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# Form **990**

For the 2011 calendar year, or tax year beginning

**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

, and ending

OMB No 1545-0047

Open to Public Inspection

В	Check if	applicable	C Name of organization Northeast Organic Farming Association of Vermo	ont, In	D Employer	Identification number
	Address	change	Doing Business As		22-3260420	)
	Name ch	me change Number and street (or P O. box if mail is not delivered to street address) Room/suite E Telephone number				
	Initial ret	um	PO Box 697	J <sub>e</sub>	(802) 434-4	122
	Terminat	ted	City or town, state or country, and ZIP + 4		<u> </u>	
	Amende	d return	Richmond VT 05477		G Gross reco	eipts \$ 3,208,918
	Application	on pending	F Name and address of principal officer	H(a) Is th	nis a group retu	ım for affiliates? Yes X No
_					all affiliates in	==
1	Tax-exem	npt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	If "h	No," attach a lis	st (see instructions)
					up exemption	
_		rganization		of forma	tion 1971	M State of legal domicile
	art I		mmary			
	1	-	escribe the organization's mission or most significant activities: <u>North</u> o			ning Association of
•	ł		t works with farmers, gardeners and consumers to promote an economic		ible and	
Activities & Governance			ally sound Vermont food system. Our vision consists of small farms and			
Ë			rally based businesses that are thriving and improving the ecology of Ve			· · · · · · · · · · · · · · · · · · ·
õ	2		his box If the organization discontinued its operations or disposed of more than			! _ <b>!</b>
ජ	3		of voting members of the governing body (Part VI, line 1a)			3 12
ţţ	4		of independent voting members of the governing body (Part VI, line 1b)			4 12
츚	5		mber of individuals employed in calendar year 2011 (Part V, line 2a)			5 <u>20</u> 6 166
⋖	6 7a		mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C), line 12			7a 166 7a 1,536
	b		elated business taxable income from Form 990-T, line 34			7b 536
	<b>─</b> ─	THE COLLEC	stated business taxable interne from Form 500 1, into 51		Prior Year	Current Year
Revenue	8	Contribu	itions and grants (Part VIII, line 1h)	751,34		
	9		n service revenue (Part VIII, line 2g)			528,328
eve	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	2,712		
æ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		33	3,990 43,532
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,287	7,656 3,104,240
	13	Grants a	and similar amounts paid (Part IX, column (A), lines 1–3)		110	),146 323,838
	14		paid to or for members (Part IX, column (A), line 4)			0
8	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		621	,278 683,628
Expenses	16a		onal fundraising tees (Part IX, column (A), line 11e)	-(.4.4.1 P) 4.79	and the second	0
ă	b	Total fur	ndraising expenses (Part IX, column (D), line 25) ► 38,676	THE SECTION		
_	17	Other ex	penses (Part IX, column A), lines 11a-11d, 11f-24e)			5,064 593,591
	18 19	l otal ex	penses. Add lines 13, 17 (must equal Part IX, column (A), line 25)		1,297	
		Revenu	e less expenses. Subtract line 18 from line 12	Roginal	ng of Current	9,832 1,503,183 Year End of Year
ets o	20	Total as	Sets (Part X line 1,6) 7	Degiiiii		0,537 2,309, <u>5</u> 67
Ass.	21		bilities (Part X, line 26)			,464 317,311
Net Assets or	22		ets or fund balances. Subtract line 21 from line 20			0,073 1,992,256
	art II		nature Block			
Und	er penalt	es of penun	y, I declare that I have examined this return, including accompanying schedules and statements	s, and to	the best of my	knowledge
and	belief, it i	is true, corre	ct, and complete Deslaration of preparer (other than officer) is based on all information of which	ch prepar	er has any kno	
Sig	gn	- ∤ ▶ .	GNL 2. Om		<u> </u>	14-12
Here			sgnature of officer Listva E Brown		Date	
		-   <b> </b> -	Type or print name and title			
		Print	Type or print hame and due  Type preparer's name  Preparer's signature	Date	<del></del>	PTIN
Рa	id	[ ]	A.O. —		. [c	neck if
	eparer	. Mar	tha Abbott Marthy Abbit to	——————————————————————————————————————		elf-employed P01251582
	e Only		s name ► Independent Tax Service, Inc.		Firm's EIN 🕨	03-0302688
· ·			s address ► One Mill Street, #140; Burlington, VT 05401		Phone no	(802) 863-2271
Ma	y the IF	RS discus	s this return with the preparer shown above? (see instructions)			X Yes No (
~	Dono		adian Act Nation and the common instructions			5

Form	990 (2011 <del>)</del>	Northeast Organic Farming Association of Vermont, Inc.	22-3260420	Page Z
Pa	irt III	Statement of Program Service Accomplishments		
	<del></del> _	Check if Schedule O contains a response to any question in this Part III	<u> </u>	
1	( -	escribe the organization's mission		
		ote an economically viable and ecologically sound Vermont food system for the		
		of current and future generations.		
2	Did the	organization undertake any significant program services during the year which were not listed on	<del></del>	
		Form 990 or 990-EZ?		X No
	If "Yes,"	describe these new services on Schedule O	<del></del>	_
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		
		?	· · L Yes	X No
		describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program service		
		es. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to re		f
	grants a	nd allocations to others, the total expenses, and revenue, if any, for each program service report	aa.	
4a	(Code:	) (Expenses \$ 0 including grants of \$ 0 ) (Revenu		0)
70				
		ched list.		
	(O l - :	) (Forest of the Control of the Cont		
4b		) (Expenses \$ 0 including grants of \$ 0 ) (Revenu		
			• • • • • • • • • • • • • • • • • • • •	
40	(Code)	\/Funences & O including grants of & O \/Payenu	- <del>-</del>	0)
4c	(Code:	) (Expenses \$ 0 including grants of \$ 0 ) (Revenue	эФ	0.)
				• • • • • • • • • • • • • • • • • • • •
	011	(D		
4d	=	ogram services. (Describe in Schedule O.)	0.	
40	(Expense	es \$ 0 including grants of \$ 0 ) (Revenue \$	0)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "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)			
E	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		
	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 "Yes,"</i>			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
a	Schedule D, Part VI	11a	$\setminus_{X}$	
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		Х
	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
f	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 Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"		$\neg \neg$	-,
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		Х
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		Х
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	$\dashv$	^
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\Box$	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			$\vdash$
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	х	1
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	Х	İ
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	}	ĺ	
	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	İ		1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			ĺ
	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		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
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			١.,
	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			1
	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	256		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		<u> </u>
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<del>  ^</del>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity or family member of any of these persons? 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)		in die	ali ori
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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			ĺ
	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	<u>X</u>	<b> </b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
••	conservation contributions? If "Yes," complete Schedule M	30		_ X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		
32	Part I	31		X
JŁ	If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u></u>		<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	į
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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	35b		X
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	_	ļ	
	VI	37		_ <u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			İ
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2011) Northeast Organic Farming Association of Vermont, Inc. 22-3260420 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 68 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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. 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 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . 3b Χ At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a\_ and services provided to the payor? Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c d If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 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? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g 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? 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . b 11 Section 501(c)(12) organizations. Enter: а Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . | 12b| 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

the organization is licensed to issue qualified health plans

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

13b 13c

Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ione
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management	· ·	<u> </u>	
0000	on A. Coverning Body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			i
	If there are material differences in voting rights among members of the governing body, or	1 1		}
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			;
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	_		x
h	one or more members of the governing body?	7a		-^-
b	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	<del>'                                   </del>		
U	the year by the following:	i i	•	, ,
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	_	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>X</u> _	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	- <del></del>	الــــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<u>X</u>	<del>                                     </del>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<del>                                     </del>
С	describe in Schedule O how this was done	12c	Х	)
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	l <u></u>
15	Did the process for determining compensation of the following persons include a review and approval by	145		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	X	
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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1 1		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			الا
	the organization's exempt status with respect to such arrangements?	16b		
	on 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 (Section 501(	၁)( <b>૩)</b> S	oniy)	1
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website X Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest			
13	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	)		
	organization: ► Kirsten Bower (502) 434-4*			
	Richmond, VT 05477			

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Form 990 (2011)	Northeast Organic Farming Association of Vermont, Inc.

22-3260420

Page **7** 

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	Position (do not check more than one box, unless person is both an officer and a director/trustee (do not check more than one box, unless person is both an officer and a director/trustee (do not check more than one more than one position of the compensated institutional trustee or director			an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
-1 Mimi Arnstein										
Marshfield, VT 05658	2 hr/smo	X	<u> </u>		_		<b> </b>	0	0	0
(2) Regina Beidler, President		١.,				ļ		_	_	_
Randolph Ctr, VT 05061	4 hrs/mo	X		Х	_		ļ	0	0	0
(3) Josh Brown		١						_		_
Burlington, VT 05401	2 hrs/mo	X	<u> </u>				<u> </u>	0	0	0
(4) Jenn Colby		 					}			ı
Burlington, VT 05401	2 hrs/mo	X						0	. 0	0
(5) Sona Desai										
Burlington, VT 05401	2 hrs/mo	Х						0	0	0
(6) Chris Gordon									1	
Burlington, VT 05401	2 hrs/mo	Х						. 0	0	0
(7) Andrew Knafel										
Shaftsbury, VT 05262	2 hrs/mo	Х						0	0	0
(8) Jack Manix, Treasurer								-		
E. Dummerston, VT 05346	4 hrs/mo	Χ		X				0	0	0
(9) Chuck Mitchell										
Wolcott, VT 05680	2 hrs/mo	Х		ŀ				0	o	0
(10) Ross Thurber										
Brattleboro, VT 05301	2 hrs/mo	Х		ŀ	ı			0	o	0
(11) Kate Turcotte										<u> </u>
	2 hrs/mo	х		ļ	J			0	ol	0
(12) Helen Whybrow, Vice-President										
	4 hrs/mo	х		x				o	o	0
(13)										<del></del>
0										
(14)			$\neg \uparrow$	$\neg$				· · · · · · · · · · · · · · · · · · ·		<del></del>
					_					

P	art VII Section A. Officers, Directors, Tr	ustees, Key Ei	mplo	yee	s, a	nd	High	est	Compensated	Employee	s (cor	ntınu	ed)	
	•		ļ			C) sition								
	(A) Name and title	(B) Average hours per	(do not check more than one box, unless person is both an officer and a director/trustee) compensation compen				(E) Reportab compensa	table Estimate						
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	$\overline{}$	_	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relat organizati (W-2/1099-M	ted ons	fr org an	other other of the community of the comm	e on ed
<u>(15)</u>							_		<del> </del>					_
(16)				-										<del></del>
(17)							-			<del></del>				
(18)												•••		
(19)														
(20)														
(21)														
(22)														_
(23)														
(24)														
(25)														
1b c d	Sub-total  Total from continuation sheets to Part VII, S  Total (add lines 1b and 1c).	Section A		<u>.</u>				<b>•</b>	0 0		0 0 0			0
2	Total number of individuals (including but not leading to the reportable compensation from the organization		listed			) wł	no re	ceiv	red more than \$	100,000 of				
	reportable compensation from the organization				0								Yes	No
3	Did the organization list any former officer, diremployee on line 1a? If "Yes," complete Sche					yee 		-	est compensate		. F	3		X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre													
5	Individual		ion fr	om	anv	' uni	 relate	ed a	 organization or in	 ndividual	}	4		<u> </u>
	for services rendered to the organization? If "Y									<u></u>		5		X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest compound compensation from the organization Report of year.											's tax	ζ	
	(A) Name and business addr	ess	•						(B) Description of sen	vices	Co	(C) mpen	sation	
	NONE					_								0
									<del></del>					0 0
														0
				_										0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		nited t ►	to th	ose	e lisi	ted a 0	DOV	e) who received			1.		

22-3260420

Par	t VIII	Statement of Revenue						
		The state of the s			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Grants	1a b	Federated campaigns	1a 1b	0			,	A STATE OF THE STA
s, Giffts, milar An	d e	Fundraising events  Related organizations  Government grants (contributions)	. 1c . 1d	0		!		
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1	1f					<b>3亿版</b>
	<u>h</u>	Total. Add lines 1a–1f		Business Code	2,510,594	404 700		
vice Rever	2a b c	Conference/workshop registration fees Advertising Sponsorships Organic Certification		110000 110000 110000	101,728 10,635 411,743	101,728 10,635 411,743		
Program Service Revenue	d e f	Loan Program Miscellaneous All other program service revenue		110000 110000	3,952 270	3,952 270		
	g	Total. Add lines 2a-2f		. ▶	528,328			7, 95
	3	Investment income (including dividends other similar amounts) Income from investment of tax-exempt by		•	22,029 0			22,029
	5 6a	Royalties (i) F	Real 1,536	(II) Personal	0		· · · · · · · · · · · · · · · · · · ·	, **** * **** * ***
	b c d	Less. rental expenses Rental income or (loss) Net rental income or (loss)	1,536		1,536		1,536	
	7a	Gross amount from sales of assets other than inventory	7,330	(II) Other	1,330		1,000	
	C	Less: cost or other basis and sales expenses Gain or (loss)	7,573 -243		-			, e
o.	d	Net gain or (loss)		. •	-243			-243
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	<u>0</u> . <b>a</b>	0				. A. 1445
Ott	С	Less direct expenses		0	. <u> </u>			,
	С	Less. direct expenses  Net income or (loss) from gaming activit  Gross sales of inventory, less	b les	0	0		- ~	\\(\delta\)
i	b	returns and allowances	a . b tory .	139,101 97,105	41,996	41,996		
		Miscellaneous Revenue		Business Code				
	11a b	**************************************			0			
!	c d	All other revenue .			0			
	e	Total Add lines 11a-11d	•		2 104 240	E70 204	4 500	24 706
	12	Total revenue. See instructions		<b>&gt;</b>	3,104,240	570,324	1,536	21,786

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).	

Check if Schedule O contains a response to any question in this Part IX									
Do not include amounts reported on lines 6b,  7b, 8b, 9b, and 10b of Part VIII.  (A)  Total expenses  (B)  Program service expenses  (C)  Management and Fundraising expenses expenses									
1	Grants and other assistance to governments and								
	organizations in the United States See Part IV, line 21	100,190	100,190						
2	Grants and other assistance to individuals in the								
	United States. See Part IV, line 22	223,648	223,648						
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States See Part IV, lines 15 and 16	0							
4	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	0	j						
7	persons described in section 4958(c)(3)(B) Other salaries and wages	555,864	463,437	74,113	18,314				
7	Other salaries and wages Pension plan accruals and contributions (include	333,804	400,401	74,113	10,514				
8		o							
۵	section 401(k) and 403(b) employer contributions)  Other employee benefits	85,240	75,708	9,532					
9 10	Payroll taxes	42,524	35,477	5,665	1,382				
11	Fees for services (non-employees):	42,024	30,477	0,000	1,002				
'' a	Management	31,642		24,779	6,863				
b	Legal	0							
C	Accounting	4,933		4,933	····				
ď	Lobbying	0							
e	Professional fundraising services See Part IV, line 17	0			-				
f	Investment management fees	3,128	797	173	2,158				
g	Other	236,409	236,409						
12	Advertising and promotion	0							
13	Office expenses	21,874	17,689	1,129	3,056				
14	Information technology	9,199	6,991	1,867	341				
15	Registrations	6,958	6,208	750					
16	Occupancy	18,572	6,173	12,399					
17	Travel	77,474	74,657	2,581	236				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	20,405	18,498	1,157	750				
20	Interest	12,207	2,608	9,599					
21	Small equipment	610	0.740	610					
22	Depreciation, depletion, and amortization	9,785	6,713 4,082	3,072 4,918	0				
23	Insurance	9,000	4,082	4,910					
24	Other expenses. Itemize expenses not covered				,				
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				_				
	(A) amount, list line 24e expenses on Schedule O.)								
а	Printing and Copying	36,420	32,727	320	3,373				
a b	Staff development	2,150	2,150						
c	Dues and subscriptions	5,757	5,432	325					
d	Facility rent	30,983	30,319	414	250				
e	All other expenses Supplies	56,085	35,104	19,028	1,953				
25	Total functional expenses. Add lines 1 through 24e .	1,601,057	1,385,017	177,364	38,676				
26	Joint costs. Complete this line only if the								
-	organization reported in column (B) joint costs								
	from a combined educational campaign and		1	1					
	fundraising solicitation. Check here ▶ ☐ if								
	following SOP 98-2 (ASC 958-720)				- 000 (00)				

_	n 990 (2	,	tion of Vermont, Inc			22-3260420 Page <b>1</b> 1
	art X	Balance Sheet		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		85,663	1	397,396
	2	Savings and temporary cash investments .		391,684		1,002,368
	3	Pledges and grants receivable, net	į į	0	3	C
	4	Accounts receivable, net		0	4	C
	5	Receivables from current and former officers,	directors, trustees, key			
		employees, and highest compensated employ Schedule L	ees. Complete Part II of		5	
	6	Receivables from other disqualified persons (a	s defined under section	,		,
		4958(f)(1)), persons described in section 4958	(c)(3)(B), and contributing			The second
		employers and sponsoring organizations of se	ction 501(c)(9) voluntary			* **
ats		employees' beneficiary organizations (see inst	•	6	1 *	
Assets	7	Notes and loans receivable, net		73,249	7	58,949
Ÿ	8	Inventories for sale or use		11,992		11,351
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or	}			\$ \$.a
	1	other basis. Complete Part VI of Schedule D	10a 404,641			r
	Ь	Less: accumulated depreciation .	10b 42,486	7,949	10c	362,155
	11		0		477,348	
	12	Investments—other securities See Part IV, line		0		0
	13	Investments—program-related See Part IV, lir	0		0	
	14	Intangible assets	0	_		
	15	Other assets. See Part IV, line 11		0		
	16	Total assets. Add lines 1 through 15 (must eq		570,537		2,309,567
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
S	22	Payables to current and former officers, director				)   T   J   1,142
Liabilities	ĺ	employees, highest compensated employees,		l		•
abi		persons. Complete Part II of Schedule L		- ~	22	
Ë	23	Secured mortgages and notes payable to unre	lated third parties		23	256,197
	24	Unsecured notes and loans payable to unrelate	ed third parties [	81,464	24	61,114
	25	Other liabilities (including federal income tax, p	payables to related third			
		parties, and other liabilities not included on line		ĺ		
		Part X of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25 .		81,464	26	317,311
ces		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33 a				
an	27	Unrestricted net assets		464,073	27	
Bal	28	Temporarily restricted net assets		25,000		12,500
ā	29				29	
or Fund Balances		Organizations that do not follow SFAS 117, and complete lines 30 through 34.	-		- 7	
झू	30	Capital stock or trust principal, or current funds	j	the transfer of the second	30	
SS	31	Paid-in or capital surplus, or land, building, or e		<del></del>	31	
Net Assets	32	Retained earnings, endowment, accumulated in	· · ·		32	
Š	33			489,073		1,992,256
	34	Total liabilities and net assets/fund balances	h <del>-</del>	570,537	34	2,309,567

Form	990 (2011) Northeast Organic Farming Association of Vermont, Inc	22	2-3260420	) Pa	ge <b>12</b>
Par	XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response to any question in this Part XI	<u>.                                    </u>	· ·	·	
	Total revenue (revet areal Part VIII askuma (A) line 42)	ا ہ		2 10	4 240
1	Total revenue (must equal Part VIII, column (A), line 12)	2			4,240
2 3	Total expenses (must equal Part IX, column (A), line 25)	3			1,057
4	Revenue less expenses. Subtract line 2 from line 1	4	<del></del>		3,183 9,073
5	Other changes in net assets or fund balances (explain in Schedule O)	5		40	9,013
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	<del>  </del>			
•	column (B))	6		1.99	2,256
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_ [		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	,
	Schedule O.		l _		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	<u> </u>	X
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	<u>_x</u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			Ì
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in		1		
_	Schedule O.			ł	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		1	ļ	
	issued on a separate basis, consolidated basis, or both			}	
	Separate basis Consolidated basis Both consolidated and separate basis				<b>]</b> _ 'i
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ļ	1	
	the Single Audit Act and OMB Circular A-133?		. <u>3a</u>	L_	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ļ	l	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>
			Form	990	(2011)

# **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

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

	me of the organization Employer identification number												
	ortheast Organic Farming Association of Vermont, Inc.  22-3260420  Port I Pennen for Public Charity Status (All preprint tons must complete this part.) See instructions												
_	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions he 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	Ħ			hospital service organi			section	170(b)(1)	(A)(iii).				
4	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.											
5		_	•	r the benefit of a colle (Complete Part II.)	ge or univ	ersity ow	ned or op	erated by	a govern	mental u	nıt desc	ribed	
6		A federal, st	ate, or local gov	ernment or governme	ntal unit d	described	in sectio	n 170(b)(	1)(A)(v).				
7		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 )												
9	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).												
f	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.  a Type I b Type II c Type III—Functionally integrated d Type III—Other  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 supporting organization, check this box												
g		following per		the organization acce	pieu any	giit oi coi	itilbuttori	iioiii aiiy i	or tite				
				or indirectly controls,	either alo	ne or toge	ether with	persons o	described	ın (II)		Yes	No
				verning body of the su		-	on?				11g(i)	ļ	<u>_x</u> _
		• •	=	person described in (i ty of a person describe	•						11g(ii)		<u>X</u>
h				ation about the suppor					•		1 <u>1g(iil)</u>	LI	_^_
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col (i)	rou notify nization in of your port?	organizat (i) organi	s the ion in col zed in the S ?	1 .	Amount support	of
					Yes	No	Yes	No	Yes	No			
(A)													0
(B)									ļ <u>.</u>	ļ <del></del>			
				· · · · · · · · · · · · · · · · · · ·							ļ <u>.</u>		0
(C)													0
(D)		· · · · · · · · · · · · · · · · · · ·		-				~				· <del>-</del>	0
(E)									<del></del>			-	
Tota	 I			34		ļ <i>,</i>				<del></del>			0

	(Complete only if you checked the Part III If the organization fails to o						under
Sect	ion A. Public Support			7,1			
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			,			
	include any "unusual grants ") .					i	0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on					İ	
	its behalf	L					0
3	The value of services or facilities				·		
	furnished by a governmental unit to the						
	organization without charge			·			0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each		•	ľ	·	P 5 5, 77 6,	
	person (other than a governmental unit			Ì	ì		
	or publicly supported organization)		,				
	included on line 1 that exceeds 2%		,		,	يور کا پ	
	of the amount shown on line 11,			1		' , 4	
	column (f)				·		
	Public support. Subtract line 5 from line 4						0
	ion B. Total Support			Т	:: 7		<del></del>
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,	· ·	ĺ		ĺ		
	rents, royalties and income from similar	•					
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is	1		ļ	ł	{	_
40	regularly carried on			<del></del>			0
10	Other income. Do not include gain or	1		i	ļ		
	loss from the sale of capital assets						0
44	(Explain in Part IV.)			-		<del>*                                    </del>	0
11 12	Gross receipts from related activities, etc. (s	ac instructions		<u>l</u>	, , ,	12	
13	First five years. If the Form 990 is for the or					<del></del>	(3)
13	organization, check this box and stop here	_			-	• •	`
Coot	ion C. Computation of Public Support		<del> </del>	<del></del>	· · - · · · · · · · · · · · · · · · · ·	· · · · · ·	
14	Public support percentage for 2011 (line 6, c		ad by line 11	column (f)	<del></del>	14	0.00%
15	Public support percentage for 2011 (line 6, c	· · ·	•	1,,,		15	0.00%
16a	33 1/3% support test—2011. If the organiza						
IVa	and stop here. The organization qualifies as						<b>.</b>
b	33 1/3% support test—2010. If the organiza						
-	box and <b>stop here</b> . The organization qualifie						
17a	10%-facts-and-circumstances test—2011.				ne 13 16a or		4
17 a	is 10% or more, and if the organization meet						
	Part IV how the organization meets the "facts						
	organization					publicly suppor	· ~
b	10%-facts-and-circumstances test—2010.					 h or 17a and h	ne · ·►[]
~	15 is 10% or more, and if the organization m	•					
	Part IV how the organization meets the "facts						APIGIT III
	supported organization			. organization	quannos as a	paonoly	
18	Private foundation. If the organization did n			a 16h 17a ar	17h chack the	e hav and sas	•
	instructions		OH IIII 6 13, 10	a, 100, 17a, 01	TAD, CHECK IIII	2 DOV 0110 9CG	- □

# 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	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
1	Gifts, grants, contributions, and membership fees				<b></b> 4 040		- 100 000
_	received (Do not include any "unusual grants ")	604,006	813,559	783,781	751,342	2,510,594	5,463,282
2	Gross receipts from admissions, merchandise				į		
	sold or services performed, or facilities furnished			}			
	in any activity that is related to the		105 574	500 700	044.000	570 004	0.545.000
_	organization's tax-exempt purpose	391,688	435,571	502,729	614,896	570,324	2,515,208
3	Gross receipts from activities that are not an						•
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						•
_	its behalf .						0
5	The value of services or facilities						
	furnished by a governmental unit to the			1			•
_	organization without charge	005 004	4 0 40 400	4 000 540	4 000 000	0.000.040	7,070,400
6	Total. Add lines 1 through 5	995,694	1,249,130	1,286,510	1,366,238	3,080,918	7,978,490
7a	Amounts included on lines 1, 2, and 3						0
_	received from disqualified persons	0	0	0	0	0	0
þ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that			ł			
	exceed the greater of \$5,000 or 1% of the						0
_	amount on line 13 for the year .	0	0	0	0	0	0
	Add lines 7a and 7b	<u> </u>	U	7.3	<u>र करताल्य, तस्य</u>	THE STATE OF	
8	Public support (Subtract line 7c from	-,	, -				7,978,490
<u>C</u>	line 6)	<u>V </u>		b	ىپ مىرىد يىس	1 - 4 T. 1 T. 1 T. 1 T. 1 T. 1 T. 1 T. 1 T.	7,970,490
	tion B. Total Support	(-) 2007	(h) 2000	(=) 2000 I	(4) 2040	(a) 2011	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6 .	995,694	1,249,130	1,286,510	1,366,238	3,080,918	7,978,490
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	6,605	6,719	4,617	2,712	22,029	42,682
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
¢	Add lines 10a and 10b	6,605	6,719	4,617	2,712	22,029	42,682
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on					1,536	1,53 <u>6</u>
12	Other income Do not include gain or		]			ļ	
	loss from the sale of capital assets			1			_
	(Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11,						0.000 =00
	and 12.)	1,002,299	1,255,849	1,291,127	1,368,950	3,104,483	8,022,708
14	First five years. If the Form 990 is for the organiza	ition's first, secon	id, third, fourth, c	or fifth tax year as	s a section 501(d	c)(3)	. —
	organization, check this box and stop here						▶∐
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2011 (line 8, column	(f) divided by line	13, column (f))			15	99 45%
16	Public support percentage from 2010 Schedule A,	Part III, line 15				16	99 58%
Sec	tion D. Computation of Investment Inco	me Percenta	ge				
17	Investment income percentage for 2011 (line 10c, o			mn (f))		17	0.53%
18	Investment income percentage from 2010 Schedule		-		[	18	0 42%
19a	33 1/3% support tests—2011. If the organization of			and line 15 is mo	re than 33 1/3%	, and line 17 is	
	not more than 33 1/3%, check this box and stop he						. ▶ 🗓
b	33 1/3% support tests—2010. If the organization of	_			-		
	line 18 is not more than 33 1/3%, check this box an	nd stop here. The	e organization qu	ialifies as a publi	cly supported or	ganization	▶ 🔲
20	Private foundation. If the organization did not che	ck a box on line 1	14, 19a, or 19b, o	check this box an	nd see instruction	ns .	▶□

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part 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
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

• 0	ection 30 (c)(3) diganization	ns that have 1401 liled Follin 2700 (electi	on under section so	((())) Complete rait ii-b bo	not complete rait in-A
If the	e organization answered "\	res" to Form 990, Part IV, line 5 (Proxy	y Tax) or Form 990	-EZ, Part V, line 35c (Proxy 1	ſax), then
		organizations Complete Part III			
	e of organization			Employe	r identification number
	neast Organic Farming A	ssociation of Vermont, Inc. the organization is exempt und	lor coetion E01/	(a) or is a postion 527	22-3260420
Га 1		the organization is exempt und the organization's direct and indirec			nyamzanon.
2	•				
3	Volunteer hours			Ψ	
	Voluntoer flours				
Pa	rt I-B Complete if t	the organization is exempt und	ler section 501	(c)(3).	
1	Enter the amount of any	excise tax incurred by the organizat	tion under section	4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	
3	If the organization incurr	ed a section 4955 tax, did it file Forr	m 4720 for this yea	ar?	Yes No
4a	Was a correction made?	<b>)</b>			. Yes No
b	If "Yes," describe in Part	t IV			
Pai	rt I-C Complete if t	the organization is exempt und	er section 501(	c), except section 501	(c)(3).
1	Enter the amount directly	y expended by the filing organization	for section 527 e	exempt function	
	activities			<b>▶ \$</b>	
2	Enter the amount of the	filing organization's funds contribute	d to other organiz	ations	
	for section 527 exempt f			- ·	
3	Total exempt function ex	penditures. Add lines 1 and 2 Enter	r here and on For	m 1120-POL,	
	line 17b			· •	0
4	Did the filing organization	n file Form 1120-POL for this year?			. Yes No
5		sses and employer identification nun			
		nents. For each organization listed, e			
		ontributions received that were promid fund or a political action committed			
	as a separate segregate	I I I I I I I I I I I I I I I I I I I	e (FAO). Il addillo	That space is fleeded, provi	de information in rait tv.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
	<del></del>	<del> </del>		<del></del>	
(1)				n	0
	<del></del>				<del></del>
(2)					0
(3)					
<del>(3)</del>				0	0
(4)					_
				0	0
(5)					^
				0	0
(6)				<u></u>	n

3011	edule 0 (1 01111 330 01 330-LZ) 2011					
Р	art II-A Complete if the organization	n is exempt	under section 50	11(c)(3) and filed	Form 5768 (elec	tion
A	check ▶ if the filing organization b name, address, EIN, exp	enses, and sh	are of excess lob	bying expenditure	es).	p member's
В	Check ▶ if the filing organization c	necked box A	and "limited conti	ol" provisions ap	ply.	
	Limits on Lob (The term "expenditures" n			)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p	ublic opinion (g	rass roots lobbying	)		0
b	Total lobbying expenditures to influence a					0
С	Total lobbying expenditures (add lines 1a	-			0	0
d	Other exempt purpose expenditures .		0			
е	Total exempt purpose expenditures (add I	0	0			
f Lobbying nontaxable amount. Enter the amount from the following table in both						
-	columns.				0	0
	If the amount on line 1e, column (a) or (b) is:	The lobbyir	ng nontaxable amou	nt is:		
	Not over \$500,000	20% of the a	amount on line 1e			•
	Over \$500,000 but not over \$1,000,000		us 15% of the excess			
- {	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000	<u> </u>			
g	Grassroots nontaxable amount (enter 25%	•			0	0
h	Subtract line 1g from line 1a If zero or les				0	0
j	Subtract line 1f from line 1c If zero or less				0	0
j	If there is an amount other than zero on e section 4911 tax for this year?	ther line 1h or	line 1i, did the orgai	nization file Form 4	1/20 reporting	Yes No
	(Some organizations that n columns below	nade a section . See the instr	uctions for lines 2	not have to com a through 2f on p		
	Lobbyir	ig Expenditure	es During 4-Year A	veraging Period	<del></del>	
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount		0	0	0	0
b 	Lobbying ceiling amount (150% of line 2a, column(e))					0
_c	Total lobbying expenditures	<u>.                                      </u>	0	0	0	0
_d	Grassroots nontaxable amount		0	0	0	0
е —	Grassroots ceiling amount (150% of line 2d, column (e))			<u> </u>	,	0
f	Grassroots lobbying expenditures		o	0	0	0

Pai	t II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	n 576	3	_
For	each "Ve	es" response to lines 1a through 1i below, provide in Part IV a detailed description	(	a)		(b)	
		ng activity.	Yes	No	•	mount	t
1	legislatı	he year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or dum, through the use of:		-			
а	Volunte	<del>-</del>		X	;	.,,	
b		iff or management (include compensation in expenses reported on lines 1c through 1i)?	X			7°#1'±1	
C		dvertisements?		Х			- *
d	Mailings	to members, legislators, or the public?		Х			
е	Publicat	ions, or published or broadcast statements?		Х			
f		o other organizations for lobbying purposes?	L	X			
g		ontact with legislators, their staffs, government officials, or a legislative body?	X				4,587
h		demonstrations, seminars, conventions, speeches, lectures, or any similar means? .	X				849
i		ctivities?		X			
j		dd lines 1c through 1i		~_		;	<u>5,43</u> 6
2a		activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			-
b		enter the amount of any tax incurred under section 4912					
C		enter the amount of any tax incurred by organization managers under section 4912		'			
		ng organization incurred a section 4912 tax, did it file Form 4720 for this year?	ليبا	X			
Par	t III-A	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5),	or s	ection		
						Yes	No
1	Were su	ibstantially all (90% or more) dues received nondeductible by members?			1		
2	Did the	organization make only in-house lobbying expenditures of \$2,000 or less?			2		
_3	Did the	organization agree to carry over lobbying and political expenditures from the prior year?			3		
	t III-B	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes."		Part			, is
1		ssessments and similar amounts from members	.	1			
2	politica	162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).		;			
а	Current	•	.	2a			
b	-	er from last year		2b			
C			·	2c			
3		te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	.	3_			
4		s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		4.0			
		does the organization agree to carryover to the reasonable estimate of nondeductible					
_		and political expenditure next year?	.	4_			
5		amount of lobbying and political expenditures (see instructions)	اـــــــــــــــــــــــــــــــــــــ	5			
Part		upplemental Information			15 1		
-		part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, this part for any additional information				II-B, III 	ne 1.
						·	
	3-	··· ··	<b></b>			·	
			. <b></b>	<b></b> .			
			_	_			
		•••••••••••••••••••••••••••••••••••••••					

# 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

0MB No 1545-0047 2011

Open to Public Inspection

Name of the organization **Employer identification number** 22-3260420 Northeast Organic Farming Association of Vermont, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990. Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year. Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements. 2a 2b b Total acreage restricted by conservation easements . . . . . Number of conservation easements on a certified historic structure included in (a) . C Number of conservation easements included in (c) acquired after 8/17/06, and not on a d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . . . In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1. Assets included in Form 990, Part X.

 Description of property
 (a) Cost or other basis (investment)
 (b) Cost or other basis (other)
 (c) Accumulated depreciation
 (d) Book value

 1a Land
 0
 51,750
 51,750

 b Buildings
 0
 293,250
 4,700
 288,550

 c Leasehold improvements
 0
 0
 0
 0

 d Equipment
 0
 53,587
 37,517
 16,070

 e Other
 0
 6,054
 269
 5,785

 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)
 ▶
 362,155

Schedule D (Form 990) 2011

Northeast Organic Farming Asso Schedule D (Form 990) 2011	ociation of Vermont, Inc.	22-3260420	Page \$
Part VII Investments—Other Securities	s. See Form 990, Part X,	line 12.	
(a) Description of security or category     (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other	0		
(A)	<u> </u>		
(B)	0	<del></del>	
(C)	0		
(D)	0		<del></del>
(E)			
(G)	0		
(H)	0		<del></del>
(1)	0		
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII Investments—Program Relate	d. See Form 990, Part X,	line 13	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year i	
(1)	0		
(2)	. 0		
(3)	0		
(4)	0		
(5)	0		
(6)	0		<del></del>
	0	<del></del> .	
(8)	0	<del></del>	
(9)	0	<del></del>	
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		<del></del>	
Part IX Other Assets. See Form 990, P			
	Description		(b) Book value
(1)			(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
(2)	<del></del>		
(3)			(
(5)			
_ (6)			(
(7)			
			(
(9)			(
(10) Total. (Column (b) must equal Form 990, Part X, co	I (B) line 15 )		(
Part X Other Liabilities. See Form 990		<u> </u>	
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	0		
(2)	0		-
(3)	0	• .	, , , , , , , , , , , , , , , , , , , ,
(4)	0		
(5)	0		
(6)	0		•
	0		•

(11)
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 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).

(9) (10)

Sched	ule D (Form 990) 2011				Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited F</b>	inancial S	Statement	S
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	0
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	0
3	Excess or (deficit) for the year. Subtract line 2 from line 1.			3	0
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net). Add lines 4 through 8			9	0
10	Excess or (deficit) for the year per audited financial statements Combine line			10	0
Par				er Return	
1				1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		<b>-1</b> . <u> </u>	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	<del></del> -	7	
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	j	• •	- <del>  </del>	<u>_</u>
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	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.				0
	XIII Reconciliation of Expenses per Audited Financial Stateme				<u> </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			-	<del></del> -
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		,	
C	Other losses	2c	<del></del>		
d	Other (Describe in Part XIV.)	2d	<del></del> -	- 1	
e	Add lines 2a through 2d	20		2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			<u>.</u>
7,	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
					0
С 5	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)	 <i>Q</i> I		4c 5	0
		0.)	<del>· · · · ·</del>		
	XIV Supplemental Information	2 4 111 1	4 14	D 4 D 4 D	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F				
	b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Pa	art XIII, lines	20 and 4b.	Also comp	lete
this p	art to provide any additional information.				
			• • • • • • • • • •		
. <b></b> .					
				<b></b> .	
<b>-</b> -					
. <b></b> -					

# SCHEDULE (Form 990)

Department of the Treasury

Northeast Organic Farming Association of Vermont, Inc.

Internal Revenue Service Name of the organization

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

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

Attach to Form 990.

Employer identification number

22-3260420

Part   General Information on Grants and Assistance	on on Grants	and Assistance					
1 Does the organization maintain records to substantiate the an	tain records to s	ubstantiate the amo	ount of the grants or a	ssistance, the grantee	mount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	nts or assistance, and	
the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	to award the gran	nts or assistance? dures for monitoring	the use of grant fund	Is in the United States			X Yes No
art II	Assistance to line 21, for any	Governments as recipient that rece	nd Organizations in	1 the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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	anization answered	1 "Yes" to
can be duplicated if additional space is needed	f additional spa	ce is needed					
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Northern Grain Growers Assoc Charlotte, VT	ç 27-1261728		15,243	0			to promote an outlet
(2) Groton Growers Farmers Mkt. E. Ryegate, VT	26-1384235		5,105	0			for VT farm products
(3) Shelburne Farms Shelburne, VT	- 03-0229347		5,435	0			to promote healthy school meals
(4)				0		[	
(5)			0	0			
(9)			0	0			
(7)			0	0			
(8)			0	0			
(6)			0	0			
(10)			0	0			
(11)			0	0			
(12)	1		0	0			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	on 501(c)(3) and	government organi.	zations listed in the lin				
	organizations lis	sted in the line 1 tab				•	

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

Schedule ! (Form 990) (2011)

Schedule I (Form 990) (2011)

Page 2 vouchers for food at Farmer's Markets CSA shares in local farm produce (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Scholarship to Conference Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) present value present value present value present value present value 3,495 56,097 10,907 (d) Amount of non-cash assistance 1,699 151,450 (c) Amount of cash grant Part III can be duplicated if additional space is needed 6 1,400 Õ 4 37 57 (b) Number of recipients 2 Grants & 0% loans to farms hit by Hurricane Irene 3 Reimbursed costs to farmers for technical assist 5 Subsidized entrance fee to Conference 1 Vouchers for food at Farmers Market (a) Type of grant or assistance 4 CSA Shares in local farms Part IV 9

Grant recipients are required to file detailed reports on their activities and to document their use of funds NOFA's staff thoroughly reviews this information and makes onsite visits

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Name of the organization Employer identification number Northeast Organic Farming Association of Vermont, Inc. 22-3260420 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . . . . 1 2 Art—Historical treasures . . . 3 Art—Fractional interests . . . Books and publications . . . 4 5 Clothing and household goods . . . . . . 6 Cars and other vehicles . . Boats and planes . . . . . 7 8 Intellectual property . . Securities—Publicly traded . . 9 Х 465,916 Average share price 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution-Other. 15 Real estate—Residential . . 16 Real estate—Commercial . . . 17 Real estate—Other . . . . 18 Collectibles . . . . . . . 19 Food inventory 20 Drugs and medical supplies . 21 Taxidermy . . . . . . . 22 Historical artifacts . . . . 23 Scientific specimens . . . . 24 Archeological artifacts . . . 25 Other ▶ (\_\_\_\_) 0 0 26 Other ► (\_\_\_\_) 0 0 Other ► (\_\_\_\_\_) 0 27 0 28 Other ▶ ( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 30a b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell Х 32a b If "Yes," describe in Part II.

If the organization did not report an amount in column (c) for a type of property for which column (a) is

checked, describe in Part II.

# SCHEDULE O (Form 990 or 990-EZ)

. . . .

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

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, Inc	22-3260420
Form 990, page 6, line 11b: The annual Form 990 is provided to all mer	mbers of the Board of Directors for review prior to filing.
line 12 c: Board members are asked to disclose any conflicts of interest	t 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 employe	ees
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 av	ailable by mail and on a website known as "Guide Star".
	•••••
	••••

# **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

2011

179

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Northeast Organic Farming Association of Vermont

Identifying number 22-3260420

Business or activity to which this form relates Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I Part I 1 500,000 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000. 3 4 Reduction in limitation, Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If married filing 5 separately, see instructions 6 (b) Cost (business use only) (C) Elected cost (a) Description of property 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 Q Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Părt I Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) <u>3,</u>522 17 MACRS deductions for assets placed in service in tax years beginning before 2011 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Assets Placed in Service During 2011 Tax Year Using the General Depreciation System Section B (C) Basis for depreciation (e) Convention (a) Classification of property (d) (g) Depreciation (b) Month and (business/investment use Recovery period year placed only - see instructions) 19a 3-year property S/L 1,294 12.937 5 vr HY **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs g 25-year property h Residential rental 27.5 yrs MM S/L property S/L 27.5 yrs MM 05/11 293,250 39 yrs S/L 4,700. i Nonresidential real MM property S/L MM Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs S/L b 12-year S/L 40 yrs c 40-year MM Part IV: Summary (See instructions ) 21 Listed property. Enter amount from line 28 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions 22 9,516. For assets shown above and placed in service during the current year, enter 23 the portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

· Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b.

	s (a) through (c)														
	on A - Deprecia				ution: S	_						<u></u> -	imobiles	4	
(a) Type of property (list vehicles first)			(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)		ation	(f) Recovery period		(g) Method/ Convention		(h) Depreciation deduction		Yes No  (i)  Elected section 179 cost	
25 Special depred	iation allowance n 50% in a qual	for qualified	listed pro	perty pla	iced in s	service (	durınç	g the ta	x year	and	25			<del>                                     </del>	
26 Property used					0113)						23	<u> </u>			
					Ι										
														<del> </del>	
27 Property used	50% or less in a	qualified bus	iness use	· <u> </u>	<del></del>		_	Γ		<del></del>		]			
28 Add amounts ii	column (h) Jun	es 25 through	27 Ente	r here ar	nd on lin	ne 21 na	age 1	L		<u> </u>	28			4	
			and on line 7, page 1							29			,		
30 Total business during the year	nplete this section for vehicles used by a sole pour employees, first answer the questions in Se  Total business/investment miles driven during the year (do not include commuting miles)														
31 Total commuting n	•	he year													
32 Total other per miles driven	sonal (noncomn	nuting)													
33 Total miles driven during the year Add lines 30 through 32															
_			Yes	No	Yes	No	Ye	s N	0	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?															<u> </u>
Was the vehicle used primarily by a more than 5% owner or related person?															
36 Is another vehicle available for personal use?															
Answer these questi 5% owners or relate	ons to determine								•				are no	t more t	han
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commute by your employees?								iting,			Yes	No			
38 Do you maintai employees? Se	n a written polic e the instruction	y statement the	nat prohib used by	its perso	nal use e officer	of vehics, direc	cles, tors.	except or 1% of	comm or mor	utıng, e owne	by your				
	use of vehicles		-			-,	,								
40 Do you provide vehicles, and re	more than five	vehicles to yo	ur employ ?	ees, obt	aın ınfoi	rmation	from	your er	nploye	ees ab	out the	use of t	he		
41 Do you meet th Note: If your air	e requirements nswer to 37, 38,										95.				
Part VI Amort	ization	<del></del>													
(a) Description of costs			(b)  Date amortization begins		(c) Amortizable amount		le	(d) Code section		e Amortizati		rtization iod or	(f) Amortization for this year		n r
42 Amortization of		ns during your			ee instru						1				
Closing cost	05/0	05/09/11 6,054.						15.00				269.			
43 Amortization o	f costs that bega	an before your	2011 tax	year							<u></u>	43			
	ounts in column	-		-	ere to re	port						44			269.

Form 990 Return of Exempt Organization for 2011 Northeast Organic Farming Association 22-3260420

### Part III

- a. Membership Services: Services to members including annual meeting, potlucks, quarterly newsletter, NOFA Notes, and quarterly newspaper, The Natural Farmer. Current membership 1,350 gardeners, farmers and consumers. (Revenues: \$ 3,110) (Expenses: \$ 34,374) (Grants: \$ 375)
- b. Ag Ed FEED (Food Education Every Day) works to promote the development of agriculture curriculum in Vermont School systems as well as the use of organic and local produce in lunch programs. Workshops organized for farmers, school nurses, food service, school board members and administration. (Revenues: \$116,731) (Expenses: \$113,499) (Grants: \$5,435)
- c. Ag Ed Mentor program has 9 regional mentors working in communities to make connections between farmers and local schools to integrate agriculture into the classroom. Mentors coordinated winter school correspondence course where 80 farmers wrote to 100 classrooms. (Revenues: \$13,338) (Expenses: \$29,016) (Grants: \$2,354)
- d. Apprenticeship Program manages an on-line directory of farms and processes applications to help 264 apprentices and workers find 84 organic farms in the state. Organized new farmer workshops as part of summer workshop series. (Revenues: \$21,552) (Expenses: \$17,999) (Grants: \$2,965)
- e. Bulk order of farming and gardening organic amendments educates consumers on products approved for organic production and makes them available and affordable through bulk order. (Revenues: \$ 112,622) (Expenses: \$ 96,939) (Grants: \$ 0)
- f. The Dairy Tech program provided technical assistance to over 60 dairy and livestock farmers making the transition to organic production and business planning assistance to 19 farms. The program offered a total of 19 workshops held in 2011 with 437 participants, 10 on-farm discussion groups with 122 participating farmers, a one day technical conference and conducts studies on the economic assessment of organic dairy production. (Revenues: \$171,020) (Expenses: \$223,719) (Grants: \$62,943)

Part III Page 2

- g. The Farm Share program provided fresh food and vegetables to limited income senior citizens and low income adults and children as well as drop in centers from community supported farms. In 2011, there were over 1,400 individuals participating in the Farm Share Program. (Revenues: \$80,975) (Expenses: \$90,438) (Grants: \$67,004)
- h. The revolving loan program offers low interest loans to organic farmers who need to borrow small amounts for short terms. (Revenues: \$4,384) (Expenses: \$3,923) (Grants: \$0)
- i. The Promotion Market Development Projects created new marketing opportunities for farmers. (Revenues: \$17,398) (Expenses: \$14,851) (Grants: \$0)
- j. The Promotion Farmers Market project assisted with direct marketing of farmers markets and provided technical assistance to 71 summer and 20 winter farmers markets and 39 minigrants were awarded in 2011. A Direct Marketing Conference was held, attended by 160 farmers and market managers.

(Revenues: \$159,536) (Expenses: \$142,184) (Grants: \$72,928)

- k. The Technical Assistance Program provided technical workshops to 194 organic growers and to farmers in transition with farm visits and demonstrations, written materials, assistance with tools and equipment and workshops. Four courses were offered and attended by over 50 farmers. (Revenues: \$82,707) (Expenses: \$208,263) (Grants: \$108,803)
- 1. Summer workshops and a winter conference educate the public about organic farming. 32 workshops were held in the summer of 2011 with a total attendance of 678. The Winter conference featured more than 84 workshops attended by over 1,140 people. (Revenues: \$155,401) (Expenses: \$110,352) (Grants: \$1,030)
- m. Vermont Organic Farmers program certifies farms and processors which met established criteria to be considered organic under the USDA National Organic program and qualified them to certify their produce to the consumer. 580 farms and processors were certified in 2011. An annual meeting was held for 42 interested farmers. (Revenues: \$422,966) (Expenses: \$381,683) (Grants: \$0)

TOTALS (Revenues: \$1,361,740) (Expenses: \$1,467,240) (Grants: \$323,837)