

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



^c 990

Department of the Treasury

A For the 2012 calendar year, or tax year beginning

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

and ending

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

2011 2

Open to Public Inspection

		applicable	C Name of organ	11011110	ast Orgar	nic Farming Associa	ation of	Verm	nont, In	D Employe	r ideni	tification nu	mber		
=	Address	_									22-3260420				
	Name ch	nange	Number and st	reet (or PO box if ma	ail is not deli	vered to street address)	Room/si	uite	- 1	E Telephone number					
Ц	Initial ret	urn	PO Box 697				<u> </u>	_	(802) 434-	4122				
\square	Termina			ost office, state, and Z	IP code				0						
=	Amende		Richmond	·		<u>VT</u>	054	177		G Gross red				<u>00,997</u>	
	Applicati	on pending		ress of principal office						is a group ret			Yes	X No	
			_	<u>r, Randolph Cer</u>	ter, VT 0	5061				all affiliates ir			Yes_	No	
<u> </u>	ax-exen	npt status	X 501(c)(3)	501(c) () ◀ (ıns	ert no) 4947(a)(1	or	527	If "N	lo," attach a i	ıst (se	e instructions	s)		
<u>J V</u>	V ebsite	e: 🕨 www	v nofavt.org						H(c) Grou	p exemption	numb	er 🕨			
KF	om of o	organization	X Corporatio	n 🔲 Trust 🔲 .	Association	Other ▶		L Yea	ır of format	ion 1971	м	State of lega	al domicile	VT	
P	art I	Sur	nmary						··········	''					
	1	Briefly d	escribe the org	janization's miss	ion or mo	st significant activi	ties:	North	neast Or	ganic Far	ming	Association	on of		
_						sumers to promote				ble and					
Activities & Governance						sion consists of sm									
erna						and improving the									
ò	2					tinued its operation		pose			1	its net ass	sets.		
ජ න	3			_	•	ly (Part VI, line 1a)		- 465			3	 		11	
/te	4					overning body (Pa r year 2012 (Part \					5	 		11 20	
Ç	5					y)	•	•			6	 		157	
•	7a			•		column (C), line 12		•			7a	 		0	
33	b					m 990-T, line 34 .					7b			0	
20 ll						•				Prior Year		Cu	rrent Year		
Ĉ à	8							. [2,51	0,594	1	1,813,285		
e un	9	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)									8,328				
<u>~</u> &	10								21,786						
JUI 9 9	11							.	43,532 3,104,240						
	12					art VIII, column (A), li									
SCANNED	14	Bonefite	no similar amo	nembers (Part I)	17.100 iain	n (A), lines 1–3).		. }	323,838			<u> </u>	182,750		
Z	15	Salaries	other compensa	tion lemployee be	nefits (Pa	t IX, column (A), line	s 510)	•		683,628			767,841		
æs Ses	16a	Profession	onal fundraisin	altèes (Part IX)	côlumn: (A	ر (۱۱۵), انتوان (۱۱۵), انتوان (۱۱۵), انتوان (۱۱۵)		`. I	0				0		
	b	Total fun	ndraising expenses (Part IX, column (D), line 25) ▶ 19,481												
(V)	17	Other ex	r expenses (Part IX, columns(A), lines 11a=110-11f-24e)							59	3,591				
	18					rt IX, column (A), li	ne 25) .	[1,60	1,057	7	1,63	4,519	
	19	Revenue	less expense	s. Subtract line	18 from tir	те-12 ¹					3,183			9,699	
S or				4.50					Beginnin	g of Curren		+	d of Year		
Sset	20		•	ie 16)				٠ -	·		9,567			<u>5,069</u>	
Net Assets	21 22		oilities (Part X,	nces Subtract I	 ino 21 fro			. }			7,311 2,256			3,114 1,955	
	rt II		nature Block		1116 21 110		· · ·			1,55	2,200	<u> </u>	2,04	1,900	
					ırn, ıncluding	accompanying schedule	es and stat	tement	ts, and to t	he best of my	/ know	ledge			
						officer) is based on all in					owledg	ge			
Sig	n	-	7,	<u>"</u>					.,		<u>[] </u>	30/13			
Her			Signature of officer Sona D	aca: 5.	المراء	Directors				Date	•	-			
					ara o	DIRECTORS						 			
			Type or print name Type preparer's na		Prep	arer's signature			Date	1		PT	N.		
Pai	d		vartha A			Nauthe Abb	M			11/2 0	heck	1 1 .61	01251	502	
	parer	1/2	iai jna m		L'		(N						-	202	
	Only	I =	name 🕨	independ	ent lax	Service, Inc.					_	03026			
		Firm's	address >	1 Mill Stre					F	hone no	802	2) 863-	2271		
May	the IR	RS discus	s this return wit	th the prepare	andwh and	5401(see instruction	ns)		<u> </u>	<u> </u>		X	Yes	No	
For	Paperw	vork Redu	ction Act Notice	, see the separa	te instruct	ions.							orm 990	(2012)	
HTA														•	

	Northeast Organic Farming Association of Vermont, Inc	<u>22-3260420</u>	Page 2
Pa	It lil Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	To promote an economically viable and ecologically sound Vermont food system for the		

2	Did the organization undertake any significant program services during the year which were not listed or		
~	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	. L Tes	V NO
2			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	□.,	
	services?	Yes	X No
_	If "Yes," describe these changes on Schedule O		_
4	Describe the organization's program service accomplishments for each of its three largest program service		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	d allocations to othe	ers,
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code:) (Expenses \$ including grants of \$) (Revented altau)	ue \$)
	See affached detail		
	•••••••••••••••••••••••••••••••••••••••		
	••••••		
	•••••		.
			
4b	(Code.) (Expenses \$ including grants of \$) (Reven	ue\$)
	•		
	•••••••••••••••••••••••••••••••••		
	•••••••••••••••••••••••••••••••••••••••		
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue \$	
70	(Code / (Expenses # / (Novem	u Ф	/
		- <i></i>	
	••••••		
4d	Other program services (Describe in Schedule O)		
74	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ► 1,525,852		
70	1,020,002		

			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		Х
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		 		^
U	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	_	<u> </u>
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? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	7.		7.
• •	VII, VIII, IX, or X as applicable	-,	÷',	, '
9	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	Х	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110		
	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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	 		
	Schedule D. Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes,"</i>	- -	 	
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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 an office, employees, or agents outside of the United States?	14a	ļ	X
		a		 ^
D	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	14b		х
40	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		 ^-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4.5		🗸
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.		,
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			,
	on Part IX, 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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			l
	If "Yes," complete Schedule G, Part III	19	L	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)		-	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did'the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 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,	21	365	10.3
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		, ,; 	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		^-
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		 ^
·	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? <i>If</i> "Yes," <i>complete Schedule M</i> .	29	Х	
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,			U
	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	JZ	-	 ^
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			V
25-	III, or IV, and Part V, line 1	34 35a	\vdash	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		 ^
D	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	200		
	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 partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	27		x
00	VI	37		 ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		ŀ
	19? Note. All Form 990 filers are required to complete Schedule O	38 Form	agn	(2012)
		rom	JJU	(2012)

Part V

State	ments	Regarding	Other IF	RS Filings	and 7	Tax Com	oliance
Chook	if Cab	odula O aa	ntaine a r	oenonee t	0.201	augetion i	n thic Dar

	Check if Schedule O contains a response to any question in this Part V		.	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a V 53	1		, ,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	' ".	İ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	<u></u>		
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	, 1	.",	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	4		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		ļ.
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			į
	account)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶	<u> </u>		1
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			F 4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			}
_	gifts were not tax deductible?	6b	77.77	ļ.—
7	Organizations that may receive deductible contributions under section 170(c).	1,1	,,	19/3
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70	X	<u> </u>
h	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	$\frac{\hat{x}}{x}$	1
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	_^_	
·	required to file Form 8282?	7c		Ιx
d	If "Yes," indicate the number of Forms 8282 filed during the year			X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7	ľ	- `
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ļ
	organization, have excess business holdings at any time during the year?	8		ļ <u></u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	-	ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	`	•	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	,		
11	Section 501(c)(12) organizations. Enter	1.	,	
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1.0	ŀ
-	against amounts due or received from them)			t (y z
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Ļ
а	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			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	']
С	Enter the amount of reserves on hand	,	<u> </u>	+-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u> _	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Northeast Organic Farming Association of Vermont, Inc.

22-3260420

Page 6

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. Part VI

Sect	ion A. Governing Body and Management				<u> </u>					
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	1							
	If there are material differences in voting rights among members of the governing body, or		1		, !					
	if the governing body delegated broad authority to an executive committee or similar			•	, i					
_	committee, explain in Schedule O.				1					
_	Enter the number of voting members included in line 1a, above, who are independent	1b 1	<u>"</u>		ا د د					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relative	onship with	.,		أخبا					
_	any other officer, director, trustee, or key employee?		2_		X					
3	Did the organization delegate control over management duties customarily performed by or unc				.,					
	supervision of officers, directors, or trustees, or key employees to a management company or of		3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		5		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?		6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body?	or appoint	70	1	_					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the governance decisions of the organization reserved to (or subject to approval by) members of the governance decisions of the organization reserved to (or subject to approval by) members of the governance decisions of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to th		7a	 	X					
	stockholders, or persons other than the governing body?	C15,	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertain	sken during	7.0	-	2/4					
Ū	the year by the following.	aken dunng		-,						
а	The governing body?		8a	X	ادسکیس ا					
b	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 I	e reached								
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		Х					
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternal Revenue C	ode)							
				Yes	No					
	Did the organization have local chapters, branches, or affiliates?		10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of su		1							
	affiliates, and branches to ensure their operations are consistent with the organization's exemp		10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bet	ore filing the form?.	11a	X	111 *5					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		6 3 1 2 6 4		أساست					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could be accomplished annually interests that accomplished annually interests that accomplished annually interests are accomplished annually interests.	•	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? describe in Schedule O how this was done	ii tes,	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						
15	Did the process for determining compensation of the following persons include a review and ap	nroval by	1	· · ·	روسی _{ار} (
	independent persons, comparability data, and contemporaneous substantiation of the deliberat		^ t	٠, ٠,	, ,					
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		angement		-						
	with a taxable entity during the year?		16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev	aluate its		,						
	participation in joint venture arrangements under applicable federal tax law, and take steps to s	afeguard								
		<u> </u>	16b							
Sect	ion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE	<u>-</u>	- -							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501)	c)(3)s	only)						
	available for public inspection. Indicate how you made these available Check all that apply									
4.5		cplain in Schedule O								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documer	its, conflict of interes	τ							
20	policy, and financial statements available to the public during the tax year.	ke and rocarda af th	^							
20	State the name, physical address, and telephone number of the person who possesses the bod organization. Kirsten Bower									
	organization Kirsten Bower Richmond VT 05477	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								

2	-3260420	Page 7

Form	990	(201	2١
	000	1201	-

Northeast Organic Farming Association of Vermont, Inc.

(,	Troiting of arming recordation of vermont, me.	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees,	Highest Compensated
	Employees, and Independent Contractors	

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

Section A.	Officers,	Directors,	Trustees	, Key Emp	loyees, ar	nd Highes	st Compensated	l 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (F) (B) (do not check more than one (D) (E) (A) Reportable box, unless person is both an Reportable Estimated Name and Title Average hours per compensation compensation amount of officer and a director/trustee) week (list any from from related other Highest compensated employee or director Individual trustee Institutional trustee Key employee compensation hours for the organizations (W-2/1099-MISC) organization from the related (W-2/1099-MISC) organization organizations and related below dotted organizations line) (1) Mimi Arnstein 2 hrs/mo Х 2 hrs/mo (/(2) Josh Brown Χ (3) Jennifer Colby 2 hrs/mo (4) Sona Desai 2 hrs/mo Х 2 hrs/mo , **/(5)** Deb Heleba Χ (6) Andrew Knafel 2 hrs/mo Х ,/ (7) Ross Thurber 2 hrs/mo (8) Kate Turcotte 2 hrs/mo Х (9) Regina Beidler 4 hrs/mo Χ President (10) Jack Manix 4 hrs/mo Х Treasurer (11) Helen Whybrow 4 hrs/mo Vice-President Х

Pa	irt [°] VII Section A. Officers, Directors, Ti	rustees, Key Ei	nplo	yee:	s, a	nd	High	est	Compensated	Employees (ontir	ued)	
	. (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more that box, unless person is b officer and a director/true mployee Institutional trustee or director			is both	r an tee) Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimate amount other ompensa from the organizate organizate	of ation e tion ted	
(15)	····		_										
(16)													
(17)													
(18)								-					
(19)	•••••												
(20)			-										
(21)			-										
(22)			-										
(23)			-	-									
(24)													
(25)			-						11		<u> </u>		
С	Sub-total	Section A		d ab	ove	e) w	ho re	b cer	0 0 0 ved more than \$		0 0		(
3	Did the organization list any former officer, di employee on line 1a? <i>If</i> "Yes," complete Sche	•			•	•		_	•		3		No X
4	For any individual listed on line 1a, is the sum the organization and related organizations greindividual	eater than \$150	,000?	' If "	Yes	s, " C	ompl	ete	Schedule J for	such 	4		X
5	Did any person listed on line 1a receive or act for services rendered to the organization? If "	•			-				-		5		Х
Sect 1	tion B. Independent Contractors Complete this table for your five highest comp compensation from the organization. Report of year.	pensated independent	ender or the	it co	ontra end	acto ar y	ors the	at r end	eceived more th	an \$100,000 on the organiza	of ion's	tax	
	(A) Name and business add	iress							(B) Description of se	rvices	Com	(C) pensation)
								Г					(
										-			(
	Total number of independent contractors (incl	luding but not lir	nited	to t	hos	e lı	sted a	abo	ve) who receive	d			
	more than \$100,000 of compensation from th		>				0						

Part VIII

Check if Schedule O contains a response to any question in this Part VIII.								
	•	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ex ex	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 1b	0				
S, G	С	Fundraising events	<u>1c</u>	0				
Sifts lar/	d	Related organizations			Ī			
ıs, (е	Government grants (contribution	is) <u>1e</u>	367,195				
ntion er S	f	All other contributions, gifts, gra	nts, and					
년 등		similar amounts not included ab	ove <u>1f</u>	1,446,090				
ont	g	Noncash contributions included in li	nes 1a-1f ⁻ \$	5,166				
	h	Total. Add lines 1a-1f			1,813,285			
e				Business Code				
ven	2a	Conference/workshop registration	n fees	110000	130,628	130,628		
Re	b	Advertising Sponsorships		110000	11,813	11,813		
Program Service Revenue	С			110000	468,216	468,216	<u> </u>	
Ser	d	Loan Program		110000	24,082	24,082		
am	е	Miscellaneous		110000	0			
'ogr	f	All other program service revenue			0			
_ <u>-</u> _	g	Total. Add lines 2a-2f			634,739			
	3	Investment income (including di	vidends, ınteres	it, and				_
		other similar amounts) .		•	18,749			18,749
	4	Income from investment of tax-e	xempt bond pro	oceeds .	0			
	5	Royalties	(ı) Real		0			
	_	_	(I) Real	(II) Personal				
	6a	Gross rents		ļ				
	b	Less. rental expenses						(
	C	Rental income or (loss)	0	0				
	_d	Net rental income or (loss) .	· ·	.	0			
	7a	Gross amount from sales of	(i) Securities	(II) Other				
	_	assets other than inventory .	0	183,500				
	b	Less: cost or other basis	_					
		and sales expenses	0		i i			
	C	Gain or (loss)	0	 				07.000
	d	Net gain or (loss)		▶	-27,688			-27,688
a	0.	Gross income from fundraising						
בַּ	Oa	events (not including \$	0					
š		of contributions reported on line						
ď		See Part IV, line 18	•					Ì
Other Revenue	h	Less direct expenses		0				ļ
ŏ		Net income or (loss) from fundra			0			
		Gross income from gaming activ	-		- J			
	Ju	See Part IV, line 19		٥				ļ
	b	Less: direct expenses						
		Net income or (loss) from gamin			0			
	i	Gross sales of inventory, less	3					
		returns and allowances	a	150,724				
	b	Less: cost of goods sold		105,591				į
		Net income or (loss) from sales			45,133	45,133		
		Miscellaneous Revenue	· · · · · · · · · · · · · · · · · · ·	Business Code				
	11a		•		0			
	b				0			
	С				Ō			
	d	All other revenue			0			
	e	Total. Add lines 11a-11d		•	0			
	12	Total revenue. See instructions		. ▶	2,484,218	679,872	0	-8,939

Form 990 (2012) Northeast Organic Farming Association of Vermont, Inc.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete a	Il columns All other	organizations mus	t complete column (A)
	Check if Schedule O contains a response to any	question in this Pai	rt IX		<u>.</u> . \square
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	39,299	39,299		
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	143,451	143,451		
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	1			
	1 11 11 11 10 10 10 10 10	ا	1		
7	Other salaries and wages	648,548	544,548	96,295	7,705
8	Pension plan accruals and contributions (include	040,040	344,340	90,293	1,705
J	section 401(k) and 403(b) employer contributions)	ا ا			
9		71,203	56,787	14,416	
10	Payroll taxes	48,090	39,645	7,856	589
11	Fees for services (non-employees):	40,030	00,040	7,000	
' a	Management	354,745	334,757	19,760	228
b	Legal	0	001,101	10,700	
c	Accounting	841	832		9
ď	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	o	, .		
f	Investment management fees	o			
g	Other (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O)	o	Ī	İ	
12	Advertising and promotion	0			
13	Office expenses	1,142	892		250
14	Information technology	9,899	8,250	1,462	187
15	Royalties	<i>i</i> 0			
16	Occupancy	21,847	6,488	9,763	5,596
17	Travel	80,431	77,182	3,046	203
18	Payments of travel or entertainment expenses			į	
	for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	24,970	22,264	2,706	
20	Interest	4,616	2,261	2,355	
21	Payments to affiliates	, 0			
22	Depreciation, depletion, and amortization	12,789		3,290	0
23	Insurance	4,137	3,209	928	
24	Other expenses. Itemize expenses not covered	1			-
	above (List miscellaneous expenses in line 24e. If			j	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	50,000	50,000	4 604	4 621
a	Postage, Printing and Copying	59,602	53,290	1,691	4,621
þ	Taxes	159	0.444	159	-
C	Dues and subscriptions	6,581	6,111	470 273	
d	Facility rent	40,434	40,161	15,396	93
e	All other expenses Supplies	61,735	46,246	179,866	<u>93</u> 19,481
25	Total functional expenses. Add lines 1 through 24e	1,634,519	1,435,172	179,000	13,401
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
	ionoming out 30-2 (not 300-120)	L			Form 990 (2012)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part			<u></u>
			(A) Beginning of year		(B) End of year
	<u> </u>	Cash—non-interest-bearing	397,396	1	399,449
	1 2	<u> </u>	. 1,002,368		1,576,378
	ı	Savings and temporary cash investments	1,002,300		1,575,576
	3	Pledges and grants receivable, net	0	_	0
	4	Accounts receivable, net			
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L .		5	
	6	Loans and other 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			
হ		organizations (see instructions). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net	58,949	7	49,533
	8	Inventories for sale or use	11,351		13,184
	9	Prepaid expenses and deferred charges		9	
	10a			•	
		other basis Complete Part VI of Schedule D 10a 407,0	137		
	Ь			10c	351,762
	11	Investments—publicly traded securities	477,348	-	494,763
	12	Investments—other securities See Part IV, line 11	. 0		404,700
			.		
	13	Investments—program-related. See Part IV, line 11.	0		0
	14	Intangible assets	<u> </u>		0
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,309,567		2,885,069
	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	
es	22	Loans and other payables to current and former officers, directors,			1 (50)
Liabilities	i	trustees, key employees, highest compensated employees, and			
abi		disqualified persons Complete Part II of Schedule L		22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties	256,197	23	<u></u>
	24	Unsecured notes and loans payable to unrelated third parties	. 61,114	24	43,114
	25	Other liabilities (including federal income tax, payables to related third			
	İ	parties, and other liabilities not included on lines 17-24). Complete			
	l	Part X of Schedule D	. o	25	0
	26	Total liabilities. Add lines 17 through 25	. 317,311	26	43,114
-		Organizations that follow SFAS 117 (ASC 958), check here▶ ar	nd .		-
S		complete lines 27 through 29, and lines 33 and 34.	iu		, ,
ဋ		· · · · · · · · · · · · · · · · · · ·		~~~	0.044.055
<u>a</u>	27	Unrestricted net assets	1,979,756		2,841,955
ä	28	Temporarily restricted net assets .	12,500		
밑	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here an analysis lines 20 through 24	d	-	
Š		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Z	33	Total net assets or fund balances	1,992,256		2,841,955
	34	Total liabilities and net assets/fund balances	2,309,567	34	2,885,069

Form 9	90 (2012) Northeast Organic Farming Association of Vermont, Inc	22	-3260420	Pag	ge 12
Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,484	1,218
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	1,634	1,519
3	Revenue less expenses. Subtract line 2 from line 1	3		849	9,699
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,992	2 <u>,256</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	Ì			
	column (B))	10		2,841	1 <u>,955</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_ 1	1 .	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			í s	
	Schedule O.			<u>:</u>	لسا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				[. [
	reviewed on a separate basis, consolidated basis, or both			ı]
	Separate basis Consolidated basis Both consolidated and separate basis		-	ı	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		, "		
	separate basis, consolidated basis, or both:			٠,	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	ı	, 4
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of		ک. ا	
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			-	
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				<u>'</u>
Ju	the Single Audit Act and OMB Circular A-133?		. 3a	ı	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	ı	1

Form **990** (2012)

. 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 4947(a)(1) nonexempt charitable trust.

▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Northeast Organic Farming Association of Vermont, Inc.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

► Attach to Form 990 or Form 990-EZ.

Employer identification number 22-3260420

The o	organ	ization is not	a private founda	ation because it is: (Fo	or lines 1 t	hrough 1	1, check o	only one t	oox.)				
1		A church, co	nvention of chui	ches, or association o	of churche	s describ	ed in sec	tion 170(b)(1)(A)(i)).			
2		A school des	cribed in sectio	n 170(b)(1)(A)(ii). (At	tach Sche	edule E)							
3		A hospital or	a cooperative h	ospital service organiz	zation des	scribed in	section '	170(b)(1)	(A)(iii).				
4			search organiza	ition operated in conju	nction wit	h a hospi	tal descri	bed in se	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		An organizat	ion operated for	the benefit of a colleg (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a governr	mental ur	nit descr	ibed	
6				ernment or governmer	ntal unit d	escribed i	n section	170(b)(1	1)(A)(v).				
7		•		y receives a substantia (1)(A)(vi). (Complete F	•	ıts suppor	t from a g	jovernme	ntal unit o	r from th	e gener	al publ	ic
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 organizat	ion organized a	nd operated exclusive	ly to test f	for public	safety Se	ee sectio	n 509(a)(4).			
11	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.												
		a Type I b Type II c Type III–Functionally integrated d Type III–Non-functionally integrated											
е		persons other	this box, I certifer than foundation section 509(a)(2)	y that the organization on managers and othe 2).	is not co	ntrolled d e or more	rectly or in publicly s	indirectly supported	by one or I organiza	more dis tions des	qualifie cribed i	d n secti	on
f		organization	, check this box					•		e III supp	orting		
9				the organization acce	pted any	gift or con	itribution 1	from any	of the				
		following per		or indirectly controls,	either alor	ne or toge	ther with	persons o	described	ın (II)	1	Yes	No
				erning body of the su				,			11g(i)		X
				person described in (i)							11g(ii)		Χ
				y of a person describe							11g(iii)		<u> </u>
<u>h</u>		Provide the	following inform	ation about the suppor					<u> </u>		T		
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify sization in of your port?	organızat (i) organı	is the tion in col zed in the S?	(vii) Am	ount of mo support	onetary
					Yes	No	Yes	No	Yes	No	<u> </u>		
(A)											<u></u>		
(B)													
(C)													
(D)			-										
(E)	_			•									
Tota	 I		15 (192) 30) 1 10 (192) 30 (192) 1 10 (192) 1 (192) 1	and the same						,			0

Part II 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.)

Sect	ion A. Public Support						
Cale	ndår year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
2	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
3	furnished by a governmental unit to the						
							0
4	organization without charge	0	0	0	0	0	0
4 5	•	<u> </u>	U		- 0		<u> </u>
9	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)					3 17	0
6 Saat	Public support. Subtract line 5 from line 4						<u> </u>
	ion B. Total Support	(=) 0000	/h\ 0000	(-) 2040	(4) 2011	(=) 2042	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	
7	Amounts from line 4	0	0	. 0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						_
	sources						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					1	_
	(Explain in Part IV)						0
11	Total support. Add lines 7 through 10	L					0
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o	-	st, second, thi	rd, fourth, or fif	th tax year as a	a section 501(c)(3)
	organization, check this box and stop here						▶
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2012 (line 6,	column (f) divid	led by line 11,	column (f))		14	0.00%
15	Public support percentage from 2011 Sched	dule A, Part II, I	ine 14			15	0.00%
16a	33 1/3% support test—2012. If the organiz	ation did not ch	eck the box or	n line 13, and li	ne 14 is 33 1/3	3% or more, ch	eck this box
	and stop here. The organization qualifies a						▶∐
b	33 1/3% support test—2011. If the organiz	ation did not ch	eck a box on l	ine 13 or 16a, a	and line 15 is 3	33 1/3% or mor	e, check thi <u>s</u>
	box and stop here. The organization qualification	es as a publicly	supported org	ganization			. ▶∐
17a	10%-facts-and-circumstances test—2012						
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fact	ts-and-circums	tances" test Ti	he organization	ı qualıfies as a	publicly suppo	rted
	organization						▶∐_
b	10%-facts-and-circumstances test—2011		ation did not ch	ieck a box on li			
	15 is 10% or more, and if the organization n						Explain in
	Part IV how the organization meets the "fac	ts-and-circums	tances" test. Ti	ne organization	ı qualifies as a	publicly	
	supported organization						▶∐
18	Private foundation. If the organization did	not check a box	c on line 13, 16	sa, 16b, 17a, or	17b, check th	is box and see	
	instructions						▶□

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

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

<u>C</u>	tion A Datail Constant talls to quality un	ider the tests	iisted below,	please compl	ete Part II)		
	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	813,559	783,781	751,342	2,510,594	868,285	5,727,561
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	435,571	502,729	614,896	570,324	- 679,872	2,803,392
4	Tax revenues levied for the organization's						0
5	benefit and either paid to or expended on its behalf The value of services or facilities						0
3	furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	<u>/ 1,249,130</u>		1,366,238	3,080,918	1,548,157	8,530,953
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	0	0	0	0		0
С	amount on line 13 for the year Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)			_			8,530,953
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from Long C						
9	Amounts from line 6	1,249,130	1,286,510	1,366,238	3,080,918	1,548,157	8,530,953
10a	Gross income from interest, dividends,	1					
	payments received on securities loans,						
	rents, royalties and income from similar sources	6,719	4,617	2,712	22,029	-8,939	27,138
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
_	Add lines 10a and 10b	6,719	4,617	2,712	22,029	-8,939	27,138
11	Net income from unrelated business	0,719	4,017	2,112	22,029	-0,939	21,130
• • •	activities not included in line 10b, whether or not the business is regularly carried on				1,536		1,536
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				1,000		0
13	Total support. (Add lines 9, 10c, 11, and 12)	1,255,849	1,291,127	1,368,950	3,104,483	1,539,218	8,559,627
14	First five years. If the Form 990 is for the organization, check this box and stop here	ition's first, secon			s a section 501(c		▶ □
Sect	tion C. Computation of Public Support	Percentage				· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2012 (line 8, column		e 13. column (fl)			15	99 67%
16	Public support percentage from 2011 Schedule A, I		,		ľ	16	99.45%
	tion D. Computation of Investment Inco		ae			<u> </u>	
17	Investment income percentage for 2012 (line 10c, or			mn (fl)		17	0.32%
18	Investment income percentage from 2011 Schedule			(1//)	ŀ	18	0.52%
19a				ind line 15 is mo	ا 4-20 re than ع	 _	0.0076
b	not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
	line 18 is not more than 33 1/3%, check this box an						▶□
20	Private foundation. If the organization did not che	-		-	•	=	▶□

Schedule A (Form	n 990 or 990-EZ) 2012	Northeast O	rganic Farming	Association of Vermont, I	nc	22-3260420	Page 4
Part IV	Part II, line 17a	Information.	Complete this	part to provide the ex Also complete this pa	planations required) ;
	· instructions).		••				
Part III Line 1	e Total reduced by	<u>Unusual grant</u>	of \$945,000				
••••••							
				• • • • • • • • • • • • • • • • • • • •			
		• • • • • • • • • • • • • • • • • • • •					
					• • • • • • • • • • • • • • • • • • • •		
					•••••		
		• • • • • • • • • • • • • • • • • • • •	•••••				
							• • • • • • • • • • • • • • • • • • • •
••••••							
	•						
			• • • • • • • • • • • • • • • • • • • •				

.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 ► 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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Nam	e of organization				Employer identification number		
Nort	theast Organic Farming A	ssociation of Vermont, Inc			22-3260420		
		he organization is exempt und	er section 501	c) or is a section	on 527 organization.		
1		the organization's direct and indirect	t political campaig	•			
2	Political expenditures .				▶ \$		
3	Volunteer hours						
Pa	rt I-B Complete if t	the organization is exempt und	er section 501	(c)(3)			
1		excise tax incurred by the organizat			▶ \$		
2	·	excise tax incurred by organization			S		
3	•	ed a section 4955 tax, did it file Forn	-		Yes No		
4a	Was a correction made?				Yes No		
b	If "Yes," describe in Part	· IV					
		he organization is exempt und	er section 501	c), except sect	ion 501(c)(3).		
1	Enter the amount directly	y expended by the filing organization	for section 527 e	exempt function			
	activities				▶\$		
2		filing organization's funds contribute	d to other organiz	ations			
	for section 527 exempt function activities						
3	,						
_	line 17b				▶ \$ <u></u> 0		
4	• •	n file Form 1120-POL for this year?			Yes No		
5		sses and employer identification num					
	the amount of political co	nents. For each organization listed, e ontributions received that were prom	intly and directly c	lelivered to a sena	erate political organization, such		
		d fund or a political action committee					
	-			(d) Amount paid			
	(a) Name	(b) Address	(c) EIN	filing organizati			
				funds If none, en			
					delivered to a separate political organization. If		
				1	none, enter -0-		
(1)			•				
('')							
(2)							
(3)							
/A`							
(4)							
(5)							
·-/							
(6)							
		l .					

Р	art II-A Complete if the organiza under section 501(h)).	ition is exempt i	under section 50	01(c)(3) and filed	Form 5768 (elec	ction
A	Check ▶☐ if the filing organization name, address, EIN, e	xpenses, and sh	are of excess lob	bying expenditure	es)	ıp member's
В	Check ▶ If the filing organization	n checked box A	and "limited cont	rol" provisions ap	ply.	
	Limits on L	obbying Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures	" means amounts	paid or incurred	.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinion (g	rass roots lobbying)		0
b	Total lobbying expenditures to influence	e a legislative body	y (direct lobbying).			0
C	Total lobbying expenditures (add lines	1a and 1b) .			0	0
d	Other exempt purpose expenditures					0
е	Total exempt purpose expenditures (ac	id lines 1c and 1d)	1	•	0	0
f	Lobbying nontaxable amount Enter the	e amount from the	following table in b	oth		
	columns.					0
	If the amount on line 1e, column (a) or (b)	is: The lobbyin	g nontaxable amou	nt is:		į
	Not over \$500,000	20% of the a	mount on line 1e		•	
	Over \$500,000 but not over \$1,000,000		us 15% of the excess		~	Ì
- 1	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of	over \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 2		0			
h	· · · · · · · · · · · · · · · · · · ·					
	Subtract line 1f from line 1c If zero or I	0	0			
j	If there is an amount other than zero of section 4911 tax for this year?		•	nization file Form 4		Yes No
	(Some organizations tha columns bel	t made a section ow. See the instr	uctions for lines 2	o not have to com a through 2f on p		e
	Lobb	ying Expenditure	es During 4-Year A	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
 2a	Lobbying nontaxable amount	0	0	0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures	0	0	0	0	0
d	Grassroots nontaxable amount	0	0	0	0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))	,			,	0
f	Grassroots lobbying expenditures	0	_	0	٥	o

Schedule C (Form 990 or 990-EZ) 2012

Par	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 5768
Fore	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(2	a)	(b)
	e lobbying activity	Yes	No	Amount
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			* , , ,
а	Volunteers?		X	ì
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Χ		: برور در حربید مرابع برورسوری در
C	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		3,384
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х		1,139
i	Other activities?		X	4.500
j	Total Add lines 1c through 1ı	' -		4,523
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
	If "Yes," enter the amount of any tax incurred under section 4912	, ,	5" v.	
	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?		_ X	·
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5),	, or s	ection
				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
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	OR (b) Par	t III-A, line 3, is
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	•	2 1	
2	political expenses for which the section 527(f) tax was paid).			
_			2a	
a	Current year	•	2b	
ט	Total .	•	2c	0
C	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3	
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		, ,,	
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible		,	
	lobbying and political expenditure next year?		4	
_	Taxable amount of lobbying and political expenditures (see instructions).		5	0
5 Part				
	blete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5;	Part II	 I_Δ (af	filiated group
	Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information	aiti	i-A (ai	illiated group
iist); i				

SCHEDULE D (Form 990)

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.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions. Inspect

	or the organization						
North	east Organic Farming Association of Vermor	nt, Inc		22-3260420			
Part			milar Fund	is or Accounts. Complete if			
	the organization answered "Yes" to	p Form 990, Part IV, line 6					
		(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						
	funds are the organization's property, subjectives						
6	Did the organization inform all grantees, dor						
	used only for charitable purposes and not for		advisor, or	· — —			
	purpose conferring impermissible private be			Yes No			
Part	Conservation Easements. Comp	lete if the organization answere	ed "Yes" 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 , recr	eation or education) Pres	servation 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 organiza	ation 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			
а	Total number of conservation easements		•	2a			
b	Total acreage restricted by conservation ear	2b					
С	Number of conservation easements on a ce		ı (a)	2c			
d	Number of conservation easements include	d in (c) acquired after 8/17/06, and	not on a				
	historic structure listed in the National Regis	ster		2d			
3	Number of conservation easements modifie	d, transferred, released, extinguisl	ned, or term	inated by the organization			
	during the tax year						
4	Number of states where property subject to						
5	Does the organization have a written policy		inspection,	handling of			
	violations, and enforcement of the conserva						
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing cor	nservation e	asements during the year			
	•						
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conserv	ation easen	nents during the year			
	\$						
8	Does each conservation easement reported	• • • • • • • • • • • • • • • • • • • •	uirements of				
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization re						
	balance sheet, and include, if applicable, the		zation's final	nciai statements that describes			
Dor	the organization's accounting for conservati Organizations Maintaining Collection		or Other Si	imilar Assats			
Pari	Complete if the organization answere			illilai Assets.			
				and belones about			
1a	If the organization elected, as permitted und						
	works of art, historical treasures, or other su						
	of public service, provide, in Part XIII, the te						
b	If the organization elected, as permitted und						
	works of art, historical treasures, or other sin		on, educatio	m, or research in future affice			
	of public service, provide the following amou			▶ ¢			
	(i) Revenues included in Form 990, Part VII	ı, iine i	• •	> \$			
•	(ii) Assets included in Form 990, Part X.			▶ \$			
2	If the organization received or held works of						
_	following amounts required to be reported u		, to these its	51113. ▶ ¢			
a	Revenues included in Form 990, Part VIII, In Assets included in Form 990, Part X.	ne 1		· · · • •			
D	ASSEIS INCINORO IN FORM 990, PAR A			, . - y			

Sched	ule D (Form 990) 2012 Northeast Organic	Farmır	ng Association	on of Ver	mont, Inc.			22-3260	420	_	Page 2
Par	t III Organizations Maintaining	Collec	tions of A	t, Histo	rical Tre	asures, or C	Other S	imilar Assets	(contın	ued)	
3	Using the organization's acquisition, a use of its collection items (check all the			r record:	s, check a	iny of the follo	owing th	at are a significa	ant		
а	Public exhibition	•	• /	d [Loan	or exchange	program	าร			
b	Scholarly research			e -	Other						
c	Preservation for future generati	ons			.						
4	Provide a description of the organizat		ollections an	d evnlair	how they	further the o	rganizat	tion's exempt ni	rnose ir	1	
	Part XIII	10113 0	JIICOLIONIO UN	a explair	i now are,		ngamza.	don's exempt pe	ii pooc ii	•	
5	During the year, did the organization sassets to be sold to raise funds rather								Ye	es 🗀] No
Par	Escrow and Custodial Arra IV, line 9, or reported an amo	_		•	_		vered "	Yes" to Form 9	90, Pa	rt	
1a	Is the organization an agent, trustee,	custod	ian or other	intermed	liary for co	ntributions o	r other a	issets not	_		
	included on Form 990, Part X?			•					Y6	es 🔝	No
b	If "Yes," explain the arrangement in P	art XIII	and comple	te the fo	llowing tal	ble		<u>.</u>			
							-		mount		
C	Beginning balance	•				• • • •	1c	-			0
d	Additions during the year Distributions during the year.					•	1d 1e	·			
e f	Ending balance		•		•		1f			-	0
_	Did the organization include an amou	nt on E	 000 De	ant V luna	212		<u> </u>			es X	
2a			· ·					Dod VIII	<u>"</u>	* 	i NO I
b	If "Yes," explain the arrangement in P								• • • •		<u> </u>
Pari	V Endowment Funds. Compl					1		******	1 (-) 5		
4.	Paginning of year halance	(a) C	Current year O	(b) Pr	rior year O	(c) Two years	Dack 0	(d) Three years back	(e) F0	our years	s back
1a b	Beginning of year balance		U				- 0				
C	Net investment earnings, gains,			-		 			1		
·	and losses						İ				
d	Grants or scholarships								1		
e	Other expenditures for facilities					<u> </u>		·			
	and programs			<u> </u>							
f	Administrative expenses										
g	End of year balance		0		0	J	0		0		0
2	Provide the estimated percentage of t		rent year en		e (line 1g,	column (a))	held as:				
а	Board designated or quasi-endowmer	nt	>	%							
b	Permanent endowment		%								
C	Temporarily restricted endowment	• •	% 	00/							
3a	The percentages in lines 2a, 2b, and a Are there endowment funds not in the		•		ation that	are held and	adminiet	tered for the			
Ja	organization by:	; hosse	331011 01 1116	Organiza		are rield and	aumma	tered for the		Yes	No
	(i) unrelated organizations								3a(i)		1.0
	2000								3a(ii)		
b	If "Yes" to 3a(ii), are the related organ					ıle R?			3b		
4	Describe in Part XIII the intended use			•							
Par											
	Description of property		(a) Cost or ot	her basis	(b) C	ost or other	(c) A	Accumulated	(d) B	ook valu	16
			(investm	ent)	bas	is (other)	de	epreciation			_
1a	Land	.]				51,750					51,750
b	Buildings	. [293,250		12,219		28	31,031
C	Leasehold improvements .				+	55.000		0			0
d	Equipment				+	55,983		42,383	_	1	5 201
e Taka	Other	·	ogual Form	000 Pod	·	6,054		<u>673</u>		25	5,381 51.762

	ning Association of Vermont, In		22-3260420 Page 3
Part VII Investments—Other Securit	ies. See Form 990, Part X, I	ine 12	
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financial derivatives		COSt of Cita-of-year i	narket value
(2) Closely-held equity interests	0		
(3) Other			
(A)		7	
(B)			
(C)			
(D)	-		
(E)			
∫F) (G)	+		
(H)			
(I)			
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Rela	ited. See Form 990, Part X,	line 13	
(a) Description of investment type	(b) Book value	(c) Method of va	luation
(-)	(2, 23011 10102	Cost or end-of-year r	narket value
(1)			
(2)			
(3)			
	-		
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX Other Assets. See Form 990	:		
	(a) Description		(b) Book value
(1)			
(2)			
(3)		·	
(4) (5)		***	
(6)			
(7)			
(8)			
(9)			
(10)		<u>-</u>	
Total. (Column (b) must equal Form 990, Part X,			C
Part X Other Liabilities. See Form 9			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	1 0		
(2)			
(3)			
<u>(4)</u>			
(5) (6)	+		
(7)			
	 		
(8)	i		
(8) (9)			

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

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

Schedu	ile D (Form 990) 2012 Northeast Organic Farming Association of Vermont, Inc.		22-3260420	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per	Return	
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			
а		2a	·	
b	· · · · · · · · · · · · · · · · · · ·	2b]	
С		2c	1	
d		2d	1	
е	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			
а		4a		
b		4b].	
С	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .		5	0
Pari			er Return	
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	1	2a		
b		2b	1	
C	· · · · · · · · · · · · · · · · · · ·	2c	1	
ď		2d	1	
e	Add lines 2a through 2d		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:			
a		4a		
b	·	4b	1 1	
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	0
	XIII Supplemental Information		1	
Part '	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II, lines 3, 5, and 9, Part II, lines 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Alsonal information			d 2b;

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number ' 22-3260420 Š

	General Information on Grants and Assistance
ont, Inc.	and A
f Vermo	Grants
ation o	no no
Assoc	rmatic
arming	al Info
Northeast Organic Farming Association of Vermont	Gener
east O	1
North	Par

X Yes 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 Part II

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 Part II can be duplicated if additional space is needed

rair IV, III e z i, IOI	r any recipient th	at received more	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	can be duplicated i	additional space is	needed	
1 (a) Name and address of organization or government	(b) 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 278 S Main St; St Albans, VT	ic 27-1261728		15,845				to promote an outlet
(2) Vermont Farmers Market PO Box 1008, Rutland, VT	03-0361280		5,200				for VT farm products
(3)	,						
(4)							
(5)							
(9)							
(7)						:	
(8)							
(6)							
(10)							
(11)							
(12)							
	ion 501(c)(3) and	government organi	inizations listed in the line 1 table	e 1 table			
3 Enter total number of other organizations listed in the line 1 t	r organizations lis	ted in the line 1 tac	table .			•	

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

Schedule I (Form 990) (2012)

(HTA)

Schedule I (Form 990) (2012)

(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. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Food from local farms (e) Method of valuation (book, FMV, appraisal, other) FM< Part III Line 2 Grant recipients are required to file detailed reports on their activities and to document their use of funds 73,586 (d) Amount of non-cash assistance 66,300 3,565 (c) Amount of cash grant Part III Line 2 NOFA's staff thoroughly reviews this information and makes onsite visits Part III can be duplicated if additional space is needed 1,500 11 (b) Number of recipients Various 2 Grants to farmers impacted by weather see attach 1 Vouchers for food at Farmers Markets (a) Type of grant or assistance information. 3 Miscellaneous grants Part III Part IV ĸ 4

Grants to individual farmers	due to weather rela	ated emergencies	
•			
Tamarack Farm LLC	10000		
Normand Lussier	10000		
Paul De La Bruere	5000		
Russell Deberville	5000		
Engelbert Farms Organic, L	.LC 5000		
Forrest Foster	4000		
Merri Paquin	5000		
Jeremy Russo	7300		
Simplicity Farm	5000		
Jillian Abraham	5000		
David Langmaid	5000		
Total	66300		

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Northeast Organic Farming Association of Vermont, Inc. 22-3260420 Part I Types of Property (c) (a) (d) (b) 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 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles . . 7 Boats and planes 8 Intellectual property . 9 Х Securities—Publicly traded . . . 5,166 Average share price Securities—Closely held stock 10 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution—Historic structures. 14 Qualified conservation contribution-Other . . . 195,000 appraised Fair Market Value 15 Real estate-Residential Х 16 Real estate—Commercial 17 Real estate—Other . 18 Collectibles Food inventory 19 20 Drugs and medical supplies . 21 Taxidermy . . 22 Historical artifacts . . . 23 Scientific specimens . . . 24 Archeological artifacts . . . 25 Other ► (____) 26 Other ► (_____) 27 Other ► (____) 28 Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 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 Х required to be used for exempt purposes for the entire holding period? 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 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Х 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

Department of the Treasury Internal Revenue Service

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.

Inspection

Employer identification number Name of the organization 22-3260420 Northeast Organic Farming Association of Vermont, Inc. Form 990 Part VI Section B Line 11b The annual Form 990 is provided to all members of the Board of Directors for review prior to filing. Form 990 Part VI Section B Line 12c Board members are asked to disclose any conflicts of interest with farms being certified as organic and /or with any organizations or projects that are applying for funding from NOFA Form 990 Part VI Section B Line 15b The Board of Directors establishes the salaries for all employees Form 990 Part VI 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 on a website known as "Guide Star"

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Related Organizations and Unrelated Partnerships

Open to Public	Inspection
	Open to Public

OMB No 1545-0047 .

Employer Identification number

► Attach to Form 990.

Northeast Organic Farming Association of Vermont, Inc.

Partl

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

22-3260420

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Vermont Organic farmers, LLC PO Box 697 Richmond, VT 05477	certify organic farms	c farms VT		487,156	32,976 N/A	A/A
(2)	- !				:	
(3)						
[4]						•
(6)						
(9)						
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	tions (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had ing the tax year.)	organization a	nswered "Yes" t	o Form 990, P	art IV, line 34 be	cause it had
(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	(f) Iatus Direct controlling (3)) entity	(g) Section 512(b)(13) controlled entity? Yes No
(1)						
(2)						
(3)						
(4)						
(9)		:				
(9)						
(7)						

Schedule R (Form 990) 2012

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

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Name(s) shown on return Identifying number 22-3260420 Northeast Organic Farming Association of Vermont Business or activity to which this form relates Form 990 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 1 500,000. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 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 (a) Description of property (b) Cost (business use only) (C) Elected cost Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2013 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 Part II | 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 Partill MACRS Depreciation (Do not include listed property) (See instructions) 17 MACRS deductions for assets placed in service in tax years beginning before 2012 17 12,145 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (e) Convention (a) (d) (g) Depreciation Classification of property (business/investment use only — see instructions) year placed in service Recovery period 19 a 3-year property 240. **b** 5-year property 2,396 5 yr HY S/L c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20 a Class life S/L **b** 12-year 12 yrs S/L 40 yrs S/L c 40-year MM Part IV Summary (See instructions) 21 Listed property. Enter amount from line 28 21 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

For assets shown above and placed in service during the current year, enter

12,385.

22

5% owners or related persons (see instructions).

	Do you meet the requirements concern Note: If your answer to 37, 38, 39, 40,	ing qualified automobile der or 41 is 'Yes,' do not compa	monstration use? (\$ lete Section B for th	See instructions. he covered vehic	cles	
Páři	VI Amortization					
· ar-		(b)		(d)	(e)	

43 Amortization of costs that began before your 2012 tax year Total. Add amounts in column (f) See the instructions for where to report 43 404 44 404 Form 990 Return of Exempt Organization for 2012 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 1,320 gardeners, farmers and consumers. (Revenues: \$2,613) (Expenses: \$98,017) (Grants: \$67,770)
- 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 were organized for farmers, school nurses, food service, school board members and administration and a conference was hosted in 2012 attended by 775 people. (Revenues: \$206,485) (Expenses: \$159,306) (Grants: \$0)
- 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: \$10,500) (Expenses: \$24,922) (Grants: \$2,247)
- d. Apprenticeship Program manages an on-line directory of farms and processes applications to help 200 apprentices and workers find 50 organic farms in the state. Organized new farmer workshops as part of summer workshop series. (Revenues: \$24,249) (Expenses: \$33,276) (Grants: \$2,013)
- 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: \$122,707) (Expenses: \$107,272) (Grants: \$0)
- f. The Dairy Tech program provided technical assistance to over 50 dairy and livestock farmers making the transition to organic production and business planning assistance to 17 farms. The program offered workshops and discussion groups and a one day technical conference and conducts studies on the economic assessment of organic dairy production. (Revenues: \$133,498) (Expenses: \$177,941) (Grants: \$16,520)

Part III Page 2

4 1 6 %

- 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 2012, there were over 1,500 individuals participating in the Farm Share Program. (Revenues: \$92,173) (Expenses: \$93,895) (Grants: \$73,586)
- h. The revolving loan program offers low interest loans to organic farmers who need to borrow small amounts for short terms. Four new loans totaling \$48,500 were awarded in 2012. (Revenues: \$3,355) (Expenses: \$3,786) (Grants: \$0)
- i. The Promotion Market Development Projects created new marketing opportunities for farmers. (Revenues: \$19,884) (Expenses: \$17,293) (Grants: \$0)
- j. The Promotion Farmers Market project assisted with direct marketing of farmers markets and provided technical assistance to summer and winter farmers markets. A Direct Marketing Conference was held, attended by 175 farmers and market managers. (Revenues: \$104,746) (Expenses: \$97,299) (Grants: \$20,182)
- k. The Technical Assistance Program provided business planning services for 7 farms, enterprise analysis for 4 farms, and 8 farmer to farmer mentorships as well as production technical assistance to many member farms. (Revenues: \$88,216) (Expenses: \$97,901) (Grants: \$432)
- 1. Summer workshops and a winter conference educate the public about organic farming. 32 workshops were held in the summer of 2012 with a total attendance of 622. The Winter conference featured more than 75 workshops attended by 1,320 people. (Revenues: \$179,904) (Expenses: \$139,350) (Grants: \$)
- 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. 576 farms and processors were certified in 2012. An annual meeting was held for 37 interested farmers. (Revenues: \$487,156) (Expenses: \$475,594) (Grants: \$0)

TOTALS (Revenues: \$1,475,486) (Expenses: \$1,525,852) (Grants: \$182,750)