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## 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)

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning Jul 1, 2011, and ending Jun 30, 2012

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C Name of organization **Vermont Farm-to-School, Inc**  
 Doing Business As **Green Mountain Farm-to-School**  
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite  
**194 Main St.** **301**  
 City, town or country State ZIP code + 4  
**Newport** **VT 05855**

## D Employer Identification Number

41-2273707

## E Telephone number

(802) 334-2044

## G Gross receipts \$ 258,203.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included?  
If 'No,' attach a list (see instructions) ☐ Yes ☒ NoI Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: <http://www.greenmountainfarmtoschool.org>

H(c) Group exemption number

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of Formation 2007

M State of legal domicile VT

## Part I Summary

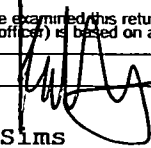
- 1 Briefly describe the organization's mission or most significant activities: Vermont Farm-to-School, Inc.'s mission is to restore and strengthen local food systems in Vermont by promoting positive economic and educational relationships between schools, farms and communities. Our vision is to build local food systems in Vermont that promote environmental stewardship, create sustainable local economies, and nurture the health and wellbeing of our children and
- 2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
- 3 Number of voting members of the governing body (Part VI, line 1a) 3 11
- 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11
- 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 6
- 6 Total number of volunteers (estimate if necessary) 6 92
- 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 989.
- 7b Net unrelated business taxable income from Form 990-T, line 34 7b

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	110,579.	172,332.
9 Program service revenue (Part VIII, line 2g)	70,808.	83,006.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 12e)	6,165.	989.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	187,552.	256,327.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	1,450.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	93,392.	117,563.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	
b Total fundraising expenses (Part IX, column (D), line 25) 2,358.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	90,602.	115,190.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	183,994.	234,203.
19 Revenue less expenses. Subtract line 18 from line 12	3,558.	22,124.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	35,414.	58,416.
21 Total liabilities (Part X, line 26)	3,004.	3,882.
22 Net assets or fund balances. Subtract line 21 from line 20	32,410.	54,534.

## Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 02/15/13			
	Katherine Sims Type or print name and title	Executive Director			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Anthony Charles Capaldi Jr.	Anthony Charles Capaldi Jr.	02/14/13		P01600709
	Firm's name <b>LinguaNet, LLC</b> Firm's address <b>P.O. Box 883</b> <b>Derby VT 05829</b>			Firm's EIN	Phone no (802) 673-7760

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/05/11

Form 990 (2011)

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**Part III 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.

Vermont Farm-to-School Inc.'s mission is to restore and strengthen local food systems in Vermont by promoting positive economic and educational relationships between schools, farms and communities. See Form 990, Page 2, Part III, Line 1 (continued)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 79,480. including grants of \$ 800.) (Revenue \$ 34,364.)

Sprouts is a year-round after-school program that promotes healthy lifestyle choices through hands-on gardening and cooking activities with elementary and middle school children. During FY 2011-2012, VFTS worked with 20 schools benefiting 2,500 children across the state of VT.

**4b** (Code: ) (Expenses \$ 46,102. including grants of \$ 650.) (Revenue \$ 26,048.)

The Green Mountain Farm-to-School Network provides local food and hands-on education that promotes healthy lifestyle choices via taste-tests, farm field trips, and in-class workshops. During FY 2011-2012, VFTS worked with 12 schools, benefiting over 1500 children.

**4c** (Code: ) (Expenses \$ 77,529. including grants of \$ 0.) (Revenue \$ 8,256.)

Green Mountain Farm Direct is a regional food distribution system that delivers local food to schools, senior meal sites, and other institutions. During FY 2011-2012, VFTS worked with 33 institutions and 40 farms.

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 7,498. including grants of \$ 0.) (Revenue \$ 14,338.)

**4e** Total program service expenses ▶ 210,609.

**Part IV Checklist of Required Schedules**

	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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4 <b>Section 501(c)(3) organizations.</b> 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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
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		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c 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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		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)		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		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
<b>23</b> 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? <i>If 'Yes,' complete Schedule J</i>		X
<b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
<b>25b</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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
<b>27</b> 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? <i>If 'Yes,' complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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Form 990 (2011)

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**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	11	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent	11	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
<b>12b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?		X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers of key employees of the organization	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b> If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ Vermont

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

▶ Katherine Sims 194 Main St, Ste 301 Newport VT 05855 (802) 334-2044

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Dean Vervoort</u> Director	1.00	X						0.	0.	0.
(2) <u>Lisa Daigle-Farney</u> Director	1.00	X						0.	0.	0.
(3) <u>Robert Kern</u> Director	1.00	X						0.	0.	0.
(4) <u>Julie Poulin</u> Director	1.00	X						0.	0.	0.
(5) <u>Jana Lovejoy</u> Director	1.00	X						0.	0.	0.
(6) <u>Holly Wyllie</u> Director	1.00	X						0.	0.	0.
(7) <u>Steve Wright</u> Director	1.00	X						0.	0.	0.
(8) <u>David Stackpole</u> President-Director	1.00	X		X				0.	0.	0.
(9) <u>Anne Lazor</u> Treasurer-Director	1.00	X		X				0.	0.	0.
(10) <u>Susan Barnett</u> Secretary	1.00	X		X				0.	0.	0.
(11) <u>Katherine Sims</u> Executive Director	40.00			X				36,923.	0.	0.
(12) <u>Rosemary Croizet</u> Director	1.00	X						0.	0.	0.
(13) _____										
(14) _____										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
<b>1 b Sub-total</b>								36,923.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								36,923.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	<b>0</b>	

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1a</b> Federated campaigns . . . .	<b>1a</b> 11,500.				
	<b>b</b> Membership dues . . . .	<b>1b</b> 0.				
	<b>c</b> Fundraising events . . . .	<b>1c</b> 10,665.				
	<b>d</b> Related organizations . . . .	<b>1d</b> 0.				
	<b>e</b> Government grants (contributions)	<b>1e</b> 60,102.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . .	<b>1f</b> 90,065.				
	<b>g</b> Noncash contributions included in lns 1a-1f \$	0.				
	<b>h Total.</b> Add lines 1a-1f . . . .		172,332.			
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2a Farm-to-School</b> . . . .	611600	26,048.	26,048.	0.	0.
	<b>b Sprouts Program</b> . . . .	611600	34,364.	34,364.	0.	0.
	<b>c Farm Corps</b> . . . .	611513	14,338.	14,338.	0.	0.
	<b>d Farm Direct</b> . . . .	624210	8,256.	8,256.	0.	0.
	<b>e</b> . . . .		0.		0.	0.
	<b>f</b> All other program service revenue . . . .					
	<b>g Total.</b> Add lines 2a-2f . . . .		83,006.			
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . .		0.	0.	0.	0.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . .		0.	0.	0.	0.
	<b>5</b> Royalties . . . .		0.	0.	0.	0.
	<b>6a</b> Gross rents . . . .	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses . . . .					
	<b>c</b> Rental income or (loss) . . . .					
	<b>d</b> Net rental income or (loss) . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory . . . .	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . .					
	<b>c</b> Gain or (loss) . . . .					
	<b>d</b> Net gain or (loss) . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ 10,665. of contributions reported on line 1c). See Part IV, line 18 . . . .	<b>a</b> 2,865.				
	<b>b</b> Less: direct expenses . . . .	<b>b</b> 1,876.				
	<b>c</b> Net income or (loss) from fundraising events . . . .		989.		989.	0.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . .	<b>a</b>				
	<b>b</b> Less: direct expenses . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . .	<b>a</b> 0.					
<b>b</b> Less: cost of goods sold . . . .	<b>b</b> 0.					
<b>c</b> Net income or (loss) from sales of inventory . . . .		0.	0.	0.	0.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> . . . .						
<b>b</b> . . . .						
<b>c</b> . . . .						
<b>d</b> All other revenue . . . .						
<b>e Total.</b> Add lines 11a-11d . . . .						
<b>12 Total revenue.</b> See instructions . . . .		256,327.	83,006.	989.	0.	

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0.	0.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	1,450.	1,450.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0.	0.		
<b>4</b> Benefits paid to or for members	0.	0.		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	40,181.	32,144.	6,028.	2,009.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	68,641.	68,641.	0.	0.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits	680.	328.	352.	0.
<b>10</b> Payroll taxes	8,061.	7,481.	435.	145.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	2,864.	2,578.	143.	143.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other	40,369.	40,369.	0.	0.
<b>12</b> Advertising and promotion	5,083.	4,257.	826.	0.
<b>13</b> Office expenses	13,233.	3,534.	9,699.	0.
<b>14</b> Information technology	7,197.	7,197.	0.	0.
<b>15</b> Royalties				
<b>16</b> Occupancy	8,764.	8,326.	438.	0.
<b>17</b> Travel	20,662.	19,685.	956.	21.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,014.	974.	0.	40.
<b>20</b> Interest	16.	16.	0.	0.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	993.	993.	0.	0.
<b>23</b> Insurance	2,318.	809.	1,509.	0.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Program Supplies, tools & food	7,329.	7,329.	0.	0.
<b>b</b> Fingerprinting/Background Checks	202.	202.	0.	0.
<b>c</b> FD New Farmer Orientation Snacks	12.	12.	0.	0.
<b>d</b> Production Annual Report	850.	0.	850.	0.
<b>e</b> All other expenses	4,284.	4,284.	0.	0.
<b>25</b> Total functional expenses. Add lines 1 through 24e	234,203.	210,609.	21,236.	2,358.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash -- non-interest-bearing	23,514.	1	32,435.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	10,580.	4	4,774.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,785.		
	b Less: accumulated depreciation	10b 920.	10c	20,785.
	11 Investments -- publicly traded securities		11	
	12 Investments -- other securities. See Part IV, line 11		12	
	13 Investments -- program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	400.	15	422.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	35,414.	16	58,416.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	3,004.	17	3,882.
	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	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	3,004.	26	3,882.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds	29,071.	30	32,410.
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	3,339.	32	22,124.
	33 <b>Total net assets or fund balances</b>	32,410.	33	54,534.
	34 <b>Total liabilities and net assets/fund balances</b>	35,414.	34	58,416.

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Form 990 (2011)

**Part 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	256,327.
2	Total expenses (must equal Part IX, column (A), line 25)	2	234,203.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,124.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,410.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	54,534.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

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Form 990 (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Vermont Farm-to-School, Inc

Employer identification number

41-2273707

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

**h Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,000.	68,632.	99,903.	110,579.	175,260.	465,374.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
4 <b>Total.</b> Add lines 1 through 3	11,000.	68,632.	99,903.	110,579.	175,260.	465,374.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						213,000.
6 <b>Public support.</b> Subtract line 5 from line 4						252,374.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	11,000.	68,632.	99,903.	110,579.	175,260.	465,374.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	0.	0.	0.	0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						465,374.
12 Gross receipts from related activities, etc (see instructions)					12	202,373.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a <b>33-1/3% support test – 2011.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33-1/3% support test – 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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Schedule A (Form 990 or 990-EZ) 2011

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33-1/3% support tests — 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐

**b 33-1/3% support tests — 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. The lines are thin and black, providing a guide for letter height and placement. There are no margins, text, or other markings on the page.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545 0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Vermont Farm-to-School, Inc

41-2273707

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition  
☐ b Scholarly research  
☐ c Preservation for future generations  
☐ d Loan or exchange programs  
☐ e Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %  
 b Permanent endowment  %  
 c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	0.	20,785.		20,785.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				20,785.

BAA

Schedule D (Form 990) 2011

**Part VII Investments – Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).



## Part XIV Supplemental Information (continued)

[illegible]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545 0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Vermont Farm-to-School, Inc

Employer identification number

41-2273707

Pt VI, Line 11a Draft prepared by bookkeeper, reviewed by Executive Director, distributed to treasurer and Board

Pt VI, Line 11a of Directors electronically for comment and review

Pt VI, Line 19 All documents are printed and available for review upon request at organization's HQ

Pt VI, Line 12c At board meetings conflict of interest policy is regularly reviewed and board members

Pt VI, Line 12c are provided an opportunity to identify and disclose conflicts.

Pt VI, Line 15 Compensation review is conducted annually by the board of directors, documentation is produced

Pt VI, Line 15 contemporaneously with salary reviews using comparable data (maintained on-file) from similar non-profits.

Pt V, Line 3b There was no unrelated business revenue to report - as previously established by explanatory

Pt V, Line 3b note on Form 990, p. 9 Pt. VIII. Local food was prepared by local

Pt V, Line 3b chefs - these meals were served at fundraising events

Pt V, Line 3b This is central to the organization's advancing purpose of promoting local food

Pt V, Line 3b systems and food distribution networks.

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Schedule O (Form 990), Supplemental Information to Form 990  
**Form 990, Page 2, Part III, Line 1 (continued)**

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Briefly describe the organization's mission:

Our vision is to build local food systems in Vermont that promote educational stewardship  
create sustainable local economies, and nurture the health and well-being of our children and communities.

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Schedule O (Form 990), Supplemental Information to Form 990  
**Form 990, Page 2, Part III, Line 4d (continued)**

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Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code: _____	Description: <u>Green Mountain Farm-Corps is a 10-week job and life skills</u>
Expenses <u>7,498.</u>	<u>training program for at-risk youth in the Newport, Vermont Area.</u>
Grants Of <u>0.</u>	<u>10 Participants spend two days per week working on local farms.</u>
Revenue <u>14,338.</u>	<u>Green Mountain Farm-Corps representatives work with both the</u> <u>at-risk youth and the cooperating farmer to ensure positive</u> <u>and succesful learning and behavioral outcomes.</u>

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**Supporting Statement of:**

Form 990 p 1/Pt I, Ln 6, # Volunteers

Description	Amount
Garden volunteers	85
AmeriCorps Volunteers	5
Office Volunteer via Area Council on Aging	1
Office Volunteers - Sylvia Woodmansee	1
Total	92

**Supporting Statement of:**

Form 990 p 1/Pt I, Ln 11, Prior yr

Description	Amount
Net Income from Gaming & Fundraising	4,684.
Gross profit from sale of inventory	1,481.
Total	6,165.

**Supporting Statement of:**

Form 990 p 1/Pt I, Ln 17, Prior yr

Description	Amount
Professional fees & payments to independent contractors	35,350.
Occupancy, rent, utilities & maintenance	10,403.
Printing, publications, postage and shipping	13,127.
Other expenses as described in Sch O	31,722.
Total	90,602.

**Supporting Statement of:**

Form 990 p 2/Line 4a Expenses

Description	Amount
Office	1,640.
Licenses & Permits	69.
Marketing & Advertising	376.
Contracted Labor	23,204.
Education & Training	260.
Salaries & Wages	35,503.
Employee Tax & Benefits	3,253.
Food & Beverage	46.
Insurance	137.
Printing & Reproduction	107.

Continued

**Supporting Statement of:**

Form 990 p 2/Line 4a Expenses

Description	Amount
Program Expenses	3,480.
Rent	961.
Internet	27.
Mileage Reimbursement	10,417.
Total	<u>79,480.</u>

**Supporting Statement of:**

Form 990 p 2/Line 4a Grants

Description	Amount
Lani Meyer - Sprouts Stipend for Aug/Sep 2011	300.
Carlin Lorenc - Sprouts Stipend for Aug/Sep 2011	500.
Total	<u>800.</u>

**Supporting Statement of:**

Form 990 p 2/Line 4a Revenue

Description	Amount
Sprouts Direct Service Revenue	25,903.
Educational Camps	2,835.
Growing Strong Roots Workshop	3,820.
CACF Workshop	251.
SCBG FFVP Project	1,555.
Total	<u>34,364.</u>

**Supporting Statement of:**

Form 990 p 2/Line 4b Expenses

Description	Amount
Office	2,615.
Licenses & Permits	133.
Marketing & Advertising	238.
Contracted Labor	13,721.
Education & Training	572.
Employee Salaries	14,743.
Employee Tax & Benefits	3,096.
Food & Beverage	12.
Insurance	365.

Continued

**Supporting Statement of:**

Form 990 p 2/Line 4b Expenses

Description	Amount
Printing & Reproduction	341.
Program Expenses	2,360.
Rent	2,562.
Internet	72.
Mileage Reimbursement	5,272.
Other indirectly allocated expenses	0.
Total	<u>46,102.</u>

**Supporting Statement of:**

Form 990 p 2/Line 4b Grants

Description	Amount
Will Carmine - FTS Stipend Aug/Sep 2011	300.
Leah Gable - FTS Stipend Aug/Sep 2011	350.
Total	<u>650.</u>

**Supporting Statement of:**

Form 990 p 2/Line 4c Expenses

Description	Amount
Information Technology	5,005.
Office	3,650.
Marketing & Advertising	730.
Contracted Labor	3,366.
Education & Training	382.
Employee Salaries	48,744.
Employee & Tax Benefits	4,357.
Food & Beverage	290.
Insurance	515.
Printing & Reproduction	1,263.
Program Expense	2,875.
Rent	3,654.
Internet	129.
Mileage Reimbursement	2,569.
Total	<u>77,529.</u>

**Supporting Statement of:****Form 990 p 2/Other Expenses-1**

Description	Amount
Contracted Labor	2,500.
Employee Salaries	3,462.
Employee Tax & Benefits	72.
Program Expense	483.
Mileage Reimbursement	981.
Total	<u>7,498.</u>

**Supporting Statement of:****Form 990 p 9/Federated Campaigns**

Description	Amount
Green Mountain United Way Community Grant	11,250.
Green Mountain United Way Micro Grant for Computers	250.
Total	<u>11,500.</u>

**Supporting Statement of:****Form 990 p 9/Fundraising Events**

Description	Amount
Bearing Fruit Dinner 10/11	2,589.
Bearing Fruit Silent Auction 10/11	1,493.
PoP Friendraiser Dinner 8/6/11	475.
Mardi Gras 2012 Dinner 3/12	3,020.
Mardi Gras 2012 Silent Auction 3/12	3,088.
Total	<u>10,665.</u>

**Supporting Statement of:****Form 990 p 9/Government Grants**

Description	Amount
USDA Rural Business Enterprise Grant (RBEG)	22,160.
USDA Farmer's Market Promotion Project (FMPP)	37,442.
Town of Glover Appropriation	500.
Total	<u>60,102.</u>

**Supporting Statement of:**

Form 990 p 9/Other amt. not included

Description	Amount
Corporation & Business Grants	150.
Foundation & Trust Grants	40,000.
Non-Profit Organization Grants	12,340.
Individual Contributors - Major Gifts	10,000.
Individual Contributors - Annual Appeal	17,037.
Corporate Contributors - Sponsorships	10,276.
Corporate Contributors - Annual Appeal	262.
Total	<u>90,065.</u>

**Supporting Statement of:**

Form 990 p 9/Line 2f Oth Rel/Exmpt -1

Description	Amount
Direct Program Service Revenue	25,500.
Reimbursed Program Expenses for Event Food	548.
Total	<u>26,048.</u>

**Supporting Statement of:**

Form 990 p 9/Line 2f Oth Rel/Exmpt -2

Description	Amount
Direct Program Service Revenue	34,364.
Total	<u>34,364.</u>

**Supporting Statement of:**

Form 990 p 9/Line 2f Oth Rel/Exmpt -4

Description	Amount
Farm Direct Revenue	7,025.
M/U on fruit NOFA Kid's Conference	16.
Food Sales Shipped through D&S	458.
Addl reimbursed program expenses (Food for events)	757.
Total	<u>8,256.</u>

**Supporting Statement of:**

Form 990 p 9/Gross income fundraising

Description	Amount
Bearing Fruit 42 dinners @ FMV \$15/each	630.
Mardi Gras 112 dinners @ FMV \$15/each	1,680.
Pop 8/11 Friendraiser 37 dinners @ FMV \$15	555.
Total	<u>2,865.</u>

**Supporting Statement of:**

Form 990 p 9/Line 8b Direct Expenses

Description	Amount
Food and beverage	1,405.
Office supplies and materials	216.
Event supplies	86.
Venue fees	169.
Total	<u>1,876.</u>

**Supporting Statement of:**

Form 990 p 10/Line 2 col (B)

Description	Amount
Will Carmines - FTS Stipend for Aug/Sep 2011	300.
Leah Gable - FTS Stipend for Aug/Sep 2011	350.
Lani Meyer - SPROUTS Stipend for Aug/Sep 2011	300.
Caitlin Lorenc - SPROUTS Stipend for Aug/Sep 2011	500.
Total	<u>1,450.</u>

**Supporting Statement of:**

Form 990 p 10/Line 5 col (A)

Description	Amount
Katherine Sims - Exec Dir - Salary for Tax Year	37,923.
Katherine Sims - Exec Dir - Health Care Benefits for Tax Year	2,258.
Total	<u>40,181.</u>

**Supporting Statement of:**

Form 990 p 10/Line 5 col (B)

Description	Amount
80% of Exec Dir Salary (\$37,923)	30,338.
80% of Exec Dir Health Ins (\$2,258)	1,806.
Total	<u>32,144.</u>

**Supporting Statement of:**

Form 990 p 10/Line 5 col (C)

Description	Amount
15% of Executive Dir Salary (37,923)	5,689.
15% of Executive Dir Health Ins (\$2,258)	339.
Total	<u>6,028.</u>

**Supporting Statement of:**

Form 990 p 10/Line 5 col (D)

Description	Amount
5% of Exec Dir Salary of \$37,923	1,896.
5% of Exec Dir Health Ins of \$2,258	113.
Total	<u>2,009.</u>

**Supporting Statement of:**

Form 990 p 10/Line 7 col (A)

Description	Amount
Amy Crank Wages + Health Insurance Reimb	15,285.
Bennett Rock Wages	10,937.
Christopher Venegas-DeGeorgio Wages & Hlth Ins Reimb	25,519.
Karina French Wages	400.
Khristopher Flack Wages	6,576.
Klt Basom Wages	5,760.
Paola Aliaga Wages + Hlth Care Prem Paid on her behalf	3,462.
Total	<u>67,939.</u>

**Supporting Statement of:**

Form 990 p 10/Line 7 col (B)

Description	Amount
Amy Crank - Wages & Hlth Care Reimb - SPROUTS	15,285.
Bennett Rock - Wages - SPROUTS	10,937.
Christopher Venegas-DeGeorgio Wages & Hlth Care Reimb - FD	25,519.
Karina French - Wages FC	400.
Khristopher Flack - Wages - Mobile Mkt Coordinator	6,576.
Kit Basom - Wages - SPROUTS	5,760.
Paola Aliaga - Wages & Hlth Care Prem - OTH PROGS	4,164.
Total	<u>68,641.</u>

**Supporting Statement of:**

Form 990 p 10/Line 9 col (B)

Description	Amount
Teambuilding Events	104.
Staff Trainings - Lunch Onsite	224.
Total	<u>328.</u>

**Supporting Statement of:**

Form 990 p 10/Line 9 col (C)

Description	Amount
Staff holiday gifts	132.
Staff/Board Event Food	190.
Holiday Party	30.
Total	<u>352.</u>

**Supporting Statement of:**

Form 990 p 10/Line 10 col (B)

Description	Amount
Amy Crank	1,131.
Bennett Rock	837.
Christopher Venegas-DeGeorgio	1,952.
Karina French	31.
Khristopher Flack	503.
Kit Basom	441.
Paola Aliaga	265.
Katherine Sims/Exec Dir - Program Services	2,321.



Continued

**Supporting Statement of:**

Form 990 p 10/Line 10 col (B)

Description	Amount
Total	<u>7,481.</u>

**Supporting Statement of:**

Form 990 p 10/Line 10 col (C)

Description	Amount
Katherine Sims/Exec Dir/ Management	435.
Total	<u>435.</u>

**Supporting Statement of:**

Form 990 p 10/Line 10 col (D)

Description	Amount
Katherine Sims/Executive Dir/Fundraising	145.
Total	<u>145.</u>

**Supporting Statement of:**

Form 990 p 10/Line 11c col (A)

Description	Amount
LinguaNet LLC - Bookkeeping Services	2,864.
Total	<u>2,864.</u>

**Supporting Statement of:**

Form 990 p 10/Line 11c col (B)

Description	Amount
Accounting Svcs \$2,864 * 90%	2,578.
Total	<u>2,578.</u>

**Supporting Statement of:**

Form 990 p 10/Line 11c col (C)

Description	Amount
Accounting Fees \$2864 * 5%	143.
Total	<u>143.</u>

**Supporting Statement of:**

Form 990 p 10/Line 11c col D)

Description	Amount
Accounting Fees \$2864 * 5%	143.
Total	<u>143.</u>

**Supporting Statement of:**

Form 990 p 10/Line 11g col (B)

Description	Amount
External Coordinators	662.
Program Interns	3,170.
AmeriCorps Member Contracts - FTS	12,924.
AmeriCorps Member Contracts - SPROUTS	14,329.
AmeriCorps Member Contracts - FTI	509.
AmeriCorps Member Contracts - GMUW	7,399.
AmeriCorps Member Contracts - RBEG	1,316.
Sterling College Staff for FSD Tng 8/23/11	60.
Total	<u>40,369.</u>

**Supporting Statement of:**

Form 990 p 10/Line 12 col (B)

Description	Amount
Mobile Market Logo Design and Implementation	325.
Mobile Market countertop display	329.
Production, Printing, Shipping 50 9x12 Farm Direct Placards	65.
2010-2011 Calendar Production	3,538.
Total	<u>4,257.</u>

**Supporting Statement of:**

Form 990 p 10/Line 12 col (C)

Description	Amount
Internet hosting fees	245.
Job Postings	581.
Total	<u>826.</u>

**Supporting Statement of:**

Form 990 p 10/Line 13 col (A)

Description	Amount
Fax	48.
Postage & Delivery	1,726.
Repairs & Maintenance	282.
Telephone/Internet	1,075.
Cleaning Services	2,100.
Office Supplies	3,565.
Bank Fees	276.
Total	<u>9,072.</u>

**Supporting Statement of:**

Form 990 p 10/Line 13 col (B)

Description	Amount
Print/Copy of Weeds Reference at Front Desk	86.
Printing and production of Farm Direct Stickers	154.
Print/Copy FTS	256.
Print/Copy SPROUTS	86.
Print/Copy FD	270.
Print/Copy Mobile Market FMPP	75.
Print Copy FTI	253.
Print/Copy GMUW	21.
Print/Copy	
Shipping & Printing	2,333.
Total	<u>3,534.</u>

**Supporting Statement of:**

Form 990 p 10/Line 13 col (C)

Description	Amount
Fax	47.

Continued

**Supporting Statement of:**

Form 990 p 10/Line 13 col (C)

Description	Amount
Postage & Delivery	1,726.
Repairs & Maintenance	285.
Telephone/Internet	1,075.
Cleaning	2,100.
Office Supplies	3,565.
Print/Copy	50.
Toner/Inkjet Carts	240.
Bulk Mail Permit	190.
Printed #10 Envelopes in two version (1,250)	421.
Total	<u>9,699.</u>

**Supporting Statement of:**

Form 990 p 10/Line 14 col (B)

Description	Amount
Farm Direct Database Modifications	7,197.
Total	<u>7,197.</u>

**Supporting Statement of:**

Form 990 p 10/Line 16 col (A)

Description	Amount
Electric	397.
Rent	8,297.
ISP Address paid with rent	70.
Total	<u>8,764.</u>

**Supporting Statement of:**

Form 990 p 10/Line 17 col (B)

Description	Amount
FMPP The LunchBox Mobile Mkt - registration	249.
FMPP The LunchBox Mobile Mkt - gas/diesel	40.
FTS mileage	5,272.
SPROUTS mileage	7,650.
Farm Direct Mileage	1,937.
Mileage for Educational Camps	327.
Farm Corps Mileage	981.

Continued

**Supporting Statement of:**

Form 990 p 10/Line 17 col (B)

Description	Amount
Garden Club Mileage	462.
FMPP Mileage - Mobile Market	632.
GMUW Mileage	1,976.
Morgan Farm Field Trip Bus & Driver	159.
Total	<u>19,685.</u>

**Supporting Statement of:**

Form 990 p 10/Line 17 col (C)

Description	Amount
Admin	956.
Total	<u>956.</u>

**Supporting Statement of:**

Form 990 p 10/Line 19 col (B)

Description	Amount
F2P Gathering FTS	125.
NH FTS Conference	60.
ABCs of Farming Education FTS - 1 participant	50.
6th Annual Farm to Cafeteria Conference	337.
NOFA Winter Conference SPROUTS	60.
Chicago Food Hub Collaboration Conference FD	285.
NOFA Direct Marketing Conference FMPP	30.
Umbrage FD	27.
Total	<u>974.</u>

**Supporting Statement of:**

Form 990 p 10/Line 19 col (D)

Description	Amount
Vermont Matchmaker Event	40.
Total	<u>40.</u>

**Supporting Statement of:**

Form 990 p 10/Line 20 col (B)

Description	Amount
Interest on Sprouts credit card charges	16.
Total	<u>16.</u>

**Supporting Statement of:**

Form 990 p 10/Depreciation column (B)

Description	Amount
2001 Freightliner Mobile Farm Market Truck	975.
Dell P4 Windows XP Desktop 2.8 Ghz w/ 17" Flat panel	12.
Refurbished IBM P4 Windows XP 2.8 Ghz	6.
Total	<u>993.</u>

**Supporting Statement of:**

Form 990 p 10/Line 23 col (B)

Description	Amount
Commercial Auto for The LunchBox truck FMPP	196.
Bond required by RBEG Grant	613.
Total	<u>809.</u>

**Supporting Statement of:**

Form 990 p 10/Line 23 col (C)

Description	Amount
Worker's Comp	751.
General Liability	758.
Total	<u>1,509.</u>

**Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-1

Description	Amount
Program Supplies FTS	139.

Continued

**Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-1

Description	Amount
Program Supplies SPROUTS	399.
Program Supplies FD	1,100.
Program Supplies FMPP/Mobile Farm Market	159.
Program Supplies FC	205.
Program Supplies Workshops	70.
Tools	92.
Books	77.
FTS Food for Taste Tests, Recipe Testing, etc.	1,750.
SPROUTS Food for Taste Tests, Recipe Testing, etc.	1,097.
FD Food purchased for events	371.
Food for other events GFL, FC,	1,870.
Total	<u>7,329.</u>

**Supporting Statement of:**

Form 990 p 11/Line 1, column (A)

Description	Amount
CNB Checking 6801	20,814.
Undeposited Funds	2,700.
Total	<u>23,514.</u>

**Supporting Statement of:**

Form 990 p 11/Line 1, column (B)

Description	Amount
CNB Checking 6801	29,185.
Undeposited Funds	3,250.
Total	<u>32,435.</u>

**Supporting Statement of:**

Form 990 p 11/Line 17, column (A)

Description	Amount
Accounts Payable Bills	578.
Total Credit Card Liabilities	464.
Payroll Liabilities	1,962.
Total	<u>3,004.</u>

**Supporting Statement of:**

Form 990 p 11/Line 17, column (B)

Description	Amount
Accounts Payable	635.
Credit Cards Payable	312.
Payroll Liabilities	2,935.
Total	<u>3,882.</u>

**Supporting Statement of:**

Form 990 p 11/Line 30, column (A)

Description	Amount
Unrestricted Net Assets	29,071.
Temporarily Restricted Net Assets	0.
Permanently Restricted Net Assets	0.
Total	<u>29,071.</u>

**Supporting Statement of:**

Form 990 p 11/Line 30, column (B)

Description	Amount
Unrestricted Net Assets	32,410.
Temporarily Restricted Net Assets	0.
Permanently Restrctited Net Assets	0.
Total	<u>32,410.</u>

**Supporting Statement of:**

Sch D, page 2/Equipment col (b)

Description	Amount
2001 Freighliner Stepvan	19,500.
Refurbished IBM P4 Windows XP 2.8 Ghz Desktop	129.
Refurbished Dell P4 Windows XP Desktop 2.8 Ghz 17" Flat Panel	236.
Desks, chairs, furniture & Equipt from startup	920.
Total	<u>20,785.</u>



Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2011**Attachment  
Sequence No **179**

Name(s) shown on return

**Vermont Farm-to-School, Inc**

Identifying number

**41-2273707**

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
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)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	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 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		365.	5.0 yrs	MQ	200 DB	18.
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 property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C — Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	975.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	993.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost					
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25						
26 Property used more than 50% in a qualified business use:													
2001 MT55 Step Van	05/14/12	100.00	19,500.	19,500.	5.00	200 DB-MQ	975.						
27 Property used 50% or less in a qualified business use:													
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	975.					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29					

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions):					
43 Amortization of costs that began before your 2011 tax year					43
44 <b>Total.</b> Add amounts in column (f). See the instructions for where to report					44