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Department of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

OMB No 1545-0047

Α	For the	2010 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization MAINE ORGANIC FARMERS AND GARDENERS		D Employer identific	cation number
	Address change	ASSOCIATION		0.1.5	
Ļ	∏Name change ∏Initial	Doing Business As			048322
	return Termin- ated	Number and street (or P 0 box if mail is not delivered to street address) 294 CROSBY BROOK ROAD	Room/suite	E Telephone number 207-	568-4142
	Amende	City or town, state or country, and ZIP + 4		G Gross receipts \$	2446430.
	Application	ON111/ 11E 04300		H(a) Is this a group re	turn
	pending	F Name and address of principal officer:RUSSELL LIBBY		for affiliates?	Yes X No
		294 CROSBY BROOK RD, UNITY, ME 04988		H(b) Are all affiliates inc	luded? Yes No
1	Tax-exe	mpt status: X 501(c)(3) 501(c) () ((insert no) 4947(a)(1)	or 🔙 527	If "No," attach a	list. (see instructions)
		e: ▶ WWW.MOFGA.ORG		H(c) Group exemption	n number 🕨
K	Form of o	organization X Corporation	L Year	of formation 1971 N	State of legal domicile ME
	art I	Summary			
0	1 E	Briefly describe the organization's mission or most significant activities: MOFG	A IS T	HE OLDEST A	ND LARGEST
Activities & Governance	5	STATE ORGANIC ORGANIZATION IN THE COUNTR	Y, MOF	'GA HELPS FA	RMERS AND
Ĕ	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	
o e	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	23
g	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	23
Se	5 T	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
Ě	6 T	otal number of volunteers (estimate if necessary)		6	0
듗	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	172453.
		let unrelated business taxable income from Form 990-T, line 34		7b	-78529.
				Prior Year	Current Year
رو ن	8 (Contributions and grants (Part VIII, line 1h)		602279.	885702.
, Z	' 9 F	Program service revenue (Part VIII, line 2g)		1082883.	1189635.
<u>}</u>	10 l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3054.	1608.
CEN Revenue	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		102671.	137953.
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1790887.	2214898.
ij	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ξg	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		869142.	947031.
~ SSE	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
_₁g g	√ БТ	otal fundraising expenses (Part IX, column (D), line 25)	89.		
SBUC. I SEINE Expenses	17 (Other expenses (Part IX, column (A), lines 11a 11d, 11f 24f CTVCD		949772.	1034964.
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1818914.	1981995.
	19 F	Revenue less expenses. Subtract line 18 from 12 AUG 1 5 2011		-28027.	232903.
Net Assets or	3	RS S	Be	ginning of Current Year	End of Year
Set	g 20 1	tal accuse (Dark V loss 40)		3178681.	3505639.
TAS T	21 7	otal assets (Part X, line 16) otal liabilities (Part X, line 26) OGDEN, UT	<u> </u>	799049.	893090.
		Net assets or fund balances. Subtract line 21 from line 20		2379632.	2612549.
P	art II	Signature Block			
	-	ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
tru	e, correct	, and complete Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge	
		hund Libby		<u> </u>	
Sig	gn	Signature of officer		Date	
He	re	RUSSELL LIBBY, EXECUTIVE DIRECTOR			
		Type or print name and title		- · · · -	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pa		P JAMES NICHOLSON, CPA		07/27/11 self-employe	ed
	eparer	Firm's name NICHOLSON & ASSOCIATES, PA		Firm's EIN ▶	
Us	e Only	Firm's address 76 SILVER STREET			
		WATERVILLE, ME 04901		Phone no 2	07-872-7077
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	THE Statement of Program Service Accomplishments	Γ ΰ Ί
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	a abou
	THE PURPOSE OF THE ASSOCIATION IS TO HELP FARMERS AND GARDENER	
	ORGANIC FOOD, PROTECT THE ENVIRONMENT, RECYCLE NATURAL RESOURC	ES,
	INCREASE LOCAL FOOD PRODUCTION, SUPPORT RURAL COMMUNITIES, AND	7.10
_	ILLUMINATE FOR CONSUMERS THE CONNECTION BETWEEN HEALTHFUL FOOD	AND
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	700064
4a	(Code:) (Expenses \$ 1032962 • Including grants of \$) (Revenue \$	700264.)
	TO DEMONSTRATE HOW TO PROMOTE TRADITIONAL RURAL PRACTICES; SER	VES
	APPROXIMATELY 55,000 CLIENTS.	
	106110	42421
4b	(Code:) (Expenses \$ 106119 • including grants of \$) (Revenue \$)	43431.)
	PERIODICALS & PUBLICATIONS ARE PRODUCED TO MEMBERS & THE GENER	AL PUBLIC
	TO ADDRESS THE ENVIRONMENTAL, NUTRITIONAL, AND RURUAL VALUES;	
	APPROXIMATELY 4,500 MEMBERS SERVED WITH PUBLICATION OF MOFGA.	
4c	/	145226.
	ACTIVITIES CARRIED OUT FOR MEMBERS & THE GENERAL PUBLIC TO FUL	
	PURPOSES DESCRIBED ON PART IIIA; TO ASSIST FARMERS AND GARDENE	RS IN
	ORGANIC METHODS; SERVES APPROXIMATELY 4,500 CLIENTS.	
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ 205382 • including grants of \$) (Revenue \$ 300714 •)	
4e	Total program service expenses ► 1619897.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
2	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
•	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			х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	_	
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	5 , and 4-1, and 100,			
	Part VI	11a	Х	
b	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	11b		X
·	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			х
d	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	11c		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
O	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, Parts I and IV	44.		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	."	-	 -
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Earm	uan /	2010

Part N Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			٠,,
	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? If "Yes," complete			,,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, 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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		1	l
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		•	
	instructions for applicable filing thresholds, conditions, and exceptions):		}	.,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	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 (or a family member thereof) 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			١,,
	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	۱		v
	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)?	35		
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
200	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
^-	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

`	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gambling) winnings to prize winners?	1c		
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from 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.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	↓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		•	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	ļ	ļ	1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Щ

MAINE ORGANIC FARMERS AND GARDENERS

Form 990 (2010) ASSOCIATION

01-6048322

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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.

	Check if Schedule O contains a response to any question in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		23			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?			_2	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?			3	3		<u>X</u>
4	$\label{eq:decomposition} \mbox{ Did the organization make any significant changes to its governing documents since the prior Form}$	990 w	as filed?	4	1		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X
6	Does the organization have members or stockholders?		-	_ 6	5		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	ember	s of the		- 1		
	governing body?			7	a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	ersons'	•	7	b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	g the year				
	by the following:						
а	The governing body?				а	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8	b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the				٠,,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)		Į		T.,
40-	Describe a second to a local describe described as a fifth to 0				$\overline{}$	Yes	No X
	Does the organization have local chapters, branches, or affiliates?			- 11	0a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such	і спарі	ers, amilates,		оь		
112	and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before	filina ti	o form?		1a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ming u	ie ioiiii:	l'	ia		
	Does the organization have a written conflict of interest policy? If "No," go to line 13			4	2a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that of	suld as	e rice	- -"	ea		
U	to conflicts?	Juic giv	e lise	12	2b	Х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? It	f "Yes."	describe	<u> </u>	-		
_	in Schedule O how this is done	,		1:	2c	Х	
13	Does the organization have a written whistleblower policy?				3		X
14	Does the organization have a written document retention and destruction policy?			1	4		X
15	Did the process for determining compensation of the following persons include a review and approxi-	val by i	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-	·				
а	The organization's CEO, Executive Director, or top management official			1	5a	X	
b	Other officers or key employees of the organization			1	5b	Х	
	if "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				
	taxable entity during the year?			10	6a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev	aluate	rts participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	ganızat	ion's				
	exempt status with respect to such arrangements?			10	6b		
Sec	tion C. Disclosure		· <u>-</u>				
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	·T (501	(c)(3)s only) avail	able for	r		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request				_		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest polic	y, and	tinai	ncıal	
	statements available to the public.				_		
20	State the name, physical address, and telephone number of the person who possesses the books JANICE CLARK - 207-548-4142	and re	cords of the orga	nizatior	n. 🟲		
	294 CROSBY BROOK ROAD, UNITY, ME 04988						

MAINE ORGANIC FARMERS AND GARDENERS

Form 990 (2010)

ASSOCIATION

01-6048322

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Note Part Note Part Note Part Note Part	(A)	(B)			(0	;)			(D)	(E)	(F)	
Week Clescribe Page Pa	Name and Title	Average			Post	tion	ı		Reportable	Reportable	Estimated	
CRAIG LAPINE MEMBER AT LARGE 2.00 DAVID SHIPMAN TREASURER 2.00 O. O. DAVID SHIPMAN TREASURER 2.00 O. O. O. RISSELL LIBBY EXEC. DIR. SAM BROWN BOARD MEMBER 2.00 O. O. O. SAM BROWN BOARD MEMBER 2.00 O. O. O. O. SAM BROWN BOARD MEMBER 2.00 O. O. O. O. SAM BROWN DOARD MEMBER 2.00 O. O. O. SAM BROWN DOARD MEMBER 2.00 O. O. O. SAM BROWN O. O. O. O. SAM BROWN DOARD MEMBER 2.00 O. O. O. DANN MEMBER		week (describe hours for related organizations	<u> </u>						from the organization	from related organizations	amount of other compensation from the organization and related organizations	
MEMBER AT LARGE 2.00 0.0.0.0. BARBARA DAMROSCH PRESIDENT 2.00 0.0.0.0. DAVID SHIPPAN TERASURER 2.00 0.0.0. HEATHER ALBERT-KNOPP VICE PRESIDENT 2.00 0.0. RUSSELL LIBBY EXEC. DIR. 40.00 83969.0.0. RUSSELL LIBBY EXEC. DIR. 40.00 0.0.0. BOARD MEMBER 2.00 0.0.0.0. JOHN BUNKER BOARD MEMBER 2.00 0.0.0.0. BEN CAMPO DENCAMPO 0.0.0.0. BEN CAMPO 0.0.0.0.0. BEN CAMPO 0.0.0.0.0.0.0.0. BEN CAMPO 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	CDATG LADING		틸		1	 5	풀등	逐				
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					\Box	_	T	\vdash				
	SECRETARY	2.00							0.	0.	0	

ASSOCIATION

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd ŀ	High	est	Compensated Employ	ees (continued)				<u> </u>
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	١		Pos				Reportable	Reportable		Es	timate	d
	hours per week	(cl	neck	allt	that	app	ly)	compensation	compensation	1		ount o	of
	(describe	çç						from the	from related organizations	1		other oensa	tion
	hours for	or dire				ate		organization	(W-2/1099-MIS			om the	
	related	nstee	trust.		R	Dens		(W-2/1099-MISC)			_	anızatı	
	organizations in Schedule	ndividual trustee or director	nstitutional trustee	_	Key employee	st co	, 5					relate	
	O)	Indiv	Institu	Officer	Keyer	Highest compensated employee	Former				orga	nizatio	JIIS
ALIDA PAYSON	-								,				_
BOARD MEMBER	2.00		<u> </u>					0.		0.			0.
ALICE PERCY	2 00					İ				,			^
BOARD MEMBER	2.00					-		0.		0.			0.
SARAH SMITH	2.00							0.		0.			0.
BOARD MEMBER DAN SORTWELL	2.00	 			-			•	-	•			•
BOARD MEMBER	2.00							0.		0.			0.
SPENCER AITEL		╁											
MEMBER AT LARGE	2.00	İ			l			0.	1	0.			0.
ELI BERRY													
BOARD MEMBER	2.00	<u> </u>			<u> </u>			0.		0.			0.
NED DALY													^
BOARD MEMBER	2.00	ļ	<u> </u>	<u> </u>	<u> </u>		-	0.		0.			0.
		\ <u>-</u>											
1b Sub-total	1			1	<u> </u>	┢	<u> </u>	83969.		0.			0.
c Total from continuation sheets to Part V	II. Section A			٠		•		0.		0.		_	0.
d Total (add lines 1b and 1c)								83969.		0.			0.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov.	e) w	ho r	eceived more than \$100	0,000 in reportable	•		-	
compensation from the organization	<u> </u>										_	Yes	0 No
3 Did the organization list any former officer	director or tri	ıctad	a ka	V An	nnlo	waa	or I	highest compensated a	molovee on			res	NO
line 1a? If "Yes," complete Schedule J for s			5, NO	y Cii	пріс	усс	OI I	nighest compensated ei	iipioyee oii		3		х
4 For any individual listed on line 1a, is the si			omp	ensa	atıoı	n an	d ot	her compensation from	the organization				
and related organizations greater than \$15	•								•		4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	tion	from	an	y un	relat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son		<u>.</u>			5		X
Section B. Independent Contractors		1							\$400.000 of our		-4 4		
Complete this table for your five highest countries the organization. NONE	ompensated in	aep	enae	ent c	cont	ract	ors	that received more than	\$100,000 of com	pens			
(A) Name and business	address							(B) Description of s	services	C)) eamo:)) nsatio	n
								Dooding.ion of	-				
													
Total number of independent contractors	including but i	not I	ımıte	ed to	the	ose I	ste	l d above) who received r	nore than	•			
\$100,000 in compensation from the organ	zation 🕨					0_							

Page 9

Part VIII Statement of Revenue (D) (A) (B) (C) Revenue Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1a Federated campaigns 410397. Membership dues 1Ь 1c Fundraising events 1d Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and 475305 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 885702. h Total. Add lines 1a-1f **Business Code** Program Service 2 a AGRICULTURAL FAIR 900099 517348. 517348. CERTIFICATION SERVICES 541900 300714. 300714. 182916. EDUCATIONAL PROGRAMS 611710 182916. d AGRICULTURAL SERVICES 541900 145226. 145226. PUBLICATIONS 541800 43431. 43431. All other program service revenue 1189635. Total. Add lines 2a-2f Investment income (including dividends, interest, and 1762. 1762. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royatties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 133741. assets other than inventory b Less: cost or other basis 133895. and sales expenses -154.c Gain or (loss) -154.-154d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 226659. and allowances 97637. b Less: cost of goods sold 129022. 129022 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** MISCELLANEOUS 900009 7845. 7845 UNREALIZED GAIN (LOSS) 900099 1086. 1086. b C All other revenue 8931. Total. Add lines 11a-11d 2214898. 1154981. 172453. 1762. 12 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp		not required to complete	columns (B), (C), and (D).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		·		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	70000	60705	5760	2605
	trustees, and key employees	72098.	62725.	5768.	3605.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	705726.	(12002	ECAEO	25206
7	Other salaries and wages	703720.	613982.	56458.	35286.
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	103137.	89728.	8252.	5157.
9	Other employee benefits	66070.	57481.	5286.	3303.
10	Payroll taxes		3/401.	3200.	
11	Fees for services (non-employees):				
a	Management	1617.	1407.	129.	81.
	Legal	7772.	6762.	622.	388.
	Accounting Lobbying	7772	0702.	022.	300.
	Professional fundraising services See Part IV, line 17			······	
f	Investment management fees	- 1			
g					
12	Advertising and promotion				
13	Office expenses				·-···
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	38100.	33147.	3048.	1905.
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		-		
20	Interest	33311.	28980.	2665.	1666.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	111771.	97240.	8942.	5589.
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)				
а	COMMON CROININ EATH	229858.	229858.		
b	PRINTING AND PUBLICATIO	181529.	157946.	14521.	9062.
c	OPERATIONS	157247.	20,2200	157247.	
d	EDUCATIONAL	113862.	113862.		
e	POSTAGE	42493.	36969.	3399.	2125.
f	All other expenses	117404.	89810.	12772.	14822.
25	Total functional expenses. Add lines 1 through 24f	1981995.	1619897.	279109.	82989.
26	Joint costs. Check here ▶ ☐ If following SOP				- <u></u>
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					E 000 (0040)

Form 990 (2010)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	49619.	1	173692.
	2	Savings and temporary cash investments	293153.	2	355273.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	101221.	4	68575.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	<u>.</u>
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
w		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	37881.	8	42110.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3914023.			
	b	Less: accumulated depreciation 1048034.	2714429.	10c	2865989.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	14103.	12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	-31725.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3178681.	16	3505639.
	17	Accounts payable and accrued expenses	71693.	17	778035.
	18	Grants payable		18	115055
	19	Deferred revenue	74330.	19	115055.
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
<u>:</u>	İ	highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L	CE202C	22	
	23	Secured mortgages and notes payable to unrelated third parties	653026.	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	799049.	25	902000
	26	Total liabilities. Add lines 17 through 25	799049.	26	893090.
		Organizations that follow SFAS 117, check here X and complete			
ĕ	0.7	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1803198.		1882480.
lau	27	•	394221.		537669.
B	28	Temporarily restricted net assets	182213.	28	192400.
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here	102213.	29	192400.
ι.		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t Às	32			31	
Ž	33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	2379632.	33	2612549.
	34	Total liabilities and net assets/fund balances	3178681.	34	3505639.
	J-4	rotal liabilities and het assetsmillo balafices	3170001.	34	3303033.

Form **990** (2010)

MAINE ORGANIC FARMERS AND GARDENERS

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

separate basis, consolidated basis, or both:

Act and OMB Circular A-133?

ASSOCIATION Form 990 (2010) 01-6048322 Page **12** Part XI Reconciliation of Net Assets X Check if Schedule O contains a response to any question in this Part XI 2214898. 1 Total revenue (must equal Part VIII, column (A), line 12) 4 1981995. 2 Total expenses (must equal Part IX, column (A), line 25) 2 232903. 3 Revenue less expenses. Subtract line 2 from line 1 3 2379632. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 15. Other changes in net assets or fund balances (explain in Schedule O) 5 5 2612550. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990: ___ Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

Form **990** (2010)

За

3b

X

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Yes

11g(i)

11g(ii)

11g(iii)

No

Name of the organization **Employer identification number** MAINE ORGANIC FARMERS AND GARDENERS ASSOCIATION 01-6048322 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III · Other **b** Type II c Type III - Functionally integrated _ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than

foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the o in col (i) lis governing o	rganization sted in your document?	organizat	u notify the ion in col r support?	(vi) Is organizatio (i) organiz U S	the on in col ed in the ?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
			1					-	
							1		
									-
			<u> </u>						

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

supporting organization, check this box

the governing body of the supported organization?

A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Schedule A (Form 990 or 990-EZ) 2010

Part	(Complete only if you checke fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I	or if the organization				
Secti	on A. Public Support	-		<u></u>				
	ar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e)	2010	(f) Total
	ifts, grants, contributions, and		, ,	, , , , , , , , , , , , , , , , , , , ,		1		
m	embership fees received. (Do not							
ın	clude any "unusual grants.")							
2 T	ax revenues levied for the organ-							
IZ	ation's benefit and either paid to				-			
0	expended on its behalf							
3 T	ne value of services or facilities							
fu	mished by a governmental unit to							
th	e organization without charge							
4 T	otal. Add lines 1 through 3							
5 T	ne portion of total contributions							
þ	y each person (other than a							
-	overnmental unit or publicly							
	upported organization) included							
	n line 1 that exceeds 2% of the							
	mount shown on line 11,							
	olumn (f)							
	ublic support. Subtract line 5 from line 4		<u> </u>					<u></u>
	on B. Total Support	T						
	ar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e)	2010	(f) Total
	mounts from line 4				ļ			
	ross income from interest,							
	vidends, payments received on							
	ecurities loans, rents, royalties							
	nd income from similar sources		-			ļ		
	et income from unrelated business							
	ctivities, whether or not the							
	usiness is regularly carried on			<u> </u>				
	ther income. Do not include gain							
	loss from the sale of capital							
	ssets (Explain in Part IV.)	:	1					
	otal support. Add lines 7 through 10		1		.1			
	ross receipts from related activities,					12		
	irst five years. If the Form 990 is for		s tirst, second, thi	ra, tourth, or tifth t	ax year as a secti	on 501(c)(3)	. _
	ganization, check this box and stop on C. Computation of Publ		rcentage					
	ublic support percentage for 2010 (actume (6)		144		
	ublic support percentage for 2010 (ublic support percentage from 2009		-	column (I))		14		
			•	n line 10 and line	14 - 22 1/20/	15		
	3 1/3% support test - 2010.if the o				14 IS 33 1/3% OF I	more, cn	3CK (nis bo)	x and
	top here. The organization qualifies		_		l line 15 in 00 1/00	·		
	3 1/3% support test - 2009. If the onderender of the onderenderenderenderenderenderenderender				ı iii (e 15 is 33 1/3%	o or more	s, check (n	IS DOX ▶ □
	0% -facts-and-circumstances tes	•			a 13 16a ar 16h	and line	14 io 100/	or more
	nd if the organization meets the "fac leets the "facts-and-circumstances"					art 14 110\	w the organ	ıızatıorı ⊾ □
	0% -facts-and-circumstances tes				-	17a and	l line 15 ic 1	- L 10% or
	ore, and if the organization meets the							

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and					ĺ	
	membership fees received. (Do not						
	include any "unusual grants.")	732060.	932667.	808558.	602279.	885702.	3961266.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	623346.	744812.	786173.	1082883.	1270997.	4508211.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1355406.	1677479.	1594731.	1685162.	2156699.	8469477.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						8469477.
	ction B. Total Support						_
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	1355406.	1677479.	1594731.	1685162.	2156699.	8469477.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2882.	1750.		3054.	2694.	10380.
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	2882.	1750.		3054.	2694.	10380.
	Net income from unrelated business activities not included in line 10b, whether or not the business is		07707	01744			
10	regularly carried on	44166.	97797.	91744.	39063.	43431.	316201.
12	Other income. Do not include gain or loss from the sale of capital	5708.	5955.	16988.	9264.	7845.	45760.
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	1408162.	1782981.	1703463.	1736543.	2210669.	8841818.
	First five years. If the Form 990 is for	Leren.					
•	check this box and stop here	tile organization s	inst, second, till	a, routin, or man te	an year as a sectio	ii 30 i (c)(3) Organiz	ation,
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2010 (column (fl)		15	95.79 %
16	Public support percentage from 2009	• •	•			16	95.15 %
	ction D. Computation of Inves					110]	
	Investment income percentage for 20			ne 13 column (fl)		17	.12 %
18	Investment income percentage from			ie 10, colui i i i i i i i i i i i i i i i i i i		18	·16 %
	33 1/3% support tests - 2010. If the			on line 14 and line	15 is more than 3		
	more than 33 1/3%, check this box a						►X
ŀ	o 33 1/3% support tests - 2009. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	re than 33 1/3%,	
00	line 18 is not more than 33 1/3%, che						
<u>20</u>	Private foundation. If the organization	ni dia not check a	<u>box on line 14, 19</u>	<u>a, or 190, check th</u>	<u>iis dox and see ins</u>	STRUCTIONS	

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MAINE ORGANIC FARMERS AND GARDENERS **ASSOCIATION**

Employer identification number 01-6048322

Pa	Organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, Iin		er Accounts. Complete if the
	organization answered Tes to Form 250, Fall IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	l funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	eed only
	for charitable purposes and not for the benefit of the donor	ŭ ŭ	•
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pa		ganization answered "Yes" to Form 990, Par	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histor	rically important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganization during the tax
	year ▶	•	
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and	_	· : — — — — — — — — — — — — — — — — — —
8	Does each conservation easement reported on line 2(d) abo		· · · · · · · · · · · · · · · · · · ·
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense si	
_	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	· ·	
	the text of the footnote to its financial statements that descri		, , , , , ,
b	If the organization elected, as permitted under SFAS 116 (A		nd balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, e	· · · · · · · · · · · · · · · · · · ·	
	relating to these items:	, , , , , , , , , , , , , , , , , , ,	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ ¢
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	ageuras or other eimilar accors for financial a	
~	the following amounts required to be reported under SFAS:		an, provide
	Revenues included in Form 990, Part VIII, line 1	The Moo and relating to these items:	> ¢
	Assets included in Form 990, Part VIII, line 1		S
U	Assets included in Fulli 220, Fall A		~ ∙ ∙ • • • • • • • • • • • • • • • • •

MAINE ORGANIC FARMERS AND GARDENERS

Schedule D (Form 990) 2010 ASSOCIATION

01-6048322 Page 2

-	t III Organizations Maintaining C		rt, Hist	orical Tr	easures. c	or Other	Simila	r Asse	ts (contin	nued)
	Using the organization's acquisition, accessi									
	(check all that apply):		,	• • • • • •		9				
а	Public exhibition	c	ı 🗆 ı	oan or exc	hange progra	ams				
b	Scholarly research	•		Other	g- p 5					
c	Preservation for future generations	•								
4	Provide a description of the organization's co	ollections and explai	n how th	ev further ti	he organizatio	on's exem	nt purpo	se in Par	XIV.	
5	During the year, did the organization solicit o							00 111 1 01	. /	
•	to be sold to raise funds rather than to be ma					or ommar (200010		Yes	☐ No
Par	t IV Escrow and Custodial Arran					"Yes" to F	om 990	Part IV		
نتستنا	reported an amount on Form 990, Par		0.0 11 1110	organizatio	ii anomoroa	103 101	om 550,	i aitiv,		
	Is the organization an agent, trustee, custodi		diary for d	contribution	s or other as	sets not li	ncluded			
	on Form 990, Part X?	idir or other intermed	dialy lor (o other as	3613 1101 11	iciuded	Г	Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able:				L	_ 162	140
•	ii res, explain the arangement iii i at XIV	and complete the it	onowing t	abie.					Amount	
^	Beginning balance						1c		Amount	
	Additions during the year						1d			
	Distributions during the year						<u> </u>			
f	Ending balance						1e			
	-	orm 000 Part V line	. 212				1f		Yes	
	Did the organization include an amount on Foundation of the second of th	·	211						」 res	∟ No
	TV Endowment Funds. Complete r		ocusored !	"Voo" to Eo	m 000 Post	IV line 10	-			
A GRI	Lindowinient i dilds. Complete				1				() []	
	Damaga a afaran balanca	(a) Current year	(b) P	nor year	(c) Two year	rs dack (e	Three ye	ears dack	(e) Four	years back
1a	Beginning of year balance						······			
	Contributions		 						<u> </u>	
	Net investment earnings, gains, and losses	Care .								
	Grants or scholarships	-								
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses								<u> </u>	
9	End of year balance		<u> </u>						<u> </u>	
2	Provide the estimated percentage of the year	r end balance held a	as:							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Term endowment ►	%								
3а	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for the	e organiz	ation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3ь	
4	Describe in Part XIV the intended uses of the	organization's end	owment f	funds.						
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X,	, lıne 10.						
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investi	ment)		(other)		reciation			
1a	Land				86573.					36573.
b	Buildings			30	69614.		97467	72.	209	94942.
c	Leasehold improvements									
d	Equipment			2	57836.		733€	52.	18	34474.
_ е	Other					-				0.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10(c).)			>	286	55989.

Schedule D (Form 990) 2010

•	MAINE ORGAN	IC FARMERS	AND	GARDENERS			
Schedule D (Form 990) 2010 ASSOCIATION				01-	6048322	Page 3
	Investments - Other Securities. Se		ine 12.				
	Description of security or category				c) Method of valuati	on:	
(-7	(including name of security)	(b) Book value			or end-of-year marke		
(1) Financial	derivatives						
	eld equity interests						
(3) Other _	sia equity intereste						
(A)							
(B)							
(C)	·						
(D)							
(E)		-					
(F)					-		
(G)							
(H)	- 100						
(1)							
	must equal Form 990, Part X, col (B) line 12)					-	
	Investments - Program Related. S	ee Form 990. Part X	line 13.				· /···
			l	(0	c) Method of valuati	ion:	
(a) Description of investment type	(b) Book value	'	Cost	or end-of-year mark	et value	
(1)							
(2)	*-						
(3)							
(4)							
(5)							
(6)							
(7)							
(8)						_	
(9)							
(10)							
	must equal Form 990, Part X, col (B) line 13)						
Part IX	Other Assets. See Form 990, Part X, line						
	(a)	Description				(b) Book v	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
	nn (b) must equal Form 990, Part X, col (B) lin				•		
Part X	Other Liabilities. See Form 990, Part X,	, line 25.					,,,_,,,
1.	(a) Description of liability		((b) Amount			
	eral income taxes		 				
(2)		·····	—				
(3)			 				
(4)			 				
(5)			 				
(6)							
(7)							

(8) (9) (10) (11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

PIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 1032053
12-20-10

Schedule D (Form 9

MAINE ORGANIC FARMERS AND GARDENERS

ASSOCIATION 01-6048322 Page 4 Schedule D (Form 990) 2010 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 2214898. Total revenue (Form 990, Part VIII, column (A), line 12) 1981995. 2 2 Total expenses (Form 990, Part IX, column (A), line 25) 232903. 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 6 Investment expenses 6 Prior period adjustments 7 7 8 Other (Describe in Part XIV.) 8 15. 9 Total adjustments (net). Add lines 4 through 8 9 232918 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIV.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4b c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b c Other losses 2¢ d Other (Describe in Part XIV.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV.) 4b c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2 X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

MAINE ORGANIC FARMERS AND GARDENERS ASSOCIATION

Employer identification number 01-6048322

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GARDENERS GROW AND SELL ORGANIC FOOD.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENVIRONMENTALLY SOUND GROWING PRACTICES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TO CERTIFY PROGRAM FOR ORGANICALLY GROWN LIVESTOCK & PRODUCE. IT
PROVIDES AN APPRENTICE PROGRAM TO ASSIST INDIVIDUALS IN LEARNING ABOUT
ORGANIC FARMING AND GARDENING; APPROXIMATELY 4,500 CLIENTS SERVED.
EXPENSES \$ 205382. INCLUDING GRANTS OF \$ 0. REVENUE \$ 300714.
FORM 990, PART VI, SECTION B, LINE 11: REVIEWED BY EXECUTIVE DIRECTOR
BEFORE SIGNING AND FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A WRITTEN
CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15: CONFLICTS OF INTEREST ARE DISCLOSED
TO THE BOARD AND REPORTED TO THE ENTITY'S ACCOUNTANT AND REPORTED ON THE
ENTITY'S REVIEWED FINANCIAL STATEMENTS. THE POLICY IS ROUTINELY MONITORED
AND ENFORCED.
FORM 990, PART VI, SECTION C, LINE 19: FORMS ARE AVAILABLE FROM THE
ORGANIZATION UPON REQUEST OF THE EXECUTIVE DIRECTOR.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization MAINE ORGANIC FARMERS AND GARDENERS ASSOCIATION	Employer identification number 01-6048322
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
ROUNDING ADJUSTMENT	15.
· · · · · · · · · · · · · · · · · · ·	

990

Asset No	Description	Date Acquired Me	Method	Life	No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	1ROADS AND DRAINAGE	063004SL	15	.001	9	4226.			4226.	1550.		282.
	ZGREENHOUSE	063004SL	10.0	8	w	10214.			10214.	5618.		1021.
	3COMPUTERS	063004SL	5.00		9	2451.			2451.	2451.		0
~ *·	4HP PRINTER	063004SI	5.00	, , , (vo	1168.			1168,	1168.		0
	Σ	021098SL	5.00		9	1332.			1332.	1332.		0
~	EAFTUE COMFUIER	123198SL	5.00	#++f_	tø	821.			821.	821.		0
	7KONICO 2028 COPIER	033199SL	5.00		9	3165.			3165.	3165.		0
- ++-	SNEW COMPUTER	012901200085.00	DB5.	<u> </u>		3412.			3412,	3412,		0
	9TRACTOR	052501200DB5.00)DB5.	<u></u>		10448.			10448.	10448.		0
7	10REFRIGERATOR	062601SL	7.00	+++1	7	2704.			2704.	2704.		0
	11BUSH HOG	082301SL	7.00	00 17		1260.			1260.	1260.		0
H	12BUILDING	010196SL	39.0	.0017		1554396.			1554396.	474518.		43123.
	13MAIN BUILDING	010100SL	39.0	.0017		8322.		•••	8322.	2308.		207.
7	14MAIN BUILDING	010100SL	39.0	.0017		68271.		*****	68271.	17421.		1751.
1.	15BARN 5	010199SL	39.0	.0017		5455.		144	5455.	1529.		140.
76	16BARN S IMPROVEMENT	063002SL	39.0	.0017		44073.			44073,	8523,		1130.
1.	17HOMESTEAD BUILDING	0101008L	39.0	.0017		24233.			24233.	10308.		479.
1.8	BOTTOTAG	063002SL	39.0	.0017		22975.			22975.	4443.		589.

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

990

Current Year Deduction	360.	23062.	439.	•	147.	2019.	•	0	334.	696.	112.	100.	171.	71.	1000.	129.	286.	286.
Current Sec 179							•											
Accumulated Depreciation	4278.	255553.	4834.	4730.	1372.	18143.			5666.	5076.	735.	550.	943.	321.	4500.	579.	1286.	1286.
Basis For Depreciation	14000.	856130.	17155.	4730.	1593.	79636.	340188.	2000.	.0009	10995.	4384.	700.	1200.	500.	7000.	900	2000.	2000
Reduction In Basis																		
Bus % Excl																		
Unadjusted Cost Or Basis	14000.	856130.	17155.	4730.	1593.	79636.	340188.	2000.	.0009	10995.	4384.	700.	1200.	500.	7000.	.006	2000.	2000.
No No	0017	0017	17	0017	0017	0017			17	0017	17	17	17	17	17	17	17	17
Lıfe	39.00	39.00	39.001	10.00	10.00	39.00	000.	000.	7.00	15,00	39.001	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Method	SL	SI	SI	ij	SL	SI	Д.,	ŭ	$_{ m SI}$	SI	$_{ m SI}$	SI	SL	SI	$_{ m SI}$	SI	$_{ m SI}$	SI
Date Acquired	010198EL	010197SL	010199SL	010199SL	063001SL	063001SL	010194L	013001E	13E00E90	3063003	3063003	063004SI	063004SL	06090	080105SL	063005SL	063005SL	063005SL
Description	19WATER TANKS	20LAND IMPROVEMENTS	21LAND IMPROVEMENTS	22LANDSCAPING		HOMESTEAD BUILDING 24IMPROV	25LAND	26HOMESTEAD LAND	27HAYWAGONS	28DITCH WORK, GRADINGO 63003SL	29MAIN BUILDING DOORS063003SL	30MANURE SPREADER	THREE HAND HELD 31WASHE	32ROTOTILLER	33WINDMILL	34ANVII.	35TENT, 30 X 60	36FARM EQUIPMENT
Asset No	<u> </u>	20	2]	C	23	24	25	56	27	82	29	30	31	33	33	44	35	36

(D) - Asset disposed

990

Asset No	Description	Date Acquired Mi	Method	Lıfe	No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	37BLACKSMITH SHOP	063005SL		39.001	17	10000			10000.	1165.		256.
38	38KITCHEN SHELVING	063005SL		7.00	17	1900.			1900,	1221.		271.
39	39USED TRACTOR MOWER	063005SL		7.00	17	630			630.	405.		.06
40	40POULTRY CAGES	063005SI		7.00	17	2161.			2161,	1389.		309.
41	41PROJECTOR	18500E90		7.00	17	1134.	•		1134.	729.		162.
42	42SAVIN COPIER	063005SL		2.00	17	8243.		***************************************	8243,	7419.		824.
4 3	43ROADS & DRAINAGE	063005SL	-	15.0017	17	2596.			2596.	779.		173.
## ## ## ## ## ## ## ## ## ## ## ## ##	ENTS -	GREE0 70 10 6SL		39.001	17	523,			523.	46.		13.
45.	ENTS -	SPRI040306SL		39.00	17	886.			886.	84.		23.
46	46RABBIT BARN	070106SL		39.001	17	11018.			11018,	977.		283.
47	ENTS -	LIBR070106SL		39.0017	17	3846.			3846.	341.		. 66
### ### ### ### ### ##################	48LIBRARY TABLES	081006SL		7.00	7	600.			600.	300.		86.
49	' p	070106150DB15	0DB1	5.0017	17	7776.		,	7776.	2391.		538.
50	SOWINDMILL	103106SL		15.0017	17	5958.			5958	1390.		397.
510	51CHAINSAW	041006SL		2.00	17	189.			189.	132.		38.
52.	52TRACTOR	052206SL		2,00	7	352,			352,	246.		70.
53,	53SOLAR HEATING	101206150DB15	ODB1	5.0017	17	3727.	•••		3727.	1146.		258.
54	54SEWAGE PUMP	031306200DB7.0	ODB7	O	11	1894.	:		1894.	1303.		169.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

028102 05-01-10

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Asset No	Description	Date Acquired Method		Lufe	No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55WALK-IN COOLER		080208E	5.	00*9	17	10995.	-		10995.	7696.		2199.
56IBOOK COMPUTER		030606SL	<u>5</u>	5.00	7 =	1459.			1459,	1021.		292.
57BLUEMOON	57BLUEMOON MACINTOSH	032106SL	<u>.</u>	5.00 1	12	2058.		===	2058.	1440.		412.
58MACBOOK PRO		121206SL	ហំ	5.00 1	17	1897.			1897,	1328.		379.
59LAPTOP COMPUTER		121206SL	5.	5.00 1	17	1256.			1256.	879.		251.
60SOFTWARE	K, INC	111506SL	m	3.00	11	1017.			1017.	1017.		0
61PANORAMA	SOFTWARE	042506SL	<u> </u>	3.00 1	17	1221.			1221.	1221.		0
62ANTIVIRUS	SOFTWARE	052206SL	m	3.00	1.1	110.			110.	110.		0
AATKIA TAA 63SOFTWARE	AX TABLE	062906SL	က်	3.00 1	- 1	200.			200.	200.		0
64MACBOOK 13"		111506SL	ਨ	5.00 #	17	1094.			1094	766.		219.
65HAYWAGONS		18E00E90	7.	7.00 1		6000			.0009	5666.		334.
66PROPERTY 41	ASS 412	EMBDENO 30906L	•	0000	***	56250.	······		56250.			0.
67PROPERTY,		030906NC	•	000.		63750			63750.			0
68SASS	FROM MK.	030906NC	•	0000	···········	20000.			20000.			0
69NICHE SO	SOFTWARE	012207200DB3.00	DB3.	00 1		74.			74.	68.		5
70PANARAMA	SOFTWARE	010407SL	m	3.00 ∄	\$	280.			280	280.		0
71ELECTRICAL	SYSTEM	082107SL	39	39.0017	7	1861.	***		1861.	113.		48.
72SPRINKLER SYSTEM	1	081407SL	33	39.001		1160.			1160.	71.		30.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

028102 05-01-10

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rear on	376.	1108.	87.	264.	125.	25,	27.	¥o#	18.	36	36.	292.	197.	405.	302.	17.	624.	
Current Year Deduction	(")			₹₹				****		······			~	ৰ্ ফ	m 		9	
Current Sec 179																		
Accumulated Depreciation	924.	3318.	394.	1188.	775.	153.	123.	263.	41.	92.	.68	731.	444.	877.	628.	30 30 30	1248.	
Basis For Depreciation	14659.	14393.	700.	2111.	1088.	216.	219.	364,	. 65	179.	179.	4384,	987.	2832.	1508.	119.	4367.	
Reduction In Basis																		
Bus % Excl																		
Unadjusted Cost Or Basis	14659.	14393.	700.	211	1088.	216.	219.	364.	59.	179.	179.	4384.	. 786	2832.	1508.	119.	4367.	
S S S	0017	017	17	17	17	17	17	\ Ø ;•••(16	\$ 0	16	016	16	₩	16	₩	16	_
Life	39.00	O	37.00	37.00	35.00	\$5.00	37.00	3.00	3.00	5.00	5.00	15.00	5.00	7.00	5.00	7.00	7.00	
Method	'ST	150DE	7200DE	200DE	,200DE	ZOODE	,200DE	ZT.	'SI	Z	'ST	SI	'SI	SI	'SI	SI	$^{'}$ SI	
Date Acquired	070107SL	070107150DB15.	080907200DB7.00	082007200DB7.00	011707200DB5.00	051407200DB5.00	050107200DB7.00	111507SL	121007	061207SL	062007SL	070107SL	100907SL	111507SL	120507SL	121007SL	121807SL	
Description	BUILDING 73IMPROVEMENTS	WINDRILL 74IMPROVEMENTS	75KITCHEN STOVE	76 TELEPHONE SYSTEM	D COME	FLAT PANEL COMPUTER 78MONITOR	79BROCHURE RACK	80advanta software	81ALSOFT.COM SOFTWARE121007SL	82COMPUTER EQUIPMENT	83COMPUTER EQUIPMENT	84ROAD IMPROVEMENTS	85COMPUTER	86SOLAR WALL	87COMPUTER	88OFFICE CHAIR	89CHAIRS	
Asset	73	74	75	16	77	78	79	08	81	8	8	य छ	85	89	87	8	68	

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

028102 05-01-10

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		*	•	*	•	•	•	•	•	•	•	•	•	*	•	•	•	•
Current Year Deduction	237	262	62	112	36	210	33	300	199	1376	82	o -	101	54	110	427	593	2400.
Current Sec 179																		
Accumulated Depreciation	513.	546.	131.	186.	55.	385	54.	375.	1167.	2064.	123.	1893.	168.	.06	146.	427.	642.	4600.
Basis For Depreciation	1184.	#3#J.	394	558	182.	1049,	490.	1500.	3333.	9634	1232.	1893.	302.	270	548.	2134.	1778.	12000.
Reduction in Basis													•					
Bus % Excl									-			•						
Unadjusted Cost Or Basis	1184.	1311.	394.	558	182.	1049.	490.	1500.	3333.	9634.	1232.	1893.	302.	270.	548.	2134.	1778.	12000.
No	16	19	16	9	16	₩	016	19	16	₩ 6	016	10 mi	16	19	16	₩	16	19
Life	5.00	5.00	5.00	5.00	5.00	5.00	15.00	5.00	5.00	7.00	15.00	5.00	3.00	2.00	5.00	5,00	3.00	5.00
Method	$_{ m SI}$	SE	TS	SI	SL	S	1 S	SI	$_{ m SI}$	E S	SL	SE	SL	SE	$_{ m SI}$	S S	SL	
Date Acquired	111507SL	121307SL	050208SL	042308SL	061608SL	031108SL	051208	13800E60	031708SL	061608SL	070708SL	040160SL	043008EL	051208SL	082608SL	121708SL	121608SL	012008EL
Description	91COMPUTER	92APPLE COMPUTER	93MICROSCOPE	94COMPUTER	95COMPUTER EQUIPMENT	96Washer	97THREE WATER HEATERS051208SL	981996 CHEVY METRO	99KITCHEN EQUIPMENT	100SOLAR WALL	101ROAD IMPROVEMENTS	102COMPUTER	103SOFTWARE	104EQUIPMENT	105LCD PROJECTOR	106COMPUTER EQUIPMENT	107PROVUE SOFTWARE	108HONDA CIVIC
Asset No	91	92	£6	₩.	95	9	97	80° 61°	66	300	101	102	103	104	105	106	107	108

(D) - Asset disposed

990

Description Description		•		•	m	~	(7)	•	*	•		•	<u> </u>	•	*	•	•	•	
PKROMENTAL TRACTOR Object of the control	Current Year Deduction	2000	0	9	in	38	в	142	94	52	15	165	40	40	244	380	182	•06	130
Description Description	Current Sec 179																		
PKABOTA TRACTOR Colio SL Co	Accumulated Depreciation	3333.			C			2	ਦ ਦ	24.				13.	163,	63.		23.	in V
Pascription Page	Basis For Depreciation	10000.	141985.	248.	2050.	1500.		5550.	3651,	2010.		824.	200	200.	733.	13	1275.	450.	A. A. A.
Pascription Date Method Life Life Cost Of Basis	Reduction in Basis			***															
PRABOTA TRACTOR Page Life Une Cost Or Basis	Bus % Excl									••	•	,		-		,,			
PKABOTA TRACTOR Date Method Life	Unadjusted Cost Or Basis	10000.	141985.	248.	2050.	1500.	194.	550	*****	2010.	75.	824.	200.	200.	733.	1139.	1275.	450.	650
PRABOTA TRACTOR Date Method Lift	No No			17	17	17	17	17		17	\ D		10	16	VØ mt	16	\ <u>\$</u>	16	ţ¢
Description Date	Lrfe	5.00	000.	39.00	•	•	\circ	0.	O	0.							_		5.00
PKABOTA TRACTOR 9 CROSBY BROOK 9 CROSBY BROOK 1 COMFORT STATION HIGH PRESSURE 2 PROPANE GAS LINE DANCE FLOOR FOR 3 FAIR CELING FOR LUNCH 4 ROOM FIRE SUPPRESSION 5 SYSTEM FIRE SUPPRESSION 5 SYSTEM FROOM FROOM FROOM FROOM FROOP 7 SATHROOM PROPANE STOVE FOR 8 FARMHOUSE 9 COMPUTER SOFTWARE 3 FILEMAKER SOFTWARE SIX FOOT FLAIL 4 MOWER CONVECTION OVEN FOR 5 COMMON KITCHEN	Method	SL	<u>_</u>	SL	E S	SI	SI	SL	SI	SL	SI	SL	SI	SL	SI	$_{ m SI}$	SI	SI	SI
PKABOTA TRACTOR 9KABOTA TRACTOR 80 CROSBY BROOK SLIDING DOORS ON 1COMFORT STATION HIGH PRESSURE 2PROPANE GAS LINE DANCE FLOOR FOR 3FAIR CELING FOR LUNCE 4ROOM FIRE SUPPRESSION 5SYSTEM FIRE SUPPRESSION 5SYSTEM FOON FLOOR CELING FOR LUNCE 4ROOM FIRE SUPPRESSION 5SYSTEM CELING FOR LUNCE 4ROOM FIRE SUPPRESSION 5SYSTEM COMPUTER COMPUTER 2ADVANTA SOFTWARE 3FILEMAKER SOFTWA SIX FOOT FLAIL 4MOWER CONVECTION OVEN 5COMMON KITCHEN	Date Acquired	050108	113009	120109	120109	609080	030509	070109	070109	070109	021109	110209	090109	082409	051409	102009	062909	101509	07080951
Asset 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Description	TRA	ROAD LAND	SLIDING DOORS ON COMFORT STATION	PROPANE GAS LINE	다 된 :		FIRE SUPPRESSION SYSTEM	LOOK	LOOK	E CA	COMPUTER/SUPPLIES	COMPUTER	COMPUTER	ADVANTA SOFTWARE	FILEMAKER SOFTWARE	OOT FLAIL	KITCHEN	126FLAT-BED TRATLER
	Asset No	109	110	111	112	113	# #	115	116	117	₩	119	120	121	122	123	124	125	126

(D) - Asset disposed

990

Current Year Deduction	73•	29,	57.	86.	42.	45.	322.	160.	249.	360.	80.	40,	36.	245,	.866	82,	230.	67.	
Current Sec 179	i																•		
Accumulated Depreciation	37.	19.	38.	43.	14.	45.	54.	e e e	83.	270.	53.	27.	18.		499.	62.	19.	m	
Basis For Depreciation	367.	200.	400	600.	295.	225	1612.	800.	1246.	1800.	400.	200.	250.	1227.	6984.	247.	1150.	2594.	
Reduction in Basis												-							
Bus % Excl																			
Unadjusted Cost Or Basis	367.	200.	400.	600.	295.	225,	1612.	800.	1246.	1800.	400.	200.	250.	1227.	6984.	247.	1150.	2594.	
Line	16	₩ ##	16	19	16	₹ 0	16	₩ ##	16	19	16	₩ ##	16	₹Ø ##{	16	\ Ø ,(16	0017	
Life	5.00	7.00	7.00	7.00	7.00	5.00	5.00	5,00	5.00	5.00	5.00	5.00	7.00	5.00	7.00	3.00	5.00	39.00	
Method	SL	SI	$_{ m SI}$	SI	SI	SI	SL	SI	SL	SI	SI	SI	SI	SI	SL	SI	$_{ m SI}$	SI	
Date Acquired	071609SL	042209SL	043009SL	071009SL	081909SL	010709SL	110209SL	090109SL	082409SL	040909SL	042309SL	042309SL	070109SL	122809SL	070109SL	031709SL	113009SL	120109SL	
Description	127COMMERCIAL VACUUM	128LAWINOWER	ENDER	HUKSE DRAWN HAY 130WAGON FOR FAIR	131KITCHEN EQUIPMENT	132UPS FOR COMPUTERS	133COPUTERS/SUPPLIES	134COMPUTERS	JTERS/	1368N	137PHONE SYSTEM	₩.	STAINLESS STEEL 139TABLES FOR KITCHEN	140PC SALES EQUIPMENT	141SOLAR WALL	142ADVANTA SOFTWARE	143COMPUTER	144PLUMBING UPGRADES	
Asset No	127	#22	125	¥.	13.	₩ ₩	133	134	135	#34	13.	¥ 3	139	14(14	7	14:	77	001800

(D) - Asset disposed

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Current Year Deduction	114.	13.	571.	114.	1214.	0	603.	25.	0	525.	2253.	349.	175.	82,	92.	574.	236.	31.	Control Control Control Control
Current Sec 179	•						•												Paris Post
Accumulated Depreciation	57.	13.	524.	76.	810.														
Basis For Depreciation	572.	600.	4000.	800.	8500.	28200.	112800.	1500.	17951.	44697.	60074.	2989.	3500.	4898,	1834.	2065.	1287.	929.	020400 074 0014000 V
Reduction In Basis						**********													(<u>F</u>
Bus % Excl							ï				ï								
Unadjusted Cost Or Basis	572.	600.	4000.	800.	8500.	28200.	112800.	1500.	17951.	44697.	60074.	2989.	3500.	4898,	1834.	2065.	1287.	929.	7
Line No	91	17	16	\$ 0	16		0019I	\© ;(16100	0019F	10	16	10	16	10	16	 10 10 10 10 10 10 10 10 10 10 10 10 10	ζ
Lrfe	5.00	39.0017	7.00	7.00	7.00	000.	39.00	5.00	000	39.00		5.00	5.00	5.00	5.00	3,00	5.00	5,00	
Method	TS	ES FJ	SL	ES ES	SI	<u>F4</u>	SL	SI	<u> </u>	SI	150DB	SE	SL	SI	$_{ m SI}$	ES CS	SL	SI	
Date Acquired	070109SL	5011109	012309SL	050809SI	3051409	102310E	102310SL	121510SL	020210L	070910SL	040110150DB20.	052710SL	092810SL	120910SL	092910SL	031610SL	012010SL	102010SL	
Description	145GOLF CART	146DOUBLE-HANG WINDOWS011109SL	HORSE DRAWN 147EQUIPMENT	MUSEUM QUALITY BEAN 148AND PEA THRESHER	149AND FARMING EQUIPME051409SL	50THORNDIKE LAND	151 THORNDIKE BUILDING	1521989 FORD TRUCK	153WOODLOT	154NEW BUILDING SPACE	155RED BARN	156Sound system	157TROLLEY	158XEROX COPIERS	159EQUIPMENT	160INTUIT SOFTWARE	161COMPUTER EQUIPMENT	162COMPUTER EQUIPMENT	
Asset	145	14(147	₹₩	145	150	151	121	153	154	155	156	157	158	159	16(161	16,	028102

(D) - Asset disposed

75.

Current Year Deduction

Current Sec 179

Accumulated Depreciation

Basis For Depreciation

* Reduction in Basis

Bus % Excl

448,

111771

0

938068.

3940610.

2689.

4500.

163XEROX COPIERS

Description

Asset

2689. 4500. 3940610. Unadjusted Cost Or Basis g S 16 19 111 5.00 5.00 Life Method 164COMPUTER EQUIPMENT 021710SI * TOTAL 990 PAGE 10 DEPR 120910SL Date Acquired

(D) - Asset disposed

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

■ X

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization Employer identification number MAINE ORGANIC FARMERS AND GARDENERS print 01-6048322 ASSOCIATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 294 CROSBY BROOK ROAD City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions UNITY, ME 04988 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 08 03 Form 4720 09 Form 990-EZ Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 JANICE CLARK The books are in the care of ► 294 CROSBY BROOK ROAD - UNITY, ME 04988 Telephone No. ► 207-548-4142 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box ▶ 🛄 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2010 or tax year beginning , and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

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

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

by using EFTPS (Electronic Federal Tax Payment System). See instructions.