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· 990

Department of the Treasury

SCANNED JUN 23 200

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.

2010
Open to Public Inspection

OMB No. 1545-0047

Inten	nal Revenu			to use a copy of this return to sa		` 	•	inspection			
<u> </u>			endar year, or tax year beginning		, and e		1440				
_		applicable		st Organic Farming Associat	ion of Verm	iorit, iii		cation number			
=	Address		Doing Business As			22-3260420	···				
	Name cha	ange	Number and street (or P O box if mail	is not delivered to street address)	Room/suite	E Telephone	E Telephone number				
	Initial retu	ım	PO Box 697			(802) 434-4	122				
	Terminate	ed	City or town, state or country, and ZIP	+ 4							
	Amended	f return	Richmond	VT	05477	G Gross reco	eipts \$	1,368,950			
\Box .	Application	on pending	F Name and address of principal of	ficer		H(a) Is this a group retu	m for af				
_	• •					H(b) Are all affiliates in		Yes No			
. ,	Tax-exem	nt status	X 501(c)(3) 501(c) (3) ◀ (insert no) 4947(a)(1) (or 527	If "No," attach a lis					
) - (Insert 110) 4947(a)(1) (01 527		-	_			
<u>J \</u>	Nebsite	: > ww	w.nofavt.org			H(c) Group exemption	number I	<u> </u>			
K	orm of o	rganızatıon	X Corporation Trust As	sociation Other ►	L Yea	or of formation 1971	MS	tate of legal domicile VT			
F	art I	Su	mmary	·	_						
	1		lescribe the organization's mission	on or most significant activiti	es Nortl	heast Organic Farm	ning A	ssociation of			
	ļ		t works with farmers, gardeners	~							
8			cally sound Vermont food system								
пaп			urally based businesses that are								
Activities & Governance	2		his box I if the organization dis								
ő	3		of voting members of the govern	,			3	12			
9	ı 🔏		of independent voting members				4	12			
Ę	5		imber of individuals employed in				5	22			
ŧ	6		imber of volunteers (estimate if r				6	148			
•	7a		related business revenue from F				7a	0			
	b		elated business taxable income t				7b	0			
	+ -	rect unit	ciated business taxable income i	10/11 1 0/11 330-1, line 34	• • • • • • • • • • • • • • • • • • • •	Prior Year	175	Current Year			
	8	Contribu	utions and grants (Part VIII, line	1h)			3,781	751,342			
īe	9		n service revenue (Part VIII, line	•			4,753	499,612			
Revenue	10	•	ent income (Part VIII, column (A	•			4,617	2,712			
8	11		evenue (Part VIII, column (A), line				7,976	33,990			
	12		venue—add lines 8 through 11 thrus				1,127	1,287,656			
	13						3,621	110,146			
	14	Grants and similar amounts paid (Part IX, column (A), Piles 1–3)						110,140			
	15							621,278			
ses	16a	Drofoce	ional fundraising fees (Part IX, c	101	021,270						
Expenses	b	Total fu	ndraising expenses (PartIX, coli	Ton (D) High 25)	 13 377						
찚	17		xpenses (Part IX, column (A) Gin				5,367	566,064			
	18		openses. Add lines 13-17 (must				6,452	1,297,488			
	19		-	•	-		4,675	-9,832			
×	g 13	Venerin	e less expenses. Subtract line 1	b irom line 12		Beginning of Curren	_	End of Year			
Net Assets or	20	Total as	ssets (Part X, line 16)				5,369	570,537			
8	21		ibilities (Part X, line 26)				6,464	81,464			
Š	22		ets or fund balances. Subtract lin				8,905	489,073			
	art II		nature Block	10 21 110111 11110 20		1	0,000,	100,010			
			ry, I declare that I have examined this return	n including accompanying schedule	s and stateme	nts, and to the best of m	v knowle	edae			
			ect, and complete Declaration of preparer	, , , , ,		•	•	-			
e:			1800(X(1).	1 mino			6	// /II			
Sig			Signature of officer	1000		Date	$\neg v_{l}$				
He	re		Jack W	JA Manx		_					
		7	Type or print name and title	**************************************							
		Pnn	t/Type preparer's name	Preparer's signature		Date 1		PTIN			
Pa	id			Matter Ma	Alm	1 5 11 - 37 1 1 1	Check [if DO4054500			
Pr	eparei	r's ∣ <u>Ma</u>	rtha Abbott	I IVISUALLA STOP	<u> </u>		self-emp	1 1/ 0 1/00 1002			
	e Onl	1-	n's name ► Independent Tax Se	rvice, Inc.		Firm's EIN	03-03	302688			
		Fim	n's address ▶ One Mill St., #140; B	urlington, VT 05401		Phone no	(802)	863-2271			
Ma	v the II		ss this return with the preparer s		ns)			. X Yes No			
	<u> </u>		uction Act Notice, see the separat					Form 990 (2010)			
ro	rapen	MOLK KEO	uction Act notice, see the separat	ひ いっしいしいしいう。				roim JJU (2010)			

	90 (2010)	Northeast Organic Farming Association of Vermont	22-3260420	Page 2
¹Ра	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		. X
1	Briefly d	escribe the organization's mission:		 _
	To prom	ote an economically viable and ecologically sound Vermont food system for the		
	benefit o	f current and future generations		
2	Did the	organization undertake any significant program services during the year which were not listed on		_
		Form 990 or 990-EZ?	· Yes	X No
		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		_
	services	·····	Yes	X No
		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 am	ount of grants an	d
	allocatio	ns to others, the total expenses, and revenue, if any, for each program service reported		
		•		
4a	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue	e \$	0)
	See atta	ched list		

		••••••		
		•••••••••••••••••••••••••••••••••••••••		
4b) (Expenses \$ 0 including grants of \$ 0) (Revenue		
		••••••		
		•••••••••••••••••••••••••••••••••••••••		
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue		<u> </u>
70	(0000.	/ (Expenses #) (Nevenus	, Ψ	0_)
		•		••
	•••••			
		•••••••••••••••••••••••••••••••••••••••		
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		•••••••••••••••••••••••••••••••••••••••		
4d	Other pro	ogram services (Describe in Schedule O)		
	(Expense		0)	
4e		ogram service expenses > 1,232,622		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	-
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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? <i>If</i> "Yes," complete Schedule D, Part IV	9		
10	Complete Schedule D, Part IV	9		X
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	Marke SAM	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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
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
С	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.	11c		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 Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	-	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			X
b	Schedule D, Parts XI, XII, and XIII	12a		
40	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
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b	_	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
	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		Х

		3260420	P	age 4
Far	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	Ļ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	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			١
	24b through 24d and complete Schedule K If "No," go to line 25.	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		X
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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
zsa	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	05.		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
D	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	256		
26	990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		X
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	 	 ^
21	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		ļ	i
	If "Yes," complete Schedule L, Part III	. 27	1	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		F 7	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		1	10 m
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	4. **	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	===		
	Schedule L, Part IV	. 28b		x
С				
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	. 28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	. 31		Х
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		1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	. 33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	. 34	ļ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	<u> </u>	X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2	io		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partherenin for tederal income tay hilfbooks / If "Yes " complete Schedille W. Darf		1	1

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

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Form 990 (2010) · Northeast Organic Farming Association of Vermont 22-3260420 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V.... Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 55 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return. 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 If "Yes," enter the name of the foreign country: ▶ _____ b 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 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes," indicate the number of Forms 8282 filed during the year d 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? . 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . b ·200 * 11 Section 501(c)(12) organizations. Enter: 4, а Gross income from other sources (Do not net amounts due or paid to other sources b 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12a 12a 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. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans 13c

Did the organization receive any payments for indoor tanning services during the tax year? .

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14a

Page 6

X

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.

Sect	ion A. Governing Body and Management		·	 ,		
		1 . 1	1	,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a	√ 12	: 34		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	_. 12	1.5		e rose!
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with		٠, ١	·58	新文
_	any other officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or unc				Ì	.,
_	supervision of officers, directors or trustees, or key employees to a management company or of		?	3		<u> X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w			4		X
5	Did the organization become aware during the year of a significant diversion of the organization	i's assets?	•	5		X
6	Does the organization have members or stockholders?			6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or mo	re member	S	,		v
	of the governing body?			7a 7b		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other			/ D		
8	Did the organization contemporaneously document the meetings held or written actions underta	aken dunng			X * .	1
_	the year by the following:			-	製造	1 . 15 a
a	The governing body?			8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	· ·		GD		_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be statute organization's mailing address? If "Vos." provide the names and addresses in Schedule is			9		х
C4	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		· ·	-		
Seci	ion B. Policies (This Section B requests information about policies not required by the I	illerriai Ne	venue Co	<i>iue.)</i>	Yes	No
100	Does the ergopyration have local chapters, branches, or affiliates?			10a	169	X
_	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of s			IVa		_^_
b	affiliates, and branches to ensure their operations are consistent with those of the organization	•	:15,	10b		
440				100		
11a	form?	ore ming m	5	11a	х	j
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	LEVY, I', ELSE
b	Are officers, directors or trustees, and key employees required to disclose annually interests the	at could aw	 a	,		
	rise to conflicts?	at oodia giv		12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the polic	v?	• •			-
•	describe in Schedule O how this is done	, , ,		12c	Х	
13				13	X	
14				14	Х	
15	Did the process for determining compensation of the following persons include a review and ap					
	independent persons, comparability data, and contemporaneous substantiation of the deliberat		usion?	7		
а	The organization's CEO, Executive Director, or top management official.			15a	X	SERVICE
b	Other officers or key employees of the organization	•		15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			j.		100000
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr	angement				
	with a taxable entity during the year?			16a		Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to	o evaluate				
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps		rd			1
	the organization's exempt status with respect to such arrangements?			16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (501	(c)(3)s on	ly)		
	available for public inspection Indicate how you make these available Check all that apply.	•				
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docume	ents, conflic	t of interes	st		
	policy, and financial statements available to the public	•				
20	State the name, physical address, and telephone number of the person who possesses the boo	oks and rec	ords of the)		
	organization: ► Kirsten Bower		02) 434-41			
	30 Bridge Street: Richmond \/T 05477					

•			
Form 990 (2010)	, Northeast Organic Farming Association of Vermont	22-3260420	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper	nsated	
	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 organization	this table for all persons required to be listed. Report compensation for the calendar year ending s tax year.	with or within the	
	of the organization's current officers, directors, trustees (whether individuals or organizations), retion. Enter -0- in columns (D), (E), and (F) if no compensation was paid	egardless of amoun	t
List allList the	of the organization's current key employees, if any. See instructions for definition of "key employee organization's five current highest compensated employees (other than an officer, director, true trenortable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$	stee, or key employe	;e)

- organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than
- 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

\$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average	Posit	ion (e		C) k all	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer	Key employee	,		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Regina Beidler Executive officer	2 hrs/mo	X		x				0	0	0
(2) Josh Brown	2 hrs/mo	X						0		0
(3) Jennifer Colby	2 hrs/mo	×						0		0
(4) Chris Gordon	2 hrs/mo	x						0		0
(5) Peter Griffin	2 hrs/mo	×						0		0
(6) John Hayden President	4 hrs/mo	x		х				0		0
(7) Jack Manix	2 hrs/mo	X						0		0
(8) Chuck Mitchell	2 hrs/mo	x						0		0
(9) Tom Stearns Treasurer	4 hrs/mo	X		х				0		0
(10) Kate Turcotte	2 hrs/mo	х						0		
(11) Helen Whybrow	2 hrs/mo	х						0	0	0
(12) Morgan Wolaver	2 hrs/mo	X						0	0	
(13)					·			<u> </u>		<u> </u>
(14)										
(15)										
(16)										

2	2-	32	26	04	12	0

Р	art VII Section A. Officers, Directors, Tr	ustees, Key Er	nploy	yees	s, a	nd	High	est	Compensated	Employee	es (co	ntinue	d)	
	(A)	(B)	Positi	ion (c		C) k alt i	that ap	(vlac	(D)	(E)				
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer		<u> </u>		Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizat (W-2/1099-	ation ited ions	comp fro orga and	timated nount of other pensation om the anization irelated nizations	1
(17)		i												
(18)		<u> </u>												
(19)									<u> </u>		_			
(20)						-		-						
(21)								-						
(22)									<u> </u>					
(23)		<u> </u>												
(24)								-						
(25)														
(26)														
(27)														
(28)											-			
1b	Sub-total							>	0		0			0
d	Total from continuation sheets to Part VII, 5 Total (add lines 1b and 1c).							. P	0	 	0			0
2	Total number of individuals (including but not	limited to those						-						
	reportable compensation from the organization	<u>n_</u> ▶			<u> </u>								Yes	No
3	Did the organization list any former officer, die employee on line 1a? <i>If</i> "Yes," complete Sche					yee,	or h	igh	est compensate	d		3		
4	For any individual listed on line 1a, is the sum					n an	 d oth	er o	compensation fr	 om		3	\dashv	<u>X</u>
-	the organization and related organizations gre											4	-	X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "									ndividual		5	`,,	x
Sec	tion B. Independent Contractors	res, complete	00/10		-	<u> </u>	<u></u>	00.0						<u> </u>
1	Complete this table for your five highest comp compensation from the organization.	ensated indepe	enden	t co	ntra	acto	rs th	at re	eceived more th	an \$100,0	00 of			
	(A) Name and business add	ress	<u>. </u>						(B) Description of se	rvices		(C)		
	NONE							-						0
														0
								\Box						0
		<u>. </u>				_		-						0
2	Total number of independent contractors (incli	-	nited	to th	nos	e lis	sted a	abo	ve) who receive	d				0
	more than \$100,000 in compensation from the	organization	>				0						_	

Part	t VIII	Statement of Revenue						
, ,,	*				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats st	1a	Federated campaigns	1a	0				
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b	91,931				
s, ç am	С	Fundraising events .	1c	0				
gift	ď	Related organizations .	. <u> 1d</u>	0				
ns, imi	е	Government grants (contributions)	. 1e	322,467				
itioi er s	f	All other contributions, gifts, grants, a						
혈粪		similar amounts not included above.	1f	336,944				,
Conti	g	Noncash contributions included in lines 1a	a-1f. \$	0				
<u>5</u> <u>6</u>	<u>h</u>	Total. Add lines 1a-1f		•	751,342			
ē				Business Code				
γeΓ	2a	Conference/workshop registration fee	S		95,800		-	ļ
å		Advertising Income			11,653			
Ğ	C	Program Administration		_	387,287	387,287		
Sel	d	Loan Program			4,872	4,872		
Program Service Revenue	е	AD 0			0			
õ	T	All other program service revenue			400.013			-
	g	Total. Add lines 2a–2f			499,612			
	3	Investment income (including dividend	ds, interes	t, and	0.740			2.742
	١.	other similar amounts)	 		2,712			2,712
	4	Income from investment of tax-exemp	t bona pro	ceeas	0			
	5	Royalties .	(ı) Real	(ii) Personal	Ū		,	
	6-		i) Real	(ii) Personal				
	6a	Gross Rents						į
	b	Less rental expenses Rental income or (loss)	0	0		!		
	d	Net rental income or (loss)		<u>_</u>	o			†
	7a	` '	Securities	(II) Other		·	·	
	'"	assets other than inventory .	0	0				· ·
	ь	Less cost or other basis	<u>_</u>	Ŭ				,
		and sales expenses	0	0	:			
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)			0			_
_		5 ()						
Other Revenue	8a	Gross income from fundraising						,
Ver		events (not including \$	0					[
Re		of contributions reported on line 1c)						1
ē		See Part IV, line 18	. а	0				
₹	b	Less direct expenses .	b	0				
_		Net income or (loss) from fundraising	events .		0			
	9a	Gross income from gaming activities.						
		See Part IV, line 19		0				
		Less: direct expenses		0			,	
		Net income or (loss) from gaming act	ivities	<u> </u>	0			
	10a	Gross sales of inventory, less						
		returns and allowances	а	115,284	8		4.55	
	1	Less cost of goods sold	. b	81,294	1		}	
	<u>c</u>	Net income or (loss) from sales of inv	entory		33,990	33,990		
	<u> </u>	Miscellaneous Revenue		Business Code	_			
	11a			<u> </u>	0		-	
	b				0			
	C	All other programs			0			
	d	All other revenue .			0			
	42	Total Add lines 11a-11d			1 297 656		C	2,712
	12	Total revenue. See instructions	•		1,287,656	533,602	1	<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

(D) Fundraising (A) (B) (C) Do not include amounts reported on lines 6b, Program service Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 110,146 110,146 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and key employees. 0 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages . . . 515,014 438,038 70,448 6,528 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits . 66,865 58,834 8,031 Payroll taxes . . 39,399 10 33,150 5.749 500 Fees for services (non-employees). 11 a Management 0 Legal . . . 0 Accounting 960 960 d Lobbying. 0 Professional fundraising services. See Part IV, line 17 O Investment management fees 0 Other . 213,471 206,269 7,002 200 g 12 Advertising and promotion . 0 13 Office expenses 36.851 27,239 8.764 848 Information technology 14 10,025 8,414 1,539 15 Royalties . 0 16,795 6.811 9.984 16 Occupancy 17 Travel 73,289 70,359 72 2,858 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 17,817 1,360 Conferences, conventions, and meetings . . . 19,177 20 2,365 Interest . . 2,365 Payments to affiliates 21 0 22 4,268 2.870 1,398 Depreciation, depletion, and amortization 1,725 23 3,746 Insurance 5,471 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 O.) Printing and Copying 39,872 36,614 373 2,885 23,949 20,739 938 Postage 2,272 6,050 5,467 583 c Dues and subscriptions 625 Facility rent 56,140 55,515 57,381 57,381 Farm shares f All other expenses 1,161,774 122,337 13,377 1,297,488 Total functional expenses. Add lines 1 through 24f. 25 Joint costs. Check here ▶ if following SOP 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

Balance Sheet (A) (B) Beginning of year End of year 85,663 309,143 Cash-non-interest-bearing 170,072 2 391.684 2 Savings and temporary cash investments . . . Ol 3 3 Pledges and grants receivable, net ol 4 Accounts receivable, net . . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 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 employees' beneficiary organizations (see instructions). 73,249 52,412 Notes and loans receivable, net 13,105 8 11,992 Inventories for sale or use . Prepaid expenses and deferred charges . 9 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 40.650 32,701 **b** Less accumulated depreciation 10b 6,688 10c 7.949 3,949 11 11 Investments—publicly traded securities . 0 12 0 12 Investments—other securities See Part IV, line 11 Investments—program-related. See Part IV, line 11. ol 13 0 13 ol 14 0 14 Intangible assets. Other assets. See Part IV, line 11 ol 15 0 15 555.369 16 570,537 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses . 17 18 18 19 19 Deferred revenue . . 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 persons. Complete Part II of Schedule L . . . 23 Secured mortgages and notes payable to unrelated third parties 23 56,464 24 24 Unsecured notes and loans payable to unrelated third parties 0 25 25 Other liabilities Complete Part X of Schedule D 56.464 81.464 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117, check here **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 458,905 27 Unrestricted net assets 40,000 28 28 Temporarily restricted net assets . . 29 29 Permanently restricted net assets . . . Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 489.073 498,905 33 Total net assets or fund balances . 33 555.369 34 570,537 Total liabilities and net assets/fund balances.

Form 9	990 (2010) Northeast Organic Farming Association of Vermont	22-3260420) Paç	ge 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	•	[<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,287	'.656 .
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,297	
3	Revenue less expenses Subtract line 2 from line 1	3	3-	,832
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,905
5	Other changes in net assets or fund balances (explain in Schedule O)	5		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	_		
	column (B))	6	489	<u>,073</u>
Part	<u> </u>			
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	·	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		Lx ´
b	Were the organization's financial statements audited by an independent accountant?	2 b		X
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		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in	`	` [ا ا اور
	Schedule O.			ľ. I
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			. "]
	issued on a separate basis, consolidated basis, or both		1	ĺ
	Separate basis Donsolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	
	the Single Audit Act and OMB Circular A-133?	3а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		For	_n 990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

► See separate instructions

▶ Attach to Form 990 or Form 990-EZ. Name of the organization Employer identification number 22-3260420 Northeast Organic Farming Association of Vermont 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 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. c Type III–Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No X and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the (ii) EIN (iii) Type of organization (iv) Is the organization (vii) Amount of (i) Name of supported (v) Did you notify organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the 11.5.2 (see Instructions)) support? Yes Yes No No No (A) 0 (B) 0 (C) (D) 0 (E) 0

0

Total

Schedule A' (Form 990 'or 990-EZ) 2010 Northeast Organic Farming Association of Vermont 22-3260420 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 0 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 . . 3 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3 0 0 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 0 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2007 (c) 2008 (d) 2009 (f) Total (a) 2006 (e) 2010 Amounts from line 4 7 0 0 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 0 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 0.00% Public support percentage from 2009 Schedule A, Part II, line 14 15 33 1/3% support test-2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

	box and stop here. The organization qualifies as a publicly supported organization
17a	10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
b	

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.)

	Title organization ratio to quality at	idei tile teoto	noted beleve,	picado dompi	oto i dicii j		
	tion 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 membership fees received (Do not include any "unusual grants")	804,801	604,006	813,559	783,781	751,342	3,757,489
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	299,859	391,688	435,571	502,729		2,244,743
3	Gross receipts from activities that are not an unrelated trade or business under section 513		55 1,555				0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	1,104,660	995,694	1,249,130	1,286,510	1,366,238	6,002,232
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		į				0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						6,002,232
Sec	tion B. Total Support	-					
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
		, ,					
9	Amounts from line 6	1,104,660	995,694	1,249,130	1,286,510	1,366,238	6,002,232
10a	Gross income from interest, dividends,						
	payments received on securities loans,						05.000
	rents, royalties and income from similar sources	4,385	6,605	6,719	4,617	2,712	25,038
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	į.					0
_	Add lines 10a and 10b	4,385	6,605	6,719	4,617	2,712	25,038
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4,000	0,000	0,7.10		2,112	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0					0
13	Total support. (Add lines 9, 10c, 11, and 12)	1,109,045					6,027,270
14	First five years. If the Form 990 is for the organiz organization, check this box and stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)	▶ □
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2010 (line 8, column	n (f) divided by lin	e 13, column (f)))		15	99 58%
16	Public support percentage from 2009 Schedule A,					16	99.58%
Sec	tion D. Computation of Investment Inc		age				
17	Investment income percentage for 2010 (line 10c,			umn (f))		17	0 42%
18	Investment income percentage from 2009 Schedu					18	0 42%
19a	33 1/3% support tests-2010. If the organization of	did not check the	box on line 14, a				
b	not more than 33 1/3%, check this box and stop to 33 1/3% support tests—2009. If the organization of the stop to 1/20 the stop the stop to 1/20 the stop to 1/2	did not check a bo	ox on line 14 or l	ine 19a, and line	16 is more than	33 1/3% and	► X
_	line 18 is not more than 33 1/3%, check this box a	-					* -
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b,	cneck this box a	na see instructio	ons	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Attach to Form 990 or Form 990-EZ. ▶ Complete if the organization is described below. ► See separate instructions.

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

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

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

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

	_	s that have NOT filed Form 5768 (election			
	-	es," to Form 990, Part IV, line 5 (Prox)	/ Tax) or Form 990	-EZ, Part V, line 35a (Proxy 1	Γax), then
	<u>iection 501(c)(4), (5), or (6) o</u> e of organization	rganizations Complete Part III		Employer	r identification number
	heast Organic Farming A	reaciation of Vermont		Litipioye	22-3260420
		he organization is exempt und	er section 501(c) or is a section 527 o	
1		the organization's direct and indirect			- <u>9</u>
2	-				
3	Volunteer hours	. .			
	415			-1/01	
		he organization is exempt und		C)(3).	
1		excise tax incurred by the organization		4900 • \$	
2		excise tax incurred by organization in ed a section 4955 tax, did it file Forn			
3 4a			•		Yes No
	If "Yes," describe in Part				res No
		he organization is exempt und	er section 501/	c) except section 501/	c)(3)
1		expended by the filing organization			<u>c)(5).</u>
•				skempt function	
2	Enter the amount of the t	filing organization's funds contribute	d to other organiz	ations	
		unction activities	•	· · · · · · > \$	
3	Total exempt function ex	penditures. Add lines 1 and 2. Enter	here and on Forr	m 1120-POL,	
	line 17b				
4	Did the filing organization	n file Form 1120-POL for this year?			. 🔲 Yes 🔲 No
5		ses and employer identification num			
		ents. For each organization listed, e			
		ontributions received that were prom d fund or a political action committee			
					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
(4)					
(1)				0	
(2)					
				0	
(3)					,
				0	
(4)				o	ď
15					
(5)				0	
(6)					
1-7				0	C

f Grassroots lobbying expenditures

						- 1090 =	
Р	art II-A Complete if the organization under section 501(h)).	ition is exempt	under section 5	01(c)(3) and filed	Form 5768 (elec	tion	
A	Check ▶ if the filing organization	n belongs to an	affiliated group				
В	Check ▶ if the filing organization	n checked box A	and "limited conf	trol" provisions ap	ply.		
	Limits on L	obbying Expend	litures		(a) Filing	(b) Affiliated	
	(The term "expenditures	" means amoun	s paid or incurred	l.)	organization's totals	group totals	
1a	Total lobbying expenditures to influence	•	•	• .		0	
þ	Total lobbying expenditures to influence	•	• • • • • • • • • • • • • • • • • • • •			0	
C	,	•			0	0	
d	Other exempt purpose expenditures .					0	
e	(a.,		•		0	0	
f		e amount from the	e following table in t	ooth			
	columns.	in. The label.			0	0	
	If the amount on line 1e, column (a) or (b) Not over \$500,000		ng nontaxable amou amount on line 1e	int is:			
	Over \$500,000 but not over \$1,000,000		lus 15% of the excess	over \$500,000		ا پرځان سا	
	Over \$1,000,000 but not over \$1,500,000		lus 10% of the excess			and the state of t	
	Over \$1,500,000 but not over \$17,000,000		lus 5% of the excess		(, 9, ,		
	Over \$17,000,000	\$1,000,000					
g	Grassroots nontaxable amount (enter 2	25% of line 1f).			0	0	
h	Subtract line 1g from line 1a. If zero or	less, enter -0			0	0	
i	Subtract line 1f from line 1c If zero or	•			0	0	
j	If there is an amount other than zero of		line 11, did the orga	anization file Form 4	720 reporting		
	section 4911 tax for this year?		<u> </u>	<u> </u>	<u> </u>	Yes No	
	(Some organizations that columns bel	t made a section ow. See the inst	ructions for lines 2	o not have to com 2a through 2f on p			
	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying nontaxable amount	(0	0	0	
b	Lobbying ceiling amount (150% of line 2a, column(e))				~ .	0	
С	Total lobbying expenditures		0	0	0	0	
d	Grassroots nontaxable amount	(0	0	0	
е	Grassroots ceiling amount (150% of line 2d, column (e))					0	
			i	i			

	(election under section 501(h)).	(2	a)		(b)	
		Yes	No	Α	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local				-	
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of				4	
a	Volunteers?		_X_			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	_ X			-	<u></u>
C	Media advertisements?	<u> </u>	X			
d	Mailings to members, legislators, or the public?	<u> </u>	X			
e	Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?	X	_^_			2 650
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x				2,650 219
h i	Other activities? If "Yes," describe in Part IV	 ^-	Х			
i	Total. Add lines 1c through 1					2,869
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	-	· ,	2,000
b	If "Yes," enter the amount of any tax incurred under section 4912			· `-		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		х			
	III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5).		ection		
	501(c)(6).	-/(-/,	0.0			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? .	<u> </u>	<u> </u>	3		<u> </u>
	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."					
1	Dues, assessments and similar amounts from members	•	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).		سشت			
а	Current year		2a			
Þ	Carryover from last year	•	2b			
C	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		ļ	1		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible			ł		
_	lobbying and political expenditure next year?		5			
5 Por	Taxable amount of lobbying and political expenditures (see instructions)]]_	<u> </u>		
Part	Supplemental Information Determine the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5;	and D	ort II	D line	4;	
	complete this part for any additional information.	anu r	ait ii-	D, IIIIC	11.	
~13U,						
				· • • •		
			. .	 -		
			 .			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions. OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

North	east Organic Farming Association of Vermon	nt	22-3260420
Par		or Advised Funds or Other Similar	Funds or Accounts. Complete if
	the organization answered "Yes" to		•
		(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 d	oner advisors in writing that the assets h	eld in donor advised
3			
6	funds are the organization's property, subjections of the organization inform all grantees, do		
0	Did the organization inform all grantees, do		
	used only for charitable purposes and not for		· F-7 F-1
	purpose conferring impermissible private be		Yes No
Pari	Conservation Easements. Comp	plete if the organization answered "Ye	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	by the organization (check all that apply)).
•	Preservation of land for public use (e.g., reci	· · · · · · · · · ·	on of an historically important land area
			• •
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contrib	oution 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
b	Total acreage restricted by conservation ea	sements	2b
C	Number of conservation easements on a ce		. 2c
d	Number of conservation easements include		na
	historic structure listed in the National Regis		
3	Number of conservation easements modifie		
•	during the tax year	a, transferred, released, extinguished, or	terrimated by the organization
4	Number of states where property subject to	concentation excement is located	
5	Does the organization have a written policy		tion handling of
3	violations, and enforcement of the conserva		
•			
6	Staff and volunteer hours devoted to monito	aring, inspecting, and emorcing conserva-	don easements during the year
-	Amount of amount is assumed in accordance		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation e	easements during the year
_	\$		
8	Does each conservation easement reported		[] []
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization r		
	balance sheet, and include, if applicable, th		s financial statements that describes
	the organization's accounting for conservati		
Par		ons of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 8.	· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted und	der SEAS 116 (ASC 958), not to report in	its revenue statement and balance sheet
	works of art, historical treasures, or other si		
	of public service, provide, in Part XIV, the te	· · · · · · · · · · · · · · · · · · ·	
h	If the organization elected, as permitted und		
þ			
	works of art, historical treasures, or other si		ucation, or research in furtherance
	of public service, provide the following amor	•	. .
	(i) Revenues included in Form 990, Part VI		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of		= :
	following amounts required to be reported u	nder SFAS 116 (ASC 958) relating to the	ese items
а	Revenues included in Form 990, Part VIII, II	ne 1	
b	Assets included in Form 990, Part X		> \$

Description of investment (b) Cost or other (d) Book value (a) Cost or other basis (c) Accumulated (investment) basis (other) depreciation Land . . . 0 0 0 0 0 0 0 0 0 35.121 32,149 2.972 Equipment Other . . . 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 2,972

Schedule D (Form 990) 2010

	min (b) must equal i omi 530, i art X,	, cor. (b) into 10)	<u>· · · · · · · · · · · · · · · · · · · </u>	
Part X	Other Liabilities. See Form 9	990, Part X, line 25.		
1.	(a) Description of liability	(b) Amount		
(1) Federa	al income taxes	0		
(2)		0		Í
(3)		0		:
(4)		0		ļ
(5)		0		٠ ا
(6)		0		
(7)	· · · · · · · · · · · · · · · · · · ·	0		
(8)		0		
(9)		0		
(10)	······································	0		i
(11)		0		1 1
Total. (Column (i	b) must equal Form 990, Part X, col. (B) line 25.)	• l ol		

2. FIN 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 FIN 48 (ASC 740).

Sched	ule D (Form 990) 2010		Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	Statem	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1
а	Net unrealized gains on investments		ļ
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		İ
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	40	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	<u>_</u>
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per F	<u>Return</u>
1	Total expenses and losses per audited financial statements	_1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	, ;	· ,
а	Donated services and use of facilities		,
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		; <u>,</u>
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		· •
b	Other (Describe in Part XIV)		i
_ C	Add lines 4a and 4b	4	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		·
	t XIV Supplemental Information		
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b part to provide any additional information.	Part IV D. Also	/, lines 1b complete
		-	
		-	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

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

Open to Public OMB No 1545-0047

Employer identification number

22-3260420

ž

X Yes

Northeast Organic Farming Association of Vermont

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s and Assi	
on Grants a	
- Lo	
nation	
General Inform	
Part	

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

× Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to can be duplicated if additional space is needed.

1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) Northern Grain Growers Asso- Charlotte, VT	27-1261728		6,552	0			to promote an outlet
(2) Derby Farmers Market Newport, VT	80-0405118		5,967	0			for Vermont
(3) Paul Betz Farm E Calais, VT	21-8729804		000'9	0			farm products
(4)			0	0			
(5)			0	0			
(9)			0	0			
(7)			0	0			
(8)			0	0			
(6)			0	0			
(10)			0	0			
(11)			0	0			
(12)			0	0			
2 Enter total number of section 501(c)(3) and government organizations	on 501(c)(3) and	government organi	zations			A A	9
١	OlyaniizaiiOils						

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

Schedule i (Form 990) (2010)

Schedule I (F	Northeast Organic Farming Association of Vermont Schedule I (Form 990) (2010)	Vermont			•	22-3260420 Page 2
Part III	Grants and Other Assistance to Individuals Part III can be duplicated if additional space is		United States. Com	nplete if the organiza	ition answered "Yes" to	in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	(a) Type of grant or assistance		(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-		0	0	0		
2		0	0	0		
4						
		0				
ی رد						
1						
Part IV	Supplemental Information. Complete this part		vide the information	required in Part I, Im	e 2, and any other additional information	onal information
Grant rec	Grant recipients are required to file detailed reports on their activities and to document their use of funds. Our staff thoroughly reviews this information and makes onsite visits	on their activities an	nd to document their us	se of funds. Our staff	thoroughly reviews this int	formation and makes onsite visits
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
† † † † † † † † † † † † † † † † † † †				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1) 1 1 1 1 1 1 1 1 1 1 1 1 1	
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

201

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

| Employer identification number

Northeast Organic Farming Association of Vermont	22-3260420
••	
Form 990, page 6, line 11b The annual Form 990 is provided to all members of the Boa	rd of Directors and then reviewed at a
NOFA Board meeting before the Form 990 is filed.	
Line 12c: Board members are asked to disclose any conflicts of inerest with farms being	certified as organic and/or with any
organizations or projects that are applying for funding from NOFA.	
Line 15b: The Board of Directors establishes the salaries for all employees	
Section C, line 19. NOFA's Articles of Association, Bylaws and financial statements are	available to the public on request, by mail,
or via email Our Annual Form 990 and attached Schedules are also available by mail o	r on a website known as Guide Star
•••••	
••	
•••••	
••	
•••••	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Northeast Organic Farming Association of Vermont

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

Related Organizations and Unrelated Partnerships

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

➤ See separate instructions.

2010	Open to Publ	Inspection

OMB No 1545-0047*

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Employer identification number 22-3260420

(g) Section 512(b)(13) controlled ŝ (f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had Yes Š (f)
Direct controlling
entity 49.314 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) O O 0 O 398,696 (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) Vermont (c)
Legal domicile (state
or foreign country) certify organic farms Primary activity one or more related tax-exempt organizations during the tax year) (b) Primary activity (a)
Name, address, and EIN of disregarded entity Name, address, and EIN of related organization (1) Vermont Organic Farmers, LLC (1) Part II 3 (4) (2) 9 2 3 4 (2) <u>(9</u>) (2)

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

Schedule R (Form 990) 2010

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2010

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service Name(s) shown on return

Business or activity to which this form relates

Northeast Organic Farming Association of Vermont

Identifying number

22-3260420

	m 990							
Par		ense Certain F	Property Under Sec complete Part V before y	t ion 179 ou complete Pai	rt I			
1	Maximum amount (see ins	 					1	500,000.
2	Total cost of section 179 p	•	ervice (see instructions)				2	
3	Threshold cost of section 1	· · · · ·					3	2,000,000.
4	Reduction in limitation Sul		-	•			4	
5	Dollar limitation for tax yea separately, see instructions	r Subtract line 4 f	from line 1 If zero or les	s, enter -0- If m	arried file	ng	5	
6		Description of property		(b) Cost (business	use only)	(C) Elec		1 M er e
	(-/			1				, ,
7	Listed property Enter the a	amount from line 2	29		7			
8	Total elected cost of section), lines 6 and 7			8	
9							9	
10	-		_		or he = 5	lean instr-) 11	
11 12	Business income limitation Section 179 expense dedu		•	•		(See insirs	12	`
	Carryover of disallowed de				▶ 13		12	•
	: Do not use Part II or Part				10			<u> </u>
Par			ce and Other Depre		t include	listed prop	erty) (Se	e instructions)
	Special depreciation allows						he	
	tax year (see instructions)					•	14	
	Property subject to section						15	
	Other depreciation (includi			 .			16	5
Par	t III MACRS Depre	ciation (Do not in	nclude listed property) (S			_		
			Sectio	n A				
				1 (00:0			- ما	
17	MACRS deductions for ass	ets placed in servi	ice in tax years beginnin	g before 2010			17	3,716
17 18	MACRS deductions for ass If you are electing to group asset accounts, check here	any assets place			or more o	general	17	3,716
	If you are electing to group asset accounts, check here Section B	any assets place	d in service during the ta	x year into one o		<u> </u>	ation Sys	tem
	If you are electing to group asset accounts, check here	any assets place	d in service during the ta	x year into one o		ral Deprecia		
18	If you are electing to group asset accounts, check here Section B	any assets placed - Assets Placed (b) Month and year placed	in Service During 2010 (c) Basis for depreciation (business/investment use only — see instructions)	Tax Year Using t (d) Recovery period	he Gene	ral Deprecia	ation Sys (f) Method	tem (g) Depreciation deduction
18	If you are electing to group asset accounts, check here Section B (a) Classification of property	any assets placed - Assets Placed (b) Month and year placed	in Service During 2010 (C) Basis for depreciation (business/investment use	x year into one of the control o	he Gene	ral Depreciation	ation Sys	tem (g) Depreciation
18 19a	If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property	any assets placed - Assets Placed (b) Month and year placed	in Service During 2010 (c) Basis for depreciation (business/investment use only — see instructions)	Tax Year Using t (d) Recovery period	he Gene (e) Conver	ral Depreciation	ation Sys (f) Method	tem (g) Depreciation deduction
19a	If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property	any assets placed - Assets Placed (b) Month and year placed	in Service During 2010 (c) Basis for depreciation (business/investment use only — see instructions)	Tax Year Using t (d) Recovery period	he Gene (e) Conver	ral Depreciation	ation Sys (f) Method	tem (g) Depreciation deduction
19a	If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 5-year property 7-year property	any assets placed - Assets Placed (b) Month and year placed	in Service During 2010 (c) Basis for depreciation (business/investment use only — see instructions)	Tax Year Using t (d) Recovery period	he Gene (e) Conver	ral Depreciation	ation Sys (f) Method	tem (g) Depreciation deduction
19a	If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property	any assets placed - Assets Placed (b) Month and year placed	in Service During 2010 (c) Basis for depreciation (business/investment use only — see instructions)	Tax Year Using t (d) Recovery period	he Gene (e) Conver	ral Depreciation	ation Sys (f) Method	tem (g) Depreciation deduction
19a	If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 15-year property	any assets placed - Assets Placed (b) Month and year placed	in Service During 2010 (c) Basis for depreciation (business/investment use only — see instructions)	Tax Year Using t (d) Recovery period 5 yr	he Gene (e) Conver	ral Depreciation	ation Sys (f) Method S/L	tem (g) Depreciation deduction
19a	If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 5-year property 10-year property 110-year property 20-year property 25-year property Residential rental	any assets placed - Assets Placed (b) Month and year placed	in Service During 2010 (c) Basis for depreciation (business/investment use only — see instructions)	Tax Year Into one of the control of	he Gene (e) Conver	ral Deprecia	ation Sys (f) Method S/L S/L S/L	tem (g) Depreciation deduction
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