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Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0687

2011Department of Treasury
Internal Revenue ServiceFor calendar year 2011 or other tax year beginning _____, and
ending _____ **See separate instructions.**Open to Public Inspection
for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501 (c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions)	D Employer identification number (Employees' trust, see instructions)
			Northeast Organic Farming Association of Vermont, Inc	
			Number, street, and room or suite no. If a P O box, see instructions	
			PO Box 697	
			City or town, state, and ZIP code	
			Richmond VT 05477	531120

Book value of all assets at end of year 2,309,567

F Group exemption number (See instructions) **G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

Describe the organization's primary unrelated business activity **Residual rental of building purchased by Organization.**During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.The books are in care of **Kirsten Bower** Telephone number **(802) 434-4122**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
2 b Less returns and allowances				
3 c Balance	1c	0		
4 Cost of goods sold (Schedule A, line 7)	2			
5 Gross profit Subtract line 2 from line 1c	3	0		0
6 a Capital gain net income (attach Schedule D)	4a			
7 b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
8 c Capital loss deduction for trusts	4c			
9 Income (loss) from partnerships and S corporations (attach statement)	5			
10 Rent income (Schedule C)	6	1,536		1,536
11 Unrelated debt-financed income (Schedule E)	7			
12 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
13 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
14 Exploited exempt activity income (Schedule I)	10			
15 Advertising income (Schedule J)	11			
16 Other income (See instructions, attach schedule.)	12			
17 Total. Combine lines 3 through 12	13	1,536	0	1,536

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)			
18 Compensation of officers, directors, and trustees (Schedule K)	14		
19 Salaries and wages	15		
20 Repairs and maintenance	16		
21 Bad debts	17		
22 Interest (attach schedule)	18		
23 Taxes and licenses	19		
24 Charitable contributions (See instructions for limitation rules.)	20		
25 Depreciation (attach Form 4562)	21		
26 Less depreciation claimed on Schedule A and elsewhere on return	22a		
27 Depletion	23		
28 Contributions to deferred compensation plans	24		
29 Employee benefit programs	25		
30 Excess exempt expenses (Schedule I)	26		
31 Excess readership costs (Schedule J)	27		
32 Other deductions (attach schedule)	28		
33 Total deductions. Add lines 14 through 28	29	0	
34 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	1,536	
35 Net operating loss deduction (limited to the amount on line 30)	31		
36 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	1,536	
37 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000	
38 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	536	

For Paperwork Reduction Act Notice, see instructions.

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(HTA)

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) \$	(2) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$	
(2) Additional 3% tax (not more than \$100,000)	\$	
c Income tax on the amount on line 34		35c 80
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 80

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800 (see instructions)	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d		40e	0
41 Subtract line 40e from line 39		41	80
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		42	
43 Total tax. Add lines 41 and 42		43	80
44 a Payments: A 2010 overpayment credited to 2011	44a		
b 2011 estimated tax payments	44b		
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	1,831	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	44g	0	
45 Total payments. Add lines 44a through 44g		45	1,831
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached		46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47	0
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48	1,751
49 Enter the amount of line 48 you want Credited to 2012 estimated tax		49	1,751

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?	Yes	No
If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	Yes	No
If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1			6 Inventory at end of year	6		
2 Purchases	2			7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7		0
3 Cost of labor	3			8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No	
4 a Additional section 263A costs (attach schedule)	4a						
b Other costs (attach schedule)	4b						
5 Total. Add lines 1 through 4b	5		0				

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *Martha Abbott* Date *5/14/12* Title *board of directors*

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Martha Abbott	<i>Martha Abbott</i>	5/1/2012		P01251582
Firm's name	Firm's EIN		Phone no	
Independent Tax Service, Inc	03-0302688		(802) 863-2271	
Firm's address	One Mill Street, #140, Burlington, VT 05401			