio	<u>d</u>	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount	0	0		0	.0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
c	Total lobbying expenditures	0	0		0	0
d	Grassroots nontaxable amount	0	0		0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures	0	0	 	0	0
					Schedule C (Form	990 or 990-EZ) 2009

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has Not (election under section 501(h)).	OT file	ed Fo	rm 57	68	
	(ciconon under sconon ou (iv)).	(6	a)		(b)	
		Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or			ł		
	referendum, through the use of.	-		1		
а	Volunteers?	<u></u>	Χ_	Į.		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	_X_		ļ		
C	Media advertisements?	<u> </u>	X	<u> </u>		
d	Mailings to members, legislators, or the public?	<u> </u>	<u>X</u>			
e	Publications, or published or broadcast statements?		X	 -		
f			X	 		F 0.46
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	-			5,346 472
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?. Other activities? If "Yes," describe in Part IV	 -^-	Х			4/4
;	Total. Add lines 1c through 1		_^			5,818
) 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	 		0,010
	If "Yes," enter the amount of any tax incurred under section 4912	<u> </u>		<u> </u>		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			<u> </u>		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X			
	t III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5	5), or	section	on	
	501(c)(6).		••			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
_ 3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			. 3	<u>L</u> .	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."					
1 2	Dues, assessments and similar amounts from members		1			
а	Current year		2a	1		
b	Carryover from last year		2b			
c	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	s.	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible		-			
	lobbying and political expenditure next year?		4			
_ 5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part	IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line complete this part for any additional information.	•••••				
•					-	
•				••		
						
						_

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV. line 6, 7, 8, 9, 10, 11, or 12.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

20**09**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

f the organization

Employer identification number

	east Organic Farming Association of Vermo			22-3260420
Par				ds or Accounts. Complete if
	the organization answered "Yes" t			
		(a) Donor advised fund	S	(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 o			
_	funds are the organization's property, subje	9	•	
6	Did the organization inform all grantees, do	-		
	used only for charitable purposes and not for			
	purpose conferring impermissible private be			
Par	Conservation Easements. Comp	plete if the organization ans	wered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held			
	Preservation of land for public use (e g	, recreation or pleasure)	Preservation of	an historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	ation held a qualified conserva	ation contribution	n in the form of a conservation
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements .			2a
þ	Total acreage restricted by conservation ea	sements		2b
C	Number of conservation easements on a ce	rtified historic structure includ	led ın (a) .	2c
d	Number of conservation easements include	d in (c) acquired after 8/17/06	3	. 2d
3	Number of conservation easements modifie	d, transferred, released, extin	guished, or term	inated by the organization
	during the tax year			
4	Number of states where property subject to			
5	Does the organization have a written policy			
_	violations, and enforcement of the conserva			
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing	g conservation e	easements during the year
-	American discussion of the control o			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing col	nservation easer	nents during the year
0	Door and comparison accompation	l on line 2/d) above estistivibe		faceton
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	•	——————————————————————————————————————
0	In Part XIV, describe how the organization r			· · · · · · · · · · · · · · · · · · ·
9	balance sheet, and include, if applicable, th	•		•
	the organization's accounting for conservati		gariization s iina	ncial statements that describes
Par		-	res. or Other S	imilar Assets.
	Complete if the organization answere	•	•	
1a	If the organization elected, as permitted und			ement and balance sheet works of
	art, historical treasures, or other similar ass			
	service, provide, in Part XIV, the text of the			
b	If the organization elected, as permitted und			
	historical treasures, or other similar assets	•	cation, or resear	ch in furtherance of public
	service, provide the following amounts relat	•		
	(i) Revenues included in Form 990, Part VI	II, line 1		• \$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of	art, historical treasures, or of	her similar asset	ts for financial gain, provide the
	following amounts required to be reported u			
а	Revenues included in Form 990, Part VIII, li	ne 1		🕨 💲
h	Assets included in Form 990, Part X			▶ ¢

Part	Organizations Maintainin	g Collections of	Art, Hist	torical 1	reasures, c	or Oth	er Similar A	ssets (c	ontinu	ed)
3	Using the organization's acquisition use of its collection items (check all		ther reco	rds, chec	k any of the	followi	ng that are a	significant		
а	Public exhibition	i tilat apply).	а□	Loan	or exchange	progra	ms			
b	Scholarly research		e \square	Other	or exeriarige	p. og. a				
	=		• □	Olitei						
С	Preservation for future generation	ations								
4	Provide a description of the organiz Part XIV.	ation's collections	and expla	ain how t	hey further th	e orga	nization's exe	mpt purp	ose in	
5	During the year, did the organizatio assets to be sold to raise funds rath								es 🔲	No
Part	IV Escrow and Custodial And IV, line 9, or reported an ar	_	•		•	nswer	ed "Yes" to I	orm 990), Parl	t
1a	Is the organization an agent, trusted included on Form 990, Part X?			-					es 🗌	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	table:	_		_		
						<u> </u>	1	Amount		
C	Beginning balance					. 1c	ļ			0
d	5 ,				• •	1d	· · · · · · · · · · · · · · · · · · ·			
e f	Distributions during the year					1e				
-	Ending balance						<u> </u>			
2a	Did the organization include an ame		Part X, III	ne 21? .				Y•	es X	No
b Bort	If "Yes," explain the arrangement in		ization a		d Wast to E	O	00 Dod IV 1	ino 10		
Part	V Endowment Funds. Com						90, Paπ IV, I (d) Three years ba			haal:
4.	Paginning of year balance	(a) Current year	(b) Pric	or year	(c) Two years	Dack	(d) Three years ba	ick (e) Fo	ur years	Dack
1a	Beginning of year balance	0								
b	Contributions									
С	Net investment earnings, gains, and losses									1
d	Grants or scholarships					- 		7 25	-	
e	Other expenditures for facilities						 	- 1		
C	and programs								,	,
f	Administrative expenses						•			
g	End of year balance	0		0		-			, ,	
2	Provide the estimated percentage of	of the year end bala	ance held							
a	Board designated or quasi-endown		%							
b	Permanent endowment	%								
C	Term endowment ▶	%								
3a	Are there endowment funds not in t	he possession of t	he organi	zation th	at are held a	nd adn	ninistered for	the		
	organization by:	·	•						Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related org	anizations listed a	s required	d on Scho	edule R?			3b		
4	Describe in Part XIV the intended u	ses of the organiza	ation's en	dowmen	t funds					
Part	VI Investments—Land, Buil	dings, and Equi	ipment.	See For	m 990, Parl	t X, lin	e 10.			
	Description of investment	(a) Cost or oth (investm			st or other s (other)		ccumulated preciation	(d) Bo	ok value	•
1a	Land	,	0		0					0
b	Buildings		0		0		0			0
C	Leasehold improvements		0		0		0			0
d	Equipment		0		35,121		28,433			5,688
<u>e</u>	Other	<u>. </u>	0		0		0			0
Total	. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Pa	art X, col	umn (B), line	10(c).)▶]		6	3,688

Part VII Investments—Other Securities	s. See Form 990. Part X.	line 12.	- rago •
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives	0		
Closely-held equity interests	0		
Other	0		
	0		
	0		
	0		·
	0		
	0		
	0		
***************************************	0		
	0		
	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)	<u> </u>	1	
Part VIII Investments—Program Relate	d. See Form 990, Part X,	line 13	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		. <u></u>
	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	<u> </u>	
Part IX Other Assets. See Form 990, P			
	a) Description		(b) Book value
			0
			0
			0
			0
			0
		<u> </u>	0
			0
	 		. 0
			0
Total (Column (h) must as us! Form 200 Fort V	(5)		0
Part X Other Liabilities. See Form 990.			0
1. (a) Description of liability	(b) Amount		
Federal income taxes		0	
		0	
		0	
		0	
		_0	
		0	
		_0	
		0	
	!	0	
<u></u>		0	
	<u> </u>	_0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		0	

	tule D (Form 990) 2009		Page 4
	Reconciliation of Change in Net Assets from Form 990 to Audited Financia		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	0
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return	
1	Total revenue, gains, and other support per audited financial statements	1 7225	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments		
þ	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		_
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	 ∶ ∜	_
C	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	5	0
	Reconciliation of Expenses per Audited Financial Statements With Expens	es per Keturn	
1	Total expenses and losses per audited financial statements	7	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV.)		0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	1.000 Mg	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		0
C	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 1 XIV Supplemental Information	. 5	0
Com	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 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 part to provide any additional information.	d 4b. Also comple	ete
		•••••	

SCHEDULE 1 (Form 990) Department of the Treasury Name of the organization Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047 Open to Publ

Inspection

Employer identification number

Š Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 22-3260420 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Vortheast Organic Farming Association of Vermont Part !

4-	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brat	Brattleboro Farmers' Market POBox1057, Brattleboro,VT05403	03-0270745		6,884	0			to promote an outlet
S O	Norwich Farmers' Market PO Box 51; Norwich, VT 05055	03-0343897		6,211	0			for Vermont farm
P. O	Burlington Farmers' Market PO Box 1333; Burl, VT 05402	03-0278834		10,500	0			products
					0			
				0	0			
				0	0			
				0	0			
				0	0			
				0	0			
				0	0			
				0	0			
				0	0			
7 m	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations.	n 501(c)(3) and organizations.	government organ	zations				0

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

Schedule I (Form 990) 2009

Grant recipients are required to file detailed reports on their activities and to document their use of funds. Our staff thoroughly reviews this information and makes onsite visits.... (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant 0 0 (b) Number of recipients (a) Type of grant or assistance Part III

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

22-3260420 Northeast Organic Farming Association of Vermont Form 990, page 6, Part VI, Section A, line 10. The Board of Directors reviewed the Annual Tax Return after it was professionally prepared. Part VI, Section B, line 15b. The Board of Directors establishes the salaries for all employees Part VI, Section C, line 19. Our Articles of Association, Bylaws and Financial Staements are available to the public on request, by mail, or via email. Our Annual Form 990 and attached Schedules are also available by mail or on a webstie knows as Guide Star. Form 990, page 6, Part VI, Section B, line 12c Board members are asked to disclose any conflicts of interest with farms being certified as organic and/or with any organizations or projects that are applying for funding from NOFA.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Partl

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ► Attach to Form 990.

cation number	Employer Identification number
Inspection	
Open to Public	
2009	
OMB No 1545-0047	

22-3260420 Northeast Organic Farming Association of Vermont

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Vermont Organic Farmers, LLC	certify organic farms	Vermont	388,212	28,371 none	lone
			0	0	
			0	0	
			0	0	
			0	0	
			0	0	
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	nplete if the organizati	on answered "Ye	s" to Form 990, P	art IV, line 34 bec	ause it
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity

Schedule R (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{(\mathrm{HTA})}$

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 67

Identifying number Name(s) shown on return Northeast Organic Farming Association of Vermont 22-3260420 Business or activity to which this form relates Form 990 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 \$250,000. Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 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-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions (C) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 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 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions) 3,716. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Section B -(C) Basis for depreciation (g) Depreciation (e) Convention (b) Month and (d) (a) (business/investment use Recovery period year placed in service Classification of property only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property S/L 27.5 yrs MM h Residential rental property . . MM S/L 27.5 yrs S/L MM 39 yrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System S/L 20 a Class life S/L b 12-year 12 yrs 40 yrs MM S/L c 40-year Part IV | Summary (See instructions) 21 Listed property Enter amount from line 28 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 22 the appropriate lines of your return. Partnerships and S corporations — see instructions 3,716.

For assets shown above and placed in service during the current year, enter

Form 990 Return of Exempt Organization for 2009 Northeast Organic Farming Association 22-3260420

Part III

- a. Membership Services: Services to members including annual meeting, potlucks, quarterly newsletter, NOFA Notes, and quarterly newspaper, The Natural Farmer. Current membership 1,300 gardeners, farmers and consumers. (Grants: \$100) < \$28,250
- b. Ag Ed FEED (Food Education Every Day) works to promote the development of agriculture curriculum in Vermont School systems as well as the use of organic and local produce in lunch programs. Workshops organized for farmers, school nurses, food service, school board members and administration.

 \$ 88,928
- c. Ag Ed Mentor program has 8 mentors working in communities to make connections between farmers and local schools to integrate agriculture into the classroom. Mentors coordinated winter school correspondence course where 80 farmers wrote to 100 classrooms. (Grants \$6,322)

\$ 24,642

- d. Apprenticeship Program developed a directory of 60 farms and processes applications to help apprentices and workers find organic farms in the state. Organized new farmer workshops as part of summer workshop series. \$ 2,130
- e. Bulk order of farming and gardening organic amendments educates consumers on products approved for organic production and makes them available and affordable through bulk order. \$ 6,721
- f. The Dairy Tech program provided technical assistance to 40 organic dairy farmers making the transition to organic production and business planning assistance to 17 farms. The program offered a total of 14 workshops and conferences held in 2009 with 276 participants and conducts studies on the economic assessment of organic dairy production.

(Grants: \$1,187) > \$176,157

Part III Page 2

g. The Farm Share program project provided fresh food and vegetables to limited income senior citizens and low income adults and children as well as drop in centers from community supported farms. In 2009, there were over 1,435 individuals participating in the Farm Share Program.

(Grants: \$13,198)

\$ 93,624

- h. The revolving loan program offers low interest loans to organic farmers who need to borrow small amounts for short terms. \$ 3,602
- i. The Promotion Market Development Projects created new marketing opportunities for farmers. \$ 14,621
- j. The Promotion Farmers Market project assisted with direct marketing of farmers markets and provided technical assistance to 72 summer and 21 winter farmers markets in 2009. A Direct Marketing Conference was held.

 (Grants: \$92,814) \$166,223
- k. The Technical Assistance Program provides technical assistance to organic farmers and to farmers in transition with farm visits and demonstrations, written materials, assistance with tools and equipment and workshops.

 \$ 67,908
- 1. Summer workshops and a winter conference educate the public about organic farming. 37 workshops were held in the summer of 2009 with a total attendance of 700. The Winter conference featured more than 65 workshops attended by over 1,200 people.

\$ 80,867

m. Vermont Organic Farmers program certifies farms and processors which met established criteria to be considered organic under the USDA National Organic program and qualified them to certify their produce to the consumer. 552 farms and processors were certified in 2009. An annual meeting was held for 50 interested farmers.

\$ 357,064

TOTAL (Grants: \$113,621) \$1,110,737