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Department of the Treasury

## Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

_	For the		ending ^	.1 34	, 20 10			
_				1 30	entification number			
D B		use IRS label or print or Number and street (or PO box, if mail is not delivered to street address) Room/suite E Tele			3-6010879			
片								
Ħ	Initial retu				a) 241-3545			
	Terminate	specific State Street						
	Amended	return learning Oily of town, state of country, and 211 + 4	, F G	F Group Exemption				
		on pending tions Montpelier, Vermont 05620-2901	N	umber 🕨				
	• Sec	tion 501(c)(3) organizations and \dagged4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	G Accounting Other (spec		➤ Cash ☐ Accrual			
			H Check ►	If the o	rganization is not			
1.3	Websit	e: > vermontagriculture.com			hedule B (Form 990,			
		empt status (check only one) ☑ 🗶 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	990-EZ, or	990-PF)				
	Check 1		eipts are norma	lly <b>not</b> mo	ore than \$25,000 A			
		90-EZ or Form 990 return is not required, but if the organization chooses to file a return, be s						
		s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of		<b>▶</b> \$				
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (	See the inst	ructions	for Part I.)			
	1	Contributions, gifts, grants, and similar amounts received		1	9078.			
	2	Program service revenue including government fees and contracts		2				
	3	Membership dues and assessments		3				
	4	Investment income		4	494,99			
	5a	Gross amount from sale of assets other than inventory 5a						
	b	Less: cost or other basis and sales expenses		7				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5	5a)	5c				
ě		Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, or						
Revenue	a	Gross revenue (not including \$ 9078 of contributions						
ě	~		9,940.03	1				
4	Ь	Less: direct expenses other than fundraising expenses 6b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	C	Net income or (loss) from special events and activities (Subtract line 6b from line	6a)	6c	59,940.03			
	7a	Gross sales of inventory, less returns and allowances	,		<u> </u>			
	Ь	Less: cost of goods sold		-				
	6	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8	Other revenue (describe ►	)	8				
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	69,513.02			
	10	Grante and similar amounts paid (attach schedula)	1	10				
	11	Benefits paid to or for members	):	11				
တ္	1	Salaries, other compensation, and employee benefits	- IS	12	9919.61			
Expenses	13	Professional fees and other payments to independent contractors N 2 1 2010		13	7704.09			
ē	14	Occupancy, rent, utilities, and maintenance	IOI	14	16.894.34			
ŭ	15	Printing, publications, postage, and shipping	<u> </u>	15	3069.87			
	16	Other expenses (describe Premiums 'Insurants Transport	115	16	24.531.63			
_	17	Total expenses. Add lines 10 through 16	, b	17	62,119.54			
2 - S	40			18	7,393.48			
Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mi	ust agree with	۱ 🗔	•			
S		end-of-year figure reported on prior year's return)		19	67,527.31			
Net /	20	Other changes in net assets or fund balances (attach explanation)		20				
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	74920.19			
	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mor	e, file Form 99					
		(See the instructions for Part II.)	of year	(B) End of year				
2	<b>2</b> C	Cash, savings, and investments			22 74,920.79			
2		and and buildings			23			
2		ther assets (describe >)			24			
2	_	otal assets		25 74 920,79				
		otal liabilities (describe ►			26			
2		et assets or fund balances (line 27 of column (B) must agree with line 21)			27 74.920,79			
			Cat No 10642I		Form <b>990-EZ</b> (2009)			

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

Cat No 10642I

Form **990-EZ** (2009)

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Par	III Statement of Program Service Accomp	olishments (See the instru	ictions for Part II	l.)		Expenses
What	is the organization's primary exempt purpose?	Education and	Promotio	A.1		ired for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	es. In a clear ar	nd concise		(3) and 501(c)(4)
	ner, describe the services provided, the number o					izations and section
	program title.	. porcono bonomou, ana o	inor rolovant inno	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	for oth	a)(1) trusts, optional
			<del>,</del>		101 00	iers /
28	VFS is a 3day agricultural ev	ent with empha	sis on edu	cation	l i	
	amosting and topheralogy to	nicted to UT For	$m_{\bullet}cs - m_{\bullet}ds$	عدو 12	l	
	organizations, government ag	encies and Con.	sum ers		] ]	62,119.5
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ □	28a	
29						
		••••••••••				
			•••••			
	(O)				00-	
	(Grants \$ ) If this amount	includes foreign grants, che	eck nere	<u>.                                    </u>	29a	
30				•••••		
	•••••					
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ □	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount		eck here	. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		•	32	
	List of Officers, Directors, Trustees, and Key					tions for Part IV.)
ı	Elst of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
_		devoted to position	enter -0)	deferred comper	nsation	other allowances
$\mathbb{R}$	mald Greenwood	President	0	0		0
	E. Randolph VT	< Yz hr		0		
11	erbert Hunt	Vice-President	^	- A-		•
	Northfield UT	< >4 hc	O	0		O
n	Jacy Croft	Secretary				
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Part	Other information (Note the statement requirements in the instructions for Part V.)		<del></del>
			Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	×
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	×
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
_	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		
а	6033(e) notice, reporting, and proxy tax requirements?	35a	<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00	ļ	
b	Did the organization file Form 1120-POL for this year?	37b	X_
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X_
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter		
а	Initiation fees and capital contributions included on line 9	-	
b	Gross receipts, included on line 9, for public use of club facilities	-	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		
	transaction during the year or is it 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	40b	X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. ► Vermon+		
42a	The organization's books are in care of ▶ Jan P. Turnel Telephone no. ▶ 805	1/24	11-3545
			-0101
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes No
	account)?	42b	<u> </u>
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	
	If "Yes," enter the name of the foreign country: ▶		, —
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. ▶⊔
			<u> </u>
			Yes No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		-5-
	Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	)-EZ (2009)
	For	m MML	J=10 / (2009)

Here  Signature of enticer  Tow P. Turmel, Treasurer/Mawager  Ob/16/20/16  Preparer's Identifying number (See instructions)	Part	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) nor 17(a)(1) nonexempt cha ad 51.	nexempt charitab aritable trusts mus	le trusts only. A t answer questio	II sec ns 46	tion -49t	) )		
Dut the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  ### Is the organization a school as described in section 170(b)(I)(A)(B) If "Yes," complete Schedule E  ### As Did the organization make any transfers to an exempt non-charitable related organization?  ### Bit "Yes," was the related organization a section 527 organization?  ### OC Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and ke employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  ### (I) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  ### OC Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  ### OC Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  ### OC Complete this table for the organization. If there is none, enter "None."  ### OC Complete this table for the organization. If there is none, enter "None."  ### OC Complete this table for the organization. If there is none, enter "None."  ### OC Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  ### OC Complete this table for the organization. If there is none, enter "None."  ### OC Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  ### OC Complete this table for the organization is five highest compensation from the organization is five highest compens	46					$\overline{}$	Yes	No		
48 Is the organization a school as described in section 170(b)(1)(A)(b)? If "Yes," complete Schedule E	47	•				<del></del>		Ŷ		
Did the organization make any transfers to an exempt non-chantable related organization?						<del> </del>		X		
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Diffice and overlaps of compensation from the organization. If there is none, enter "None."  (c) Compensation entry than \$100,000 of compensation from the organization of the position of		•		•				$\frac{\Delta}{X}$		
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and kee employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  [6] Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  [7] Total number of other employees paid over \$100,000    [8] Total number of other employees paid over \$100,000    [9] Total number of other employees paid over \$100,000    [9] Name and address of each midspendent contractors are none, enter "None."  [9] Name and address of each midspendent contractor paid more than \$100,000    [9] Type of service    [9] Compensation of the expensation of the expensation of the each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  [9] Name and address of each midspendent contractor paid more than \$100,000    [9] Type of service    [9] Compensation of the expensation of the each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  [9] A Total number of other independent contractors each receiving over \$100,000    [9] Type of service    [9] Compensation of the each received more than \$100,000 of compensation from the organization of the best of my knowledge and the enterprise of the enterpr		•	-	_		$\overline{}$				
(a) Name and address of each employee paid more than \$100,000  **Total number of other employees paid over \$100,000  **Total number of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  **Total number of other independent contractor paid more than \$100,000  **Total number of other independent contractor paid more than \$100,000  **Total number of other independent contractor paid more than \$100,000  **Total number of other independent contractor paid more than \$100,000  **Total number of other independent contractor paid more than \$100,000  **Total number of other independent contractor paid more than \$100,000  **Total number of other independent contractor paid more than \$100,000  **Total number of other independent contractor paid more than \$100,000  **Total number of other independent contractor paid more than \$100,000  **Total number of other independent contractor paid more than \$100,000  **Total number of other independent contractor paid more than \$100,000  **Total number of other independent contractor paid more than \$100,000  **Total number of other independent contractors each receiving over \$100,000  **Total number of other independent contractors each receiving over \$100,000  **Total number of other independent contractors each receiving over \$100,000  **Total number of other independent contractors each receiving over \$100,000  **Total number of other independent contractors each receiving over \$100,000  **Total number of other independent contractors each receiving over \$100,000  **Total number of other independent contractors each receiving over \$100,000  **Total number of other independent contractors each receiving over \$100,000  **Total number of other independent contractors each receiving over		Complete this table for the organization's five highest compensated employees (other than officers, directors, ti								
f Total number of other employees paid over \$100,000		than \$100,000	hours per week devoted to position	(c) Compensation	employee benefit plans &	acc	ount a	nd		
f Total number of other employees paid over \$100,000    Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."    (a) Name and address of each independent contractor paid more than \$100,000		NONE			-					
Sign Here  Preparer's   Date										
Sign Here  Preparer's   Date										
Sign Here  Preparer's   Date										
Sign Here  Preparer's   Date	f	Total number of other employees paid over \$100	0.000 . ▶	NONE						
d Total number of other independent contractors each receiving over \$100,000 . ▶ NONE  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Paid   Preparer's   Date   Check if signature   Preparer's identifying number (See instructions)			<del>`                                      </del>		pe of service	(c) Cor	npensa	ation		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Date		NONE								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Date										
Sign Here  Preparer's Use Only  May the IRS discuss this return with the preparer shown above? See instructions  And belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Date  Date  Check if Self-employed Preparer's identifying number (See instructions)  EIN  Phone no  Yes  No	d	Total number of other independent contractors of	each receiving over \$100	,000 ▶	ONE					
Here    Date		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accomp of preparer (other than officer)	panying schedules and sta is based on all information	atements, and to the bes	st of my any kno	knowl wledg	edge e		
Paid Preparer's Use Only  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions  Date  Check if self-employed ▶□  Preparer's identifying number (See instructions)  EIN ▶  Phone no ▶  Yes □ No	Sign Here	JON P. TU	rmel, Treasu			/16	/a	010		
Use Only   Vours if self-employed), address, and ZIP + 4   Phone no ▶  May the IRS discuss this return with the preparer shown above? See instructions	Paid Proper	Preparer's signature	Date	self	Preparer's identifying nur	mber (See	e instruc	tions)		
May the IRS discuss this return with the preparer shown above? See instructions		yours if self-employed),	•							
	May th		n above? See instruction	s	▶ [					