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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)

OMB No 1545-0047

2009

Department of the Treasury

SCANNED AUG 31 2000

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

Open to Public Inspection

mite	nai nevei	THE SELVICE	The organization may have to us	c a copy or this return to a	oution, state ropertin	ig roquironto		<u></u>	
	For the	e 2009 calendar year,	or tax year beginning	, 20	009, and ending	<u> </u>		,	
В	Check if	applicable	C Name of organization			D	Employer Iden	tification Number	
	Add	Please use iress change IRS label	Food Export USA -	Northeast		1	23-7422	1643	
	Nan	ne change or type	Number and street (or P O box if	mail is not delivered to stre	et addr) Room/sui	te <b>E</b>	Telephone num	ber	
		al return See	1617 JFK Boulevard		420	i	(215) 5	99-9744	
		instruc- mination tions.	City, town or country		tate ZIP code + 4		(==-,_=		
	1-1		Philadelphia	T	PA 19103	ء ا	Cross receipts	\$ 9,811,885.	
	Ħ	ended return	and address of principal officer			(a) Is this a gro			
	☐ App		• •	- m	1.	l(b) Are all affilia	-	Yes X No	
			nilton 1617 JFK Blvd, #420		PA 19103		h a list (see in		
<u> </u>		exempt status X 501		4947(a)(1) or	527		_		
<u>J</u>			lexportusa.org	<del></del>		(c) Group exem	1		
K		of organization X Corpora	ation Trust Association	Other -	L Year of Formation	n 1974	M State of	legal domicile PA	
Pa	rt I	Summary						<del></del>	
			ganization's mission or most si						
ė		<u>located in the</u>	U.S. Northeast, in	<u>n the exporta</u>	<u>tion of a</u>	gricultu	<u>iral pro</u>	oducts.	
au	_				<b>-</b>			<b>-</b>	
Ë	_	. <b>-</b>					<b></b> _	<b>-</b>	
ò			if the organization discontinue		isposed of more	e than 25% c			
ত ≪		-	bers of the governing body (Pa	•				10	
es			it voting members of the gover	nıng body (Part VI, I	ine 1b)			10	
Ϋ́		Total number of emplo						11	
Activities & Governance			eers (estimate if necessary)		2			0	
`		_	ousiness revenue from Part VII		2		7a 7b	0.	
	<u>D I</u>	vet unrelated business	taxable income from Form 99	10-1, line 34		<del></del>			
		_	_			Prior		Current Year	
e l		Contributions and gran					45,697.	9,075,106.	
en		Program service reven					89,611.	657,664.	
Revenue		•	art VIII, column (A), lines 3, 4,	•			76,257.	70,886.	
•			II, column (A), lines 5, 6d, 8c,			<del></del>	210.	8,229.	
							59,261.	9,811,885.	
			ounts paid (Part IX, column (A)	6,9	30,008.	5,397,286.			
			memb <del>ers (Part IX column (A)</del>						
Ø	15 5	Salaries, other comper	nsation, employee benefits (Ra	rLIX, column (A), lin	ies 5-10)	4:	89,940.	554,338.	
Expenses	16a F	Professional fundraisin	ig fees (Part IX, column (A), lir						
cbe	b 7	Total fundraising exper	nses ( A. L. Com. 1. (10), 12-02						
ш			X, column (A), lines 11a-11d,	7	35,599.	3,771,560.			
			nes 13 17 (m@@@@Palt IX,		55,547.	9,723,184.			
	19 F	Pavanua lass avnansa	s Subtract line 18 from line 12		88,701.				
- 0		teveride less experise.	3 Subtract Time 10 Hoth Time 12				03,714.		
a de co	20 7	Fatal assata (Dart V. Iv	16)			Beginning		End of Year	
Bal		Fotal assets (Part X, III					28,739. 50,633.	2,553,073. 1,586,266.	
Not Assets or Fund Balancos		Total liabilities (Part X,	·				i		
			ances Subtract line 21 from lin	ne 20		8	78,106.	<u>966,807.</u>	
Pa	rt li	Signature Bloc			<u></u>				
		Under penalties of perjury, true, correct, and complete	I declare that I have examined this return Declaration of preparer (other than office	n, including accompanying cer) is based on all informa	schedules and states tion of which prepare	ments, and to the er has any knowl	e best of my kn ledge	owledge and belief, it is	
٠.			74	•		1	1. 5	7, 2010	
Sig		1					Try	7 2075	
He	re	Signature of officer	11 11 6 1 "	7). /		Date			
			Hamilton Executive	Urector					
		Type or print name and	) title		<del></del>		- I =		
					Date	Check i	f Pr	eparer's identifying number see instructions)	
Pai		Preparer's				employe	ed ► 📗	0	
Pre			NETH_PARKER		08/03/10			00029523	
Us	er's	Firm's name (or FLY)	NN, HORLACHER & PAR	KER, P.C.					
On	_	yours if self employed), > 301 OXFORD VALLEY RD. STE 602				EIN	EIN - 01-0601979		
_	· <i>y</i>	laddress and	DLEY	PA 19	067_	Phone r	no - (215	369-8210	
May	the IR	6 discuss this return with the preparer shown above? (see instructions)						X Yes No	

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

Form **990** (2009)

TEEA0101 07/20/09

Checklist of Required Schedules No\_ Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? Х 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 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Δ Schedule C, Part II 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 Х 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 Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 Х environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' R Х complete Schedule D, Part III 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 9 Х Schedule D, Part IV 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 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 11 Х X as applicable • 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 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х No 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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* 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 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 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 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 19 Х 20 Х Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

orm	.' . : 990 (2009) Food Export USA - Northeast 23-742264	3	ſ	Page 4
Par	t IV Checklist of Required Schedules (continued)	Ī	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	21_	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	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 employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	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	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		-
<b>25</b> a	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		
t	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	25b		
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	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
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	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule $M$	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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	32		х
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	_	х
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		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	35		х
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	36		
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	37		х
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	
BAA		Form	990	(2009

Turk V Statements Regarding Cities into I minge and Tax Compliance		T						
- 1 1		Yes	No					
mornation retains Line. On his application	7							
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u> </u>							
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х						
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 1	1							
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
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		х					
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O								
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 account)?								
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								
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?	5 b		Х					
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?								
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		х					
<b>b</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?								
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х					
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d								
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		X					
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>							
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h							
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?	8							
9 Sponsoring organizations maintaining donor advised funds.								
a Did the organization make any taxable distributions under section 4966?	9a							
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b							
10 Section 501(c)(7) organizations. Enter								
a Initiation fees and capital contributions included on Part VIII, line 12								
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11 Section 501(c)(12) organizations. Enter	_							
a Gross income from other members or shareholders								
b Gross income from other sources (Do not net amounts due or paid to other sources 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							
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b								

Form **990** (2009)

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

Sec	tion A.	Governing Body and Management				
			<del></del>		Yes	No
1 :	Enter the	number of voting members of the governing body	1a 10			
١	Enter the	number of voting members that are independent	1b 10			
2	Did any officer, d	ifficer, director, trustee, or key employee have a family relationship or a business rel rector, trustee or key employee?	ationship with any other	2		х
3	Did the o	ganization delegate control over management duties customarily performed by or ui s, directors or trustees, or key employees to a management company or other perso	nder the direct supervision	3		х
4		rganization make any significant changes to its organizational documents		4		Х
	since the	prior Form 990 was filed?				
5	Did the o	ganization become aware during the year of a material diversion of the organization	n's assets?	5		X
6	Does the	organization have members or stockholders?		6	Х	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
١	Are any	lecisions of the governing body subject to approval by members, stockholders, or other	ner persons?	7b	]	Х
8	Did the o	ganization contemporaneously document the meetings held or written actions under ling	taken during the year by			
á	The gove	rning body?		8a	Х	
ı	Each cor	nmittee with authority to act on behalf of the governing body?		8b	Х	
9	Is there a	ny officer, director or trustee, or key employee listed in Part VII, Section A, who can ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	not be reached at the	9		х
Sec		Policies (This Section B requests information about policies not if	required by the Internal	•	·	
Reve	enue Code	)				
					Yes	No
		organization have local chapters, branches, or affiliates?		10a		<u> </u>
ŀ	If 'Yes,' o and bran	oes the organization have written policies and procedures governing the activities of thes to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10 b		
11	Has the o	rganization provided a copy of this Form 990 to all members of its governing body b	efore filing the form?	11		<u>X</u>
		in Schedule O the process, if any, used by the organization to review this Form 990			<del></del>	
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	<u> </u>	
ŀ	Are office to conflic	rs, directors or trustees, and key employees required to disclose annually interests t s?	hat could give rise	12b	х	
•	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the political $O\ how\ this$ is done	ıcy? If 'Yes,' describe in	12c	х	
13	Does the	organization have a written whistleblower policy?		13	Х	
14	Does the	organization have a written document retention and destruction policy?		14	Х	
15	Did the p persons,	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent ision?			
ŝ	The orga	nization's CEO, Executive Director, or top management official		15a	Х	
ŀ		cers of key employees of the organization		15b		<u>X</u>
		line 15a or 15b, describe the process in Schedule O (See instructions.)				
16 a	Did the o entity dur	ganization invest in, contribute assets to, or participate in a joint venture or similar aing the year?	arrangement with a taxable	16 a		x
ŧ	in joint ve	as the organization adopted a written policy or procedure requiring the organization inture arrangements under applicable federal tax law, and taken steps to safeguard in the property of the	to evaluate its participation the organization's exempt	16b		
Sec		Disclosures				
17	List the s	ates with which a copy of this Form 990 is required to be filed >				
18	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available Check all that apply.				ublic
	Own	website Another's website X Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing documes available to the public	ents, conflict of interest polic	y, and	fınan	cıal
		name, physical address, and telephone number of the person who possesses the bogascoyne1617 JFK Blvd, Ste 420 Philadelphia, P.		iizatioi L <u>5)</u> <u>5</u>		744

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Form 990 (2009)

## 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 organizations'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 no	t compens	sate a	ny c	urre	nt c	fficer,	dire	ector, or trustee		
(A) (B) (c					c)			(D)	(E)	(F)
Name and Title	Average hours		tion (		k all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi el trustee or director	institutional trustee	Offi en	Key employee	Higt est สากระกรสหศ employee	₹ (JS De)	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Tim Hamilton										
Executive Director	20.00			Х				0.	0.	<u>0.</u>
Roger Albee										
Vice President	2.00	Х		Х				0.	0.	0.
Scott Soares										
Board Member	2.00	X			L			0.	0.	0.
Patrick Hooker	i									
Secretary/Treasurer	2.00	Х		X				0.	0.	0.
Kenneth Ayars	<u> </u>									
Board Member	2.00	Х	ļ					0.	0.	
Douglas Fisher										
Board Member	2.00	X						0 <u>.</u>	0.	0.
Ed_Kee									į	_
Board Member	2.00	Х						0.	0.	0.
F. Philip Prelli										
President	2.00	Х		Х				0.	0.	<u> </u>
Russell Redding								_	_	
Board Member	2.00	X						0.	0.	0.
Seth Bradstreet III	_							_		
Board Member	2.00	<u> </u>						0.	0.	0.
Lorraine Merrill	:							_	_	•
Board Member	2.00	<u> </u>	_					0.	0.	0.
Dennis_WolffBoard_Member	2.00	v						0.	0.	0.
Board Member	2.00		-							
<del></del>				_	-					
	1									

TEEA0107

11/10/09

Part VII   Section A. Officers, Directors, Trus (A)	(B)				c)			(D)	(E)		(F)	
Name and Title	Average hours per week			Officer		Highest compensate employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo con f orç ar	stimated unt of of opensation rom the ganization of relate anization	ther ion on ed
		ustee	trustee		ee	pensated	_					
					:							
1 b Total							<b>•</b>	0.	0.			0
<ul> <li>Total number of individuals (including but not limited from the organization</li> <li>▶ 0</li> </ul>	to thos	e lis	ted	abo	ve)	who	rec	eived more than S	\$100,000 in reporta	ble com	pensa	ition
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	idividual	1								3		х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater ti individual	oortable nan \$150	com 0,000	nper 0? <i>I</i>	nsatı f 'Ye	ion a	and comp	othe o <i>lete</i>	er compensation f Schedule J for s	rom uch	4		х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens edule J	ation for s	fro such	m a pei	ny ι rson	unre	lated	d organization for	services	5		х
Section B. Independent Contractors								<del></del>				
Complete this table for your five highest compensation from the organization	ed indep	end	ent	cont	tract	tors	that	received more th	an \$100,000 of	<u>-</u>		
(A) Name and business addres	c							(B Description of	) of Services	Compe	C) ensatio	าท
See Schedule Attached								Description	ST GET VICES	Compo		<u></u>
	-		_									
2 Total number of independent contractors (including	but not	limite	ed t	o the	ose	liste	ed al	bove) who receive	ed more than			
\$100,000 in compensation from the organization	8										000	<b>***</b>
BAA									TEEA0108 01/30/10	Form	990	(200

ra	t viii   Statement of Revenue				
		(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  1 a 1 b 50,100.  1 d 9,025,006.				
ONTR	g Noncash contribns included in lns 1a-1f \$	0.075.106			
C C	h Total. Add lines 1a-1f  Business Code	9,075,106.			
/ENU	2a Administration Fees 900099	390,436.	390,436.	0.	0.
RE	b Application Fees 900099	46,700.	46,700.	0.	0.
VICE	c Participation Fees 900099	220,528.	220,528.	0.	0.
SER	d				
RAM	6 All alban and an analysis				
ROG	f All other program service revenue q Total. Add lines 2a-2f	657,664.			
<u> </u>	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	70,886.	70,886.	0.	0.
	5 Royalties			<u> </u>	<del></del> -
	(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				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				- <del></del>
/ENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
OTHER REVEN	See Part IV, line 18				
THEF	b Less. direct expenses b				
Ò	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				
	b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code				
	11a Miscellaneous Revenue 900099	8,229.	8,229.	0.	0.
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	8,229.			
	12 Total revenue. See instructions	9.811.885.	736,779.	0.	0.

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).

Do i 6b, 2	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,397,286.			
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				
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	450, <u>6</u> 88.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,378.			
9	Other employee benefits	50,890.	<del></del> -		
	Payroll taxes	35,382.			
11	Fees for services (non-employees)				
а	Management	2,094,023.	<del>_</del>		
	Legal	563.			
c	Accounting	25,411.			
d	Lobbying				
е	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
g	Other	7,719.			
12	Advertising and promotion	178,603.			
13	Office expenses	227,269.			
14	Information technology	21,897.			
15	Royalties				
16	Occupancy	61,883.			
17	Travel	396,195.	-		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	551,944.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,471.			
	Insurance	11,171.			
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 )				
	Other Operating Expenses	166,411.			
b					
C	, <del></del>				
d	<del>-</del>				<del></del>
e					<del></del>
	All other expenses	9,723,184.			
	Total functional expenses Add lines 1 through 24f  Joint costs. Check here ► If following	3,123,104.			
20	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
2 A A	<del></del>	<del></del>			Form 990 (2009)

					(A) Beginning of year		<b>(B)</b> End of year	
	1	Cash — non-interest-bearing			168,822.	1	139,031	
	1	Savings and temporary cash investments			100,022.	2	133,031	
	2	Pledges and grants receivable, net			1,156,131.	3	1,811,210	
	3		55,734.	4	0			
	4	Accounts receivable, net Receivables from current and former officers, director	a tructo	as kov omplovoos		-		
	5	and highest compensated employees. Complete Part	Il of Sch	edule L		_ 5		
	6	Receivables from other disqualified persons (as define						
		and persons described in section 4958(c)(3)(B). Com		6				
A S S E T	7	Notes and loans receivable, net				7		
Ē	8	Inventories for sale or use		ļ		8		
S	9	Prepaid expenses and deferred charges			236,250.	9	144,392	
	10 a	Land, buildings, and equipment cost or other basis	10a	211,539.				
		Complete Part VI of Schedule D						
	ь	Less accumulated depreciation	10b	147,057.	88,284.	10 c	64,482	
	11	Investments - publicly-traded securities		323,518.	11	393,958		
	12	Investments - other securities. See Part IV, line 11			12			
	13	Investments - program-related See Part IV, line 11				13		
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11			15			
	16	Total assets Add lines 1 through 15 (must equal line		2,028,739.	16	2,553,073		
	17	Accounts payable and accrued expenses		465,110.	17	802,491		
	18	Grants payable			18	··		
	19	Deferred revenue	185,523.	19	223,775			
L	20	Tax-exempt bond liabilities			20			
Å B	21	Escrow or custodial account liability Complete Part I	V of Sch	edule D		21		
L	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per	stees, ke	y employees, molete Part II				
Ť		of Schedule L		'		22		
Ė	23	Secured mortgages and notes payable to unrelated th	urd partie	es		23		
٠,	24	Unsecured notes and loans payable to unrelated third				24		
1	25	Other liabilities. Complete Part X of Schedule D	partico	Ţ	500,000.	25	560,000	
	26	Total liabilities. Add lines 17 through 25		Ī	1,150,633.	26	1,586,266	
N		Organizations that follow SFAS 117, check here	X and	complete lines				
N E T		27 through 29 and lines 33 and 34.						
A S	27	Unrestricted net assets			878,106.	27	966,807	
Š E T S	28	Temporarily restricted net assets				28		
Ţ	29	Permanently restricted net assets		ļ		29		
2		Organizations that do not follow SFAS 117, check he	re >	and complete				
		lines 30 through 34.						
F 320	30	Capital stock or trust principal, or current funds			30			
	31	Paid-in or capital surplus, or land, building, and equip	nd }		31			
Ã	32			_	32			
Ň	33	Total net assets or fund balances	tetained earnings, endowment, accumulated income, or other funds					
BALANCES	34	Total liabilities and net assets/fund balances			878,106. 2,028,739.	33	966,807 2,553,073	
BA	<u> </u>	Total nabilities and het assets/fullu balances		<u></u>	2,020,100.	<u> </u>	Form <b>990</b> (200	

TEEA0111 01/30/10

ran XI	Financial Statements and Reporting			
			Yes	No
1 Acc	ounting method used to prepare the Form 990 🔲 Cash 🛛 X Accrual 🔲 Other			
	e organization changed its method of accounting from a prior year or checked 'Other,' explain schedule O			
2a Wer	e the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
<b>b</b> Wer	e the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Y revi	es' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, ew, or compilation of its financial statements and selection of an independent accountant?	2c	x	
	e organization changed either its oversight process or selection process during the tax year, explain ichedule O			
	es' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a solidated basis, separate basis, or both			
X	Separate basis Consolidated basis Both consolidated and separate basis			
	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single it Act and OMB Circular A-133?	3a	х	
<b>b</b> If 'Y or a	es,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit udits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	x	

BAA

Form 990 (2009)

Page **12** 

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### **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

Open to Public Inspection

Employer Identification number

Name	of the organization	f the organization							
	od Export USA - Northeast			23-7422643	<del></del>				
Pai	the organizations Maintaining Donoing the organization answered 'Yes' to	Advised Funds or Other Similar Funds of	or Acco	unts Complete	IŤ				
	the organization answered res to	(a) Donor advised funds	(b) Fu	unds and other acc	ounts				
1	Total number at end of year	(a) portor davised farias	(2).	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
2	Aggregate contributions to (during year)				<del>-                                    </del>				
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the assets held in donor a o the organization's exclusive legal control?	advised	Yes	☐ No				
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	s, and donor advisors in writing that grant funds ma he benefit of the donor or donor advisor or for any o fit??	by be other	Yes	☐ No				
Pai	t II Conservation Easements Comple	te if the organization answered 'Yes' to Fo	orm 990	0, Part IV, line	7				
1	Purpose(s) of conservation easements held by	the organization (check all that apply)							
	Preservation of land for public use (e.g., re			•	rea				
	Protection of natural habitat	Preservation of cer	rtified hist	toric structure					
_	Preservation of open space								
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution in the fo	- 1	<u> </u>					
		<u> </u>		Held at the End of	the Year				
	a Total number of conservation easements		2a						
	Total acreage restricted by conservation easen		2b 2c	<del></del>					
	Number of conservation easements on a certification of conservation assembly and a service of conservation assembly as a service of conservation assembly as a service of conservation assembly as a service of conservation as a service of conservatio	· · ·	2d	· · · · · · · · · · · · · · · · · · ·	-				
3	Number of conservation easements included in	ransferred, released, extinguished, or terminated by		nization during the	tav				
3	year ►	ransierred, released, extinguished, or terminated by	r the orga	inzation during the	tun				
4	Number of states where property subject to cor	nservation easement is located ►							
5	and enforcement of the conservation easemen			ions, Yes	☐ No				
	during the year ▶	g, inspecting, and enforcing conservation easement	is		_				
7	Amount of expenses incurred in monitoring, induring the year ►	specting, and enforcing conservation easements	\$		_				
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of section		Yes	☐ No				
9	In Part XIV, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and experts the organization's financial statements that describ	ense stat bes the or	ement, and balanc ganization's accou	e sheet, and inting for				
Pai	Organizations Maintaining Collection Complete if the organization answers	ctions of Art, Historical Treasures, or Oth wered 'Yes' to Form 990, Part IV, line 8.	ner Sim	ilar Assets					
1 8		SFAS 116, not to report in its revenue statement and c exhibition, education, or research in furtherance onts that describes these items							
ŀ	<ul> <li>If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items.</li> </ul>	SFAS 116, to report in its revenue statement and bac exhibition, education, or research in furtherance of	alance sh of public s	neet works of art, hervice, provide the	istorical following				
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>►</b> \$					
	(ii) Assets included in Form 990, Part X			<b>►</b> \$					
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for fina 16 relating to these items	ancıal gaı	n, provide the follo	wing				
ā	a Revenues included in Form 990, Part VIII, line	1		<b>&gt;</b> \$					
ŀ	Assets included in Form 990, Part X			<b>►</b> \$					

				00 740	0642
Schedule D (Form 990) 2009 Food	Export USA	A - Northeast		23-742	
Part III Organizations Mainta	ining Collecti	ions of Art, Histo	oricai Treasures, o	r Otner Similar Ass	ets (continuea)
3 Using the organization's acquisiti items (check all that apply)	on accession an	d other records, chec	ck any of the following t	hat are a significant use	of its collection
a Public exhibition		<b>d</b> 🗌 Loan	or exchange programs		
<b>b</b> Scholarly research		e 🗌 Other			
c Preservation for future gener	ations				
4 Provide a description of the orga Part XIV	nızatıon's collect	ions and explain hov	v they further the organi	zation's exempt purpos	e in
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or recather than to be	eive donations of art maintained as part o	t, historical treasures, of of the organization's col	r other similar lection?	Yes No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangemer unt on Form	<b>nts</b> Complete if o 990, Part X, line	organization answei 21.	red 'Yes' to Form 9	90, Part IV, line
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, c	or other intermediary	for contributions or oth	er assets not	Yes No
b If 'Yes,' explain the arrangement	ın Part XIV and	complete the follows	ng table		
					Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				1e	<u>-</u>
f Ending balance					
2a Did the organization include an a	mount on Form	990, Part X, line 21?			Yes No
<b>b</b> If 'Yes,' explain the arrangement					
Part V Endowment Funds Co	mplete if orga	<u>nızatıon answer</u>	ed 'Yes' to Form 99		<del></del>
	(a) Current yea	r <b>(b)</b> Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
<ul> <li>Other expenditures for facilities and programs</li> </ul>					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	e of the year end	balance held as			
a Board designated or quasi-endov	vment 🟲	%			
<b>b</b> Permanent endowment ▶	······································				
c Term endowment	—— €				
3a Are there endowment funds not a organization by	n the possession	of the organization	that are held and admir	nistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations liste	ed as required on Sc	hedule R?		3b
4 Describe in Part XIV the intended				<del> </del>	
Part VI Investments—Land, B	uildings, and	<b>Equipment.</b> See	Form 990, Part X	<u>, line 10.</u>	
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land					<del> </del>
<b>b</b> Buildings					<del></del>
c Leasehold improvements			39,129.	19,039.	20,090.
<b>d</b> Equipment			118,515.	99,423.	19,092.
e Other			53,895.	28,595.	25,300.
Total. Add lines 1a through 1e (Column	n (d) must equal	Form 990, Part X, co	olumn (B), line 10(c))		64,482.
BAA				Sched	lule <b>D</b> (Form 990) 2009

23-7422643

Page 3

Sche	dule D (Form 990) 2009 Food Export USA - Northeast	23-7422643	Page 4
Par		s	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		,811,885.
2	Total expenses (Form 990, Part IX, column (A), line 25)		,723,184.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		88,701.
4	Net unrealized gains (losses) on investments		<u> </u>
5	Donated services and use of facilities		
6	Investment expenses		<del></del>
7	Prior period adjustments		
	Other (Describe in Part XIV)		· · · · · · · · · · · · · · · · · · ·
	Total adjustments (net) Add lines 4 through 8		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		88,701.
	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	•
	Total revenue, gains, and other support per audited financial statements		,811,885.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1		,811,885.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		,,
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		,811,885.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		,011,000.
	Total expenses and losses per audited financial statements		,723,184.
	Amounts included on line 1 but not on Form 990, Part IX, line 25.	<del> </del>	7 7 2 3 7 2 3 1 4
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1		,723,184.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3 3	, 123, 104.
_	Investments expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part VII)		
	Other (Describe in Part XIV)  Add lines 4a and 4b	— <u> </u>	
		4c 5 9.	722 104
$\overline{}$	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)  XIV   Supplemental Information		,723,184.
		<del></del>	
line 4	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part ; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this nation	s part to provide any	; Part V, / additional
<del>-</del>			
			- <b></b>
		~	
- <b></b>			
- <b></b>			
BAA	TEEA3304 02/02/10	Schedule <b>D</b> (Fo	orm 990) 2009

Schedule <b>D</b>	(Form 990) 2009	Food Export USA -	Northeast	23-7422643 Pag	ge <b>5</b>
Part XIV	Supplemental	Food Export USA -	<u>d)</u>		_
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### Schedule F (Form 990)

**Statement of Activities Outside the United States** 

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Food Export USA - Northeast

Employer identification number

23-7422643

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the		
	grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes	No
			_

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use	Schedule F-1 (Fo	rm 990) if additio	nal space is	needed )		
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region	region ( fundrais services, gr	les conducted in (by type) (i.e , sing, program ants to recipients in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America	0	0	Program	Services	Trade show/mission	164,872.
East Asia and Pacific	0	0	Program	Services	Trade show/mission	194,648.
Europe	0	0	Program	Services	Trade show/mission	1,013,811.
Middle East	0	0	Program	Services	Trade show/mission	131,175.
North America	0	0	Program	Services	Trade show/mission	258,794.
South America	0	0	Program	Services	Trade show/mission	43,667.
South Asia	0	0	Program	Services	Trade show/mission	7,205.
				<u> </u>		
						-
			•			
Totals	0	0				1,814,172.

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

Schedule F (Form 990) (2009)

23-7422643

Food Export USA - Northeast Schedule **F** (Form 990) 2009

Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)								
(h) Description of non-cash assistance								
(g) Amount of non-cash assistance								
(f) Manner of cash disbursement								
(e) Amount of cash grant								
(d) Purpose of grant								
(c) Region								
(b) IRS code section and EIN (if applicable)								
(a) Name of organization								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities BAA

Schedule **F** (Form 990) 2009

Page 3.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance Schedule F (Form 990) 2009 Food Export USA - Northeast

Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

Schedule <b>F</b> (Form 990) 2009		- Northeast		23-7422643	Page 4
Part IV Supplemental					
Complete this par	t to provide the information	required in Part I, III	ne 2, and any additional info	rmation.	_
Pt_I_Line_2	<u>Funds are admini</u>	stered in ac	cordance_with_the	MAP_Program_guid	elines_
	and FAS/USDA pol	icy and proce	dures for their us	se. The Organiza	tion has
	_developed_and_ad	heres to inte	ernal policy and p	procedures as wel	1,
	including an eth	ical business	s conduct and conf	lict of interest	policy.
	Grant spending r	eports are re	egularly reviewed	by Management Sta	iff, and
	by the Board on	an annual ba	sis. The Organiza	tion undergoes A	-133
	auditing require	ments and out	tside CPA financia	al review, as wel	<u>l as</u>
~	FAS compliance t	eam_reviews_d	on an annual basis	<u>.</u>	<b>-</b>
			<b>-</b>	- <b></b>	
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TEEA3504 07/06/09

Schedule **F** (Form 990) 2009

BAA

# SCHEDULE I

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection

106 **≗** □ (h) Purpose of grant or assistance MAP Program A Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes Employer identification number 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 23-7422643 (g) Description of non-cash assistance N/A 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) N/A 0 (e) Amount of non cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance (b) EIN Enter total number of other organizations Food Export USA - Northeast 1 (a) Name and address of organization or government See Schedule Attached 1 1 1 1 1 t I 1 I 1 Name of the organization 1 1 1 1 1 İ 1

Schedule I (Form 990) 2009

TEEA3901 02/10/10

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

Part III

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. and FAS/USDA policy and procedures for their use. The Organization has (e) Method of valuation (book, FMV, appraisal, other) Grant spending reports are reqularly reviewed by Management Staff, and \_including an ethical business conduct and conflict of interest policy. Funds are administered in accordance with the MAP Program guidelines by the Board on an annual basis. The Organization undergoes A-133 auditing requirements and outside CPA financial review, as well as \_developed and adheres to internal policy and procedures as well, (d) Amount of non cash assistance FAS\_compliance\_team\_reviews\_on\_an\_annual\_basis. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Pt\_I\_Line\_2 Pt\_I\_Line\_2 Pt\_I\_Line\_2 Pt\_I\_Line\_2 Pt\_L\_Line\_2 Pt\_I\_Line\_2 Pt\_I\_Line\_2 Pt\_I\_Line\_2

BAA

Schedule I (Form 990) 2009

### SCHEDULE O

#### Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

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.

23-7422643 Food Export USA - Northeast Pt VI-B, Line 11A The Organization's preparation/review process of Form 990 starts with a fiscal audit, and is prepared using audited financials. A CPA firm is engaged to take the information from the financials, along with compilation of other data, and prepare a 990 and any other supplemental schedules/returns that comply with government requirements. The draft 990 prepared by the firm is reviewed internally by the Organization's management, and a copy is sent to the Board Treasurer. The documents are then filed and maintained for a period of no less than 10 years. Pt\_VI-B, Line 12c The Organization has all staff annually undergo a review of the employee handbook, which includes specifically a review of ethical business conduct/conflict of interest issues. All staff are required to sign an acknowledgement thay they understand and abide by the rules of the Organization. Similarly, the board is provided a questionnaire annually that addresses conflict of interest and disclosure of any potential conflicts. Should a conflict be identified, the Board of Trustees, in consultation with the Executive Director, shall determine the proper course of actions to address the conflict, (e.g. recusal). Pt\_VI-B, Line 15 A personnel subcommittee of the Food Export Board of Directors comprising the board president, past president, and 3 other members conduct a formal review annually of the Executive Director, including compensation review and changes. As part of that process, the board personnel committee reviews organizational goals vs. results, individual goals vs. results, and salary surveys/reports with data on compensation for similarly employed individuals. Pt\_VI-C, Line 19 The Organization's governing documents, conflict of interest policy\_ and financial statements are not available to the public. Pt\_VI-A, Line 6 The Organization's members consist of the 10 Northeastern State Departments of Agriculture.

Schedule <b>0</b> (Form 990) 2009	Page 2
Name of the organization	Employer identification number 23-7422643
Food Export USA - Northeast	[23-7422643
Pt VII, Sec A, Line 1 Per the Organization's bylaws and the	he_state_laws_that_the_Organization_
is incorporated under; the Executive	e Director is not an officer of
the Organization. However, the Execution	cutive Director is reported as
an officer on the Form 990, per to	the instructions of the form.
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Food Export USA Northeast Form 990, December 31, 2009 Part VII, Section B List of Contractors paid over \$100,000

Vendor Name	Address1	City	State	Zip	Description of Services	Ā	Amount paid
Colleen Coyne	25 Fairway Circle	Hope Valley	교	02832	Consulting and Trade Servicing	s	116,569 15
Diversified Business Communications	121 Free Street	Portland	ME	04112	Trade Show booths & exhibiting	s	310,555 34
Euromonitor International	224 S Michigan Ave, Ste 1500	Chicago	_	60604	Consulting and Trade Servicing	s	676,000 00
Faye Clack Marketing And Communications Inc	170 Robert Speck Parkway	Mississauga	ONT	L4Z 3G1	Consulting and Trade Servicing	<del>69</del>	205,631 93
Food Export Association Of The Midwest Usa	309 W Washington Suite 600	Chicago	1	60606 3217	Cost Sharing / Management Services	<del>s</del>	571,431 14
G L Events	500 Mamaroneck Avenue, Suite 320	Harrison	ž	10528	Trade Show booths & exhibiting	↔	145,150 79
Maria Kraus Marketing And Kommunikation Gmbh Po Box 150111 53040 Bonn Germany Bon	oh Po Box 150111 53040 Bonn German	y Bon	Germany		Consulting and Trade Servicing	s	412,693 68
Markonsult	58 Rue Pottier F-78150 Le Chesnay	Paris	France		Consulting and Trade Servicing	↔	139,661 88

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Count

Food Export USA Northeast Form 990, December 31, 2009 Schedule I, Part II Branded Program Participants receiving over \$5k in 2009

Name	Address	EIN Number	2009 payments
123 GLUTEN FREE INC	125 ORANGE TREE DRIVE CHAGRIN FALLS OH 44022	56-2460390	13,575 64
ALADDIN BAKERS INC	240 25TH STREET BROOKLYN NY 11232	11-2424862	6,439 93
AGRO FARMA INC	669 CO NWY 25 NEW BERLIN NY 13411	20-2069997	27,337 20
AMERICAN FOOD SERVICE INC	PO BOX 771 BOONVILLE NY 13309-0771	46-0521065	13,834 63
ALEXANDER MINN WINE GROUP	C/O MICHAEL CHEND176 GARTH RDDAPT 5P SCARSDALE NY 10583-3833	26-4300609	10,198 67
AM SALES AND MARKETING INC	8899 BRISTOL BEND FT MYERS FL 33908	59-2765418	359,429 70
ALL NATURAL MAINE ROOT	1406 SMITH RD AUSTIN TX 78721	13-4217661	8,732 01
ALLIED OLD ENGLISH	100 MARKLEY ST PORT READING NJ 07064-1897	22-1620386	11,025 11
ARISTO HEALTH INC	18 CATTANO AVE STE 5 MORRISTOWN NJ 07960-6846	22-3645294	5,573 69
BAL MARKETING	156 MINELOA BOULEVARD MINELOA NY 11501	11-3199205	198,813 36
BELL EXPORT FOODS GROUP	108 E ERICKSON ESSINGTON PA 19029	23-2916103	26,885 30
BIRKETT MILLS	PO Box 440□163 Maın St Penn Yan NY 14527-0440	16-0352100	5,018 00
GARDEN OF LIGHT INC DBA BAKERY ON MAIN	2836 MAIN STREET GLASTONBURY CT 06033-1036	06-1337664	18,382 04
BOSCO PRODUCTS INC	441 ROUTE 202 TOWACO NJ 07082	22-2665715	108,022 31
BROTHER AND SISTER FOOD SERVICES	713 SOUTH 22ND STREET HARRISBURG PA 17104	25-1900882	43,540 72
CHERRYBROOK KITCHEN	20 MALL RD STE 410 BURLINGTON MA 01803-4129	20-4596719	14,437 92
CABOT CREAMERY COOP DBA AGRI MARK INC	1401 MAIN STREET WESTOSUITE 103 ONALASKA WI 54650	04-2704972	41,387 35
CERTIFIED CLAM CORPORATION	P O BOX 383 HIGHLANDS NJ 07732-0383	22-3606459	13,603 88
CHELTEN HOUSE PRODUCTS INC	607 HERON DRIVE DPO BOX 434 BRIDGEPORT NJ 08014	23-1293477	79,615 58
COZY HARBOR SEAFOOD	PO BOX 389 PORTLAND ME 04112	01-0368494	23,650 03
CAESARS PASTA PRODUCTS	1001 LOWER LANDING ROAD BLACKWOOD NJ 08012	22-1840719	24,324 14
CPW MARKETING ASSOCIATES CORPORATION	31 NOEL AVE EDISON NJ 08817	26-1628805	61,123 50
CURRIED FAVORS INC	PO BOX 1482 WOODSTOCK NY 12498	20-5727934	17,243 00
DAREL COMPANY INC DBA ELAFOOD USA	140 EASTERN AVENUE CHELSEA MA 02150-3352	75-3266835	24,454 22
DECAS BOTANICAL SYNERGIES	4 OLD FORGE DRIVE CARVER MA 02330	20-8617204	46,988 73
DGM COMMODITIES CORP	49 WATERMILL LANE GREAT NECK NY 11021	11-3555111	300,000 00
DYNAMIC HEALTH LABS INC	110 BRIDGE STREET BROOKLYN NY 11201	11-3227584	26,433 10
DANIELE INTERNATIONAL INC	105 DAVIS DR 🗆 PO BOX 106 PASCOAG RI 02859-3507	05-0365821	6,617 22

Food Export USA Northeast Form 990, December 31, 2009 Schedule I, Part II Branded Program Participants receiving over \$5k in 2009

Name	Address	EIN Number	2009 payments
DURKEE MOWER INC	PO BOX 47002 EMPIRE STREET LYNN MA 01903	04-3521316	19,855 66
EAST COAST SEAFOOD	175 ALLEY STREET OPO BOX 790 LYNN MA 01905	04-2730100	25,583 09
ECUADORIAN RAINFOREST LI.C	25 MAIN ST 🗆 BUILDING 6 BELLEVILLE NJ 07109-3059	22-3641999	16,872 01
EDV INTERNATIONAL GROUP	2737 MARION AVENUE SUITE 3C BRONX NY 10458	27-2151819	37,200 00
EASTERN FISHERIES INC	14 HERVEY TICHON AVENUE NEW BEDFORD MA 02740	04-2654500	42,754 58
FAMOUS FOODS EXPRESS CORP DBA RAYS NEW YORK 18 POND STREET SHARON MA	K 18 POND STREET SHARON MA	04-3497983	18,445 41
FINICKY FOODS	PO BOX 132201330 NORTH BROAD STREET LANSDALE PA 19446	57-1186961	74,791 80
FOOD INGREDIENTS SOLUTIONS	10 MALCOLM AVE 1 TETERBORO NJ 07608-1012	13-4046909	10,218 91
FUTURE INTERNATIONAL INC	1600 ST GEORGES AVEDSUITE 218 RAHWAY NJ 07065	22-3107869	17,134 72
FOODTOWN INTERNATIONAL INC	145 TALMADGE ROAD EDISON NJ 08817	22-3628808	183,667 22
FOOD UNITED LLC	113 SOUTHVIEW ROAD SYRACUSE NY 13209	20-5747563	34,631 71
FIZZY LIZZY LLC	265 LAFAYETTE ST APT D20 NEW YORK NY 10012-4039	13-4123699	11,830 45
AMS LLC DBA GAGNE FOODS INC	THE ROBINHOOD FREE MEETING HOUSED25 WING FARM PARKWAY BATH ME 20-5688958	ME 20-5688958	13,912 34
GAKS SNACKS DBA HOMEFREE LLC	12 BEDROS STREET WINDHAM NH 03087	06-1743283	9,634 40
GLOBAL EXPORT MARKETING CO LTD	450 FASHION AVENUEDSTE 2200 NEW YORK NY 10123-2200	13-3496791	185,155 00
GIOVANNI FOOD CO INC	4645 CROSSROADS PARKEAY DRIVE LIVERPOOL NY 13088	16-1144461	8,457 63
GOT IT RIGHT FOODS, LLC	1745 W ALLEN ST ALLENTOWN PA 18104	35-2352611	6,320 00
GLOBAL RELIANCE INC	12 ROSZEL ROADOSUITE A 202 PRINCETON NJ 08540	22-3597430	121,294 45
GOOD GROCERIES COMPANY INC	98 4TH STREET, SUITE 107 BROOKLYN NY 11231	11-2670586	84,450 47
HARBAR LLC	320 TURNPIKE STREET CANTON MA 02021	20-3788522	17,939 68
HERBAL WATER	308 E LANCASTER SUITE 110 WYNNEWOOD PA 19096	52-2424412	21,671 11
HILLSIDE CANDY	35 HILLSIDE AVENUE HILLSIDE NJ 07205	51-0470594	48,204 10
FREEDOM FOODS	160 HILLSIDE LN RANDOLPH VT 05060-1185	41-2278185	7,638 26
HOFFS BAKERY	2 SIXTH STREET MEDFORD MA 02155	04-3032265	18,861 76
IAM INTERNATIONAL INC	4 SADDLE RIDGE DR LEBANON NJ 08833-3249	22-3294661	8,45482
INTERNATIONAL AMERICAN SUPERMARKETS CORP	262 OLD NEW BRUNSWICK ROAD PISCATAWAY NJ 08854	22-2645245	157,834 30
ISLAND CREEK OYSTERS INC	PO BOX 348 DUXBURY MA 02331	20-4525853	18,429 26
IRON HORSE BEVERAGE	68 S SERVICE RD, STE 100 MELVILLE NY 11747-2350	20-8903300	5,898 94
INNOVATIVE FOODS/GOODWIVES HORS D'EUVRES	330 BALLARDVALE ST WILMINGTON MA 01887-1012	65-1191504	10,418 73

Food Export USA Northeast Form 990, December 31, 2009 Schedule I, Part II Branded Program Participants receiving over \$5k in 2009

Name	Address	EIN Number	2009 payments
JACKS ALIMENTARY SUPPLY INC	54 WEST FIFTH AVENUE IOWELL ma 01854	04-3547480	14,232 50
JACQUELINES WHOLESALE BAKERY INC	MARC HAZEL 1196 SWAMPSCOTT ROAD IN UNIT I SALEM MA 01970	04-3494317	18,185 65
JOHN WM MACYS CHEESESTICKS	80 KIPP AVE ELMWOOD PARK NJ 07407-1011	22-3059226	27,750 06
KUHNS BROTHERS LOG HOMES INC	700 HEPBURN STREETUSUITE 2 MILTON PA 17847	23-2503572	15,621 98
KWIK ENTERPRISES LLC DBA VITAMINS FOR LIFE	1806 BELLMORE STREET OAKHURST NJ 07755	22-3628948	198,782 77
KOZY SHACK ENTERPRISES INC	83 LUDY STREET HICKSVILLE NY 11802-9011	11-3504157	77,847 25
LUNDS FISHERIES INC	PO BOX 8300997 OCEAN DRIVE CAPE MAY NJ 08204	21-0682900	20,362 50
LATE JULY ORGANIC SNACKS	PO BOX 1078 166 MAIN ST BARNSTABLE MA 02630-2078	13-4140992	43,037 79
LOVE AND QUICHES DESSERTS LTD	178 HANSE AVENUE FREEPORT NY 11520	11-2331280	5,647 61
LA VITA HEALTH FOOD LLC	3 GOLAR DRIVE MONSEY NY 10952	20-0843354	7,800 00
MARDER TRAWLING INC	22 S WATER ST NEW BEDFORD MA 02740	04-2858160	16,848 98
MAINE INTERNATIONAL TRADE CENTER	511 CONGRESS STREET PORTLAND ME 04101-3428	01-0509118	7,628 51
METZGER SPECIALTY BRAND INC	250 WEST 57TH STREET SUITE 1005 NEW YORK NY 10107	55-0789891	5,176 18
NEW EDGE INTERNATIONAL LLC	725 RIVER ROADIISUITE 32-233 EDGEWATER NJ 07020	30-0390219	14,374 24
NELSON FARMS	3261 ROUTE 20 CAZENOVIA NY 13035	15-0560110	7,339 09
NATURALLY NORA INC	145 WITHERSPOON STREET SUITE C 4 PRINCETON NJ 08542	26-1896791	9,970 02
NORTHERN PELAGIC GROUP LLC	4 FISH ISLAND NEW BEDFORD MA 02740	45-0481134	8,332 90
STIRRINGS LLC	I WEST STREETOUNIT 2 FALL RIVER MA 02720-1336	20-8668437	68,955 30
OAK ISLAND SEAFOOD INC	17 MERRILL DRIVEDPO BOX 1161 ROCKLAND ME 04841	26-0189909	7,270 18
OLD LYME GOURMET CO DBA DEEP RIVER SNACKS	4 HUNTLEY ROAD GPO BOX 373 OLD LYME CT 06371	10-0006406	6,392 70
OMNIPRO INC	PO BOX 278 MADISON MS 39130	83-0398866	28,668 88
PEANUT BUTTER AND COMPANY	240 SULLIVAN ST FRNT C NEW YORK NY 10012-4857	13-4015642	44,915 31
PORTLAND PROCESSING LLC DBA CLAW ISLAND FOOI 92 WALDRON WAY PORTLAND ME 04103	DI 92 WALDRON WAY PORTLAND ME 04103	01-0513306	19,994 49
MERCERS DAIRY	13584 NYS RT 12 BOONVILLE NY 13309	16-1604619	24,821 64
THE RICE ECONOMICS GROUP	PO BOX 2446 WESTFIELD NJ 07091-2446	22-3782490	321,723 08
ROYAL WINE CORPORATION	ATTN MRS CHANA SOLOFF \$\mathcal{\tensfan}\$ LEFANTE WAY BAYONNE NJ 07002	13-5545767	23,914 34
RASTELLI BROTHERS INC DBA RASTELLI FOODS	300 HERON DRIVE SWEDESBORO NJ 08085	22-2332643	15,642 50
STRAIGHT ARROW PRODUCTS INC	2020 HIGHLAND AVE BETHLEHEM PA 18020-8963	22-1910029	48,969 82

Food Export USA Northeast Form 990, December 31, 2009 Schedule I, Part II Branded Program Participants receiving over \$5k in 2009

Name	Address	EIN Number	2009 payments
SB GLOBAL FOODS INC	1330 N BROAD ST LANSDALE PA 19446	23-2634983	35,815 45
SEA FRESH USA INC	45 ALL AMERICAN WAY N KINGSTOWN RI 02852-2607	05-0403964	6,307 00
Source, Inc	101 Fowler Rd North Branford CT 06471	06-0956946	7,419 73
SNACK FACTORY INC	PO BOX 3562 PRINCETON NJ 08543	26-3716107	62,228 32
SMITH PACKING CO	PO BOX 5200105-125 WASHINGTON STREET UTICA NY 13503-0520	15-0503204	8,905 24
SEATRADE INTERNATIONAL COMPANY INC	105 BARTLETT STREET PORTSMOUTH NH 03801	02-0354121	18,779 35
THE BARKING DOG LTD	7 BEECH HILL ROAD EXETER NH 03833	02-0500359	12,561 97
TERRAFINA LLC	204 28TH STREET BROOKLYN NY 11232	20-3238499	5,071 72
THE FILLO FACTORY	PO BOX 155074 CORTLAND AVENUE DUMONT NJ 07628	22-3254532	10,439 95
TRADE INTERNATIONAL GROUP USA INC	36 ALGONKIN STREET STATEN ISLAND NY 10312	13-4178166	109,513 55
TOAD ALLY SNAX INC	1410 FARRAGUT AVENUE BRISTOL PA 19007	23-2251888	5,002 25
TOMASELLO WINERY INC	225 N WHITE HORSE PIKE HAMMONTON NJ 08037	21-0663875	7,092 21
DR PRAEGERS SENSIBLE FOOD	9 BOUMAR PLACE ELMWOOD PARK NJ 07407	22-3277543	21,044 22
VILLAGE MIXES	21 PIPER DRIVE STRAFFORD NH 03854	20-0508718	8,606 16
VENUS WAFERS	70 RESEARCH RD HINGHAM MA 02043-4341	04-2994607	14,416 70
WOLFGANG CANDY COMPANY INC	50 EAST 4TH AVENUE YORK PA 17404	20-0084322	6,097 67
WORLD GOURMET MARKETING LLC	49 LINCOLN RD BUTLER NJ 07405-1801	55-0802961	52,770 93
WAN JA SHAN SOY SAUCE	MANDARIN SOY SAUCE INC 14 SAND STATION ROAD MIDDLETOWN NY 10940	20-8359560	16,215 26
WHITE TOQUE INC	GOURMET USAULLENTERPRISE AVENUE NORTH SECAUCUS NJ 07094	11-3094261	11,928 82
XTAZY BEVERAGE	1535 MCDONALD AVE BROOKLYN NY 11230-5512	20-2961636	34,691 55
ZEIGLER BROTHERS INC	PO BOX 95🗆 400 GARDNERS STATION ROAD GARDNERS PA 17324	23-1321071	5,578 65

# Form **8868** (Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

File a separate application for each return.

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 bo	x	_		<b>►</b> X	
		omatic) 3-Month Extension, complete only Part II		form)			
		dy been granted an automatic 3-month extension of			368.		
		ion of Time. Only submit original (no cop					
		to the state of th	,				
•	•	requesting an automatic 6-month extension – chec				▶ 🗌	
All other corp income tax re		, partnerships, REMICS, and trusts must use Form	1 7004 to request	an extension	on of time to	) tile	
returns noted the additional Form 990-T	below (6 months for a corporation	ectronically file Form 8868 if you want a 3-month a on required to file Form 990-T) However, you cann on or (2) you file Forms 990-BL, 6069, or 8870, gro or completed and signed page 2 (Part II) of Form 88 -file for Charities & Nonprofits	ot file Form 8868	composite	ally if (1) yo or consolida	u want ated	
	Name of Exempt Organization			Employer identification number			
Type or							
print	Food Export USA - Northeast			23-7422643			
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions					
	1617 JFK Boulevard,	#420					
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
	Philadelphia			PA	19103		
Check type o	f return to be filed (file a separat	e application for each return)					
X Form 990	)	Form 990-T (corporation)	Form 472	orm 4720			
Form 990-BL		Form 990-T (section 401(a) or 408(a) trust)	0-T (section 401(a) or 408(a) trust) Form 5227				
Form 990-EZ		Form 990-T (trust other than above) Form 6069					
Form 990	Form 990-PF Form 1041-A Form			70			
Telephone If the orga If this is f check this	or a Group Return, enter the orga	FAX No ► or place of business in the United States, check the inization's four digit Group Exemption Number (GE) the group, check this box ► and attach a list	EN) If		he whole gr all members	•	
		ns for a corporation required to file Form 990-T) ex	tension of time				
until A The ext ► X		the exempt organization return for the organization	n named above				
2 If this ta	ax year is for less than 12 months	s, check reason	return C	change in a	ccounting p	eriod	
	pplication is for Form 990-BL, 99 ndable credits See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax	, less any	3a \$		0.	
b If this a made I	pplication is for Form 990-PF or 9 nclude any prior year overpayme	990-T, enter any refundable credits and estimated nt allowed as a credit	tax payments	3ь\$		0.	
deposit See ins	with FTD coupon or, if required, tructions	Ba Include your payment with this form, or, if requively using EFTPS (Electronic Federal Tax Payment S	System).	3c \$		0.	
Caution. If yo payment inst		c fund withdrawal with this Form 8868, see Form 8	3453-EO and Form	n 8879-EO	for		
BAA For Pris	vacy Act and Panerwork Reducti	on Act Notice, see instructions.	<del>-</del>	Forn	n <b>8868</b> (Rev	. 4-2009)	