SCAMMED JUN 0 6 2013

232001 12-10-12

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning and	ending						
Вс	heck if	C Name of organization		D Employer identifica	ition number				
	_Addres	FRESHFARM MARKETS, INC.							
	Name	D. B.		35-21	69859				
	Initial return Termin ated	rectined and street for the street street street	Room/suite	E Telephone number 202-362-8889					
	Ameno			G Gross receipts \$ 1,079,265.					
	Applic tion	WASHINGTON, DC 20003-5691		H(a) Is this a group return					
	pendir	F Name and address of principal officer; BERNADINE PRINCE SAME AS C ABOVE		for affiliates? H(b) Are all affiliates inclu	Yes X No				
1 T	ax-exe	empt status: X 501(c)(3) 501(c) ()◀ (insert no) 4947(a)(1) c	or 527	lf "No," attach a lis	et (see instructions)				
		e: ► WWW.FRESHFARMMARKETS.ORG		H(c) Group exemption					
K F	orm of	organization X Corporation Trust Association Other ▶	L Year	of formation 2002 M:	State of legal domicile DC				
Pε	rt I	Summary							
ą.	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{SEE}}$	SCHEDU	LE O					
Activities & Governance		***************************************							
Ě	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	ed of more	1 1					
Š		Number of voting members of the governing body (Part VI, line 1a)		3	12				
න ව	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12				
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	34				
Z E	6	Total number of volunteers (estimate if necessary)		6	50				
ŏ	7 a '	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7ь	0.				
			<u> </u>	Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		314,580.	521,103.				
	9	Program service revenue (Part VIII, line 2g)		479,443.	526,854.				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ļ	6,685.	7,191.				
11.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u></u>	145,025.	<u>-79,848.</u>				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		945,733.	975,300.				
		Grants and similar amounts paid (Part-IX-column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part X.column (A), lines 5·10)		538,969.	623,280.				
Expenses	16a	Professional fundraising fees (PartAX, column (A) line 119) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.				
χĎ	ь	Total fundraising expenses (Part IX, column (D), line 25) 2 67,17	/0.						
Ш		Other expenses (Part IX, column (A), lines-1,1 a-11d; -1,1f-24e)		365,642.	382,452.				
		Total expenses Add lines 13-17-(must-equal Part-IX, column (A), line 25)	<u> </u>	904,611.	1,005,732.				
	19	Revenue less expenses. Subtract line 18 from line 12		41,122.	-30,432.				
sets or			Be	inning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		904,955.	898,507.				
Net As: Fund Ba	21	Total liabilities (Part X, line 26)		36,731.	51,711.				
2년		Net assets or fund balances. Subtract line 21 from line 20		868,224.	846,796.				
		Signature Block							
		ities of perjury, I declare that I have examined this return, including accompanying schedules			mowledge and belief, it is				
true,	c orrec	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge					
		13 /		05/10/	2013				
Signature of officer									
Her	e	BERNADENE PRINCE, CO-EXECUTIVE							
		Type or print name and title							
		Print/Type preparer's name Preparer's sign							
Paid	l	ALAN L. GORDON, CPA							
Prep	arer	Firm's name ALAN L. GORDON, CPA, P.A							
Use	Only	Firm's address 51 MONROE STREET, #401							
	_	ROCKVILLE, MD 20850							
May	the If	RS discuss this return with the preparer shown above? (see instru							
	01 12-1								

Form	990 (2012) FRESHFARM MARKETS, INC. 35-2169859 Page	2
	t 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:	
	FRESHFARM MARKETS STRIVES TO BUILD AND STRENGTHEN THE LOCAL FOOD	_
	MOVEMENT IN THE CHESAPEAKE BAY REGION. WE USE OUR MARKETS TO CREATE	
	VIBRANT URBAN AND COMMUNITY PLACES, TO PROVIDE ECONOMIC OPPORTUNITIES	
	FOR FARMERS AND TO SHOWCASE OUR REGION'S AGRICULTURAL BOUNTY. WE AIM	_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-F7?	_
	the phot form dod of due an	,
	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.	_
3	Did the organization doubt bolledoung, or make Ing.	,
4	If "Yes," describe these changes on Schedule O. 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 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 \$ 748,327. including grants of \$) (Revenue \$ 526,854.	7
74	FRESHFARM MARKETS OPERATES 11 PRODUCER-ONLY FARMERS MARKETS IN THE	. *
	CHESAPEAKE BAY REGION. IN THE DISTRICT OF COLUMBIA, WE OPERATE MARKETS	_
	IN DUPONT CIRCLE, FOGGY BOTTOM, PENN QUARTER, H STREET NE, AND BY THE	_
	WHITE HOUSE AND IN MARYLAND, WE OPERATE MARKETS IN ANNAPOLIS, BETHESDA,	
	ST. MICHAELS AND SILVER SPRING AND IN VIRGINIA, WE OPERATE MARKETS IN	_
	CRYSTAL CITY AND BALLSTON.	_
		_
		_
	03.570	_
4b	(Code) (Expenses \$ 91,572. including grants of \$) (Revenue \$ FRESHFARM MARKETS RUNS 5 OUTREACH AND EDUCATIONAL PROGRAMS IN ADDITION	,)
		_
	TO OUR 11 FARMERS MARKETS: CHEF AT MARKET PROGRAM, FOODPRINTS (LOCAL FOODS SCHOOL PROGRAM), MARKET GLEANING, FARMER FUND, AND MATCHING	-
	DOLLARS (DONATED \$47,430 IN FREE MATCHING DOLLARS TO FOOD STAMP, WIC	
	AND SFMNP RECIPIENTS IN 2012).	_
	Into Office Account to the Control of the Control o	_
		_
		_
4c	(Code) (Expenses \$	_)
	PROVIDING A MEANS FOR LOCAL FARMERS TO DONATE FRESH FARM-GROWN FOODS TO	_
	9 LOCAL CHARITIES (DONATED 50,000 POUNDS OF FRESH FOOD IN 2012).	_
	VALUE OF THE DONATED FOOD WAS APPROXIMATELY \$75,000.	
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 839,899.	_
	Form 990 (201	2)
23200 12-10	- 12	
	3	

L.YT.			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
·	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		l v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			ļ
		9		х
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	-;-		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
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	11c		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	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			w
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
_	Schedule D, Parts XI and XII	12a	_X_	
Ь	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 and XII is optional	4/15		Х
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
-	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part (X,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Ţ.	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		- <u>X</u> -
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь	000	2012
		Lotu	ಶಶ∪ (2012)

	- Jones and Jone		Yes	No
04	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
21	United States on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II	21		Х
20	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X.
24a	the state of the s			
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X_
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			1
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u></u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		}	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ļ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	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? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l v
	contributions? If "Yes," complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		 ** -
34		34		X
	Part V, line 1	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334	-	+
ь	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\vdash
36		36		X
~~	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization		T	1
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Γ	
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	L
	TOTE: All I All I And and India die todalisa to assistante assistante		990	(2012)

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orm	990 (2012) FRESHFARM MARKETS, INC. 35-2169			age 6
Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	"No" r	espon	se
				X
	Check if Schedule O contains a response to any question in this Part VI			<u> </u>
ec.	tion A. Governing Body and Management		Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year 12			
18	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 0			
	The second secon			
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
J	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
	The state of the s			
,	more members of the governing body?	7a	Х	ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Х	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			ĺ
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the internal Revenue Code)			
		r——	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		¢	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40.	Х	
	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	1,24		_
15	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?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	Ì
a	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	.02		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
· va	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
Ü	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			}
	exempt status with respect to such arrangements?	16b	<u> </u>	
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ▶DC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	id finar	rcial	
	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	ition: 🕨		

THE CORPORATION - 202-362-8889
945 G STREET, NW, WASHINGTON, DC 20001

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 employees"
- 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 organia (A)	(B)			((C)			(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/frustee)				one	Reportable compensation	Reportable compensation	Estimated amount of other	
	hours per week							from	from related		
	(list any	or director						the	organizations	compensation	
	hours for	ig is	器		ļ	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	related organizations	anstee	Institutional mustee		<u>8</u> 2	E G		(44-5) 1099-14112C)		organization and related	
	below	Individual	utton	 5	Кеу епртоуве	200	تؤ			organizations	
	line)	ğ	list.	- Officer	ξę,	돌통	Former		**************************************		
(1) ANN HARVEY YONKERS	40.00]									
PRESIDENT		X		X				75,960.	0.	2,400	
(2) BERNADINE PRINCE	40.00	١						25.060		2 400	
TREASURER		X		X		<u> </u>		75,960.	0.	2,400	
(3) CATHAL ARMSTRONG	1.00							ا م ا	0.	0	
DIRECTOR	1.00	Х	<u> </u>		-			0.		0	
(4) JOAN FABRY	1.00	X						o.	0.	0	
DIRECTOR	1.00	^						V .			
(5) RENEE CATACALOS	1.00	x		Х				o.	· · · o.	0	
SECRETARY (6) HEATHER FLORANCE	1.00	1					-				
DIRECTOR		x						l o.	ο.	0	
(7) NIC JAMMET	1.00		1		<u> </u>	 			<u> </u>		
DIRECTOR		X						0.	0.	0	
(8) MIKE KOCH	1.00			_							
DIRECTOR		X						0.	0.	0	
(9) HERB MILLER	1.00										
DIRECTOR		X	<u> </u>			ļ		0.	0.	0	
(10) NORA POUILLON	1.00								_	_	
DIRECTOR		X						0.	0.	0	
(11) BETSY PRITCHARD	1.00										
DIRECTOR	1 00	X		_				0.	0.	0	
(12) BETSY SANTARLASCI	1.00	١,,		i				0.	0.		
DIRECTOR	1.00	X	-		<u> </u>	 -		V.	<u> </u>	0	
(13) MARK TOIGO	1.00	X			ŀ			0.	о.	0	
DIRECTOR		^				\vdash		0.	0.		
		1									
		1-	-	\vdash	<u> </u>			· · · · · · · · · · · · · · · · · · ·	-		
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		\vdash		-			-				
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232007 12-10-12

	990 (2012) FRESHFARI									35-21	598	59	Page 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any hours for related organizations below	stee or director opposition opposition	not c	Pos heck	tion more rson irecto		one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	rees (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC)		Estir amo ot compe fron organ and r	F) nated unt of her ensation n the lization elated zations
		line)	밀	Sul	\$	Key	EH.	For					
				_				_			+		
,				_									
	Sub-total Total from continuation sheets to Part VI	I Section A	<u></u>	<u> </u>		<u> </u>			151,920. 0.		0.	4	,800.
	Total (add lines 1b and 1c) Total number of individuals (including but in	·	nose	liste	ed a	bov	e) wi	no re	151,920.	(0.	4	,800. 0
3	Did the organization list any former officer,			e, ke	ey er	npk	yee	or l	highest compensated e	mployee on		_ '	es No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the st and related organizations greater than \$15	im of reportab 0,000? If "Yes,	le co " co	mpl	ete l	Sch	edule	∋ <i>J f</i>	or such individual			4	X X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors							elat	ed organization or indiv	dual for services		5	Х
1	Complete this table for your five highest continuous the organization. Report compensation for (A)										ensat ——	ion fro	m
	Name and business	address	N	INC	E				Description of s	services	Coi	mpens	ation
		·											
	·												
2	Total number of independent contractors (\$100,000 of compensation from the organ		not li	mite	ed to		se li O	stec	d above) who received n	nore than	<u> —</u>	om 9 9	90 (2012)
23200 12-10	08 - 12						_						ŕ

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) (D) Revenue excluded from tax under (B) Unrelated Related or Total revenue business exempt function sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 16 **b** Membership dues 258,112. 10 c Fundraising events d Related organizations 4,755. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 258,236 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 521,103 h Total. Add lines 1a-1f Business Code 526,831. 526,831. 2 a MARKET FEES 900099 Program Service Revenue 900099 **MERCHANDISE SALES** f All other program service revenue 526,854. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,438. 7,438. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis 247 and sales expenses -247. c Gain or (loss) -247. -247.d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 258,112. of including \$ contributions reported on line 1c) See 23,870. Part IV, line 18 ь 103,718. b Less: direct expenses -79,848.-79,848.c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 b Less. direct expenses ▶ c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 975,300. 526,854. -72,657. Total revenue. See instructions Form 990 (2012) 232009 12-10-12

Form 990 (2012) FRESHFARM MARKETS, INC.

Part IX Statement of Functional Expenses

of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. Grants and other assistance to individuals in the United States. See Part IV, line 22. Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Genefits paid to or for members. Compensation of current officers, directors, rustees, and key employees. Compensation not included above, to disqualified thersons (as defined under section 4958(f)(1)) and thersons described in section 4958(c)(3)(B). Other salaries and wages.	Total expenses	Program service expenses	Management and general expenses 8,356.	Fundralsing expenses 2,278.
Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Granefits paid to or for members. Compensation of current officers, directors, rustees, and key employees compensation not included above, to disqualified tersons (as defined under section 4958(f)(1)) and the property of the salaries and wages		141,286.	8,356.	2,278
Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above, to disqualified tersons (as defined under section 4958(f)(1)) and the section described in section 4958(c)(3)(B)		141,286.	8,356.	2,278
he United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Granefits paid to or for members. Compensation of current officers, directors, rustees, and key employees Compensation not included above, to disqualified tersons (as defined under section 4958(f)(1)) and tersons described in section 4958(c)(3)(B)		141,286.	8,356.	2,278
Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above, to disqualified tersons (as defined under section 4958(f)(1)) and tersons described in section 4958(c)(3)(B)		141,286.	8,356.	2,278
organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages		141,286.	8,356.	2,278
United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages		141,286.	8,356.	2,278
Genefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages		141,286.	8,356.	2,278
Compensation of current officers, directors, rustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages		141,286.	8,356.	2,278
rustees, and key employees Compensation not included above, to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Other salaries and wages		141,286.	8,356.	2,278
nersons (as defined under section 4958(f)(1)) and hersons described in section 4958(c)(3)(B) Other salaries and wages				
ersons described in section 4958(c)(3)(B) Other salaries and wages				
Other salaries and wages				
- F				
Pension plan accruals and contributions (include	410,031.	318,929.	39,680.	51,422
**************************************	i			
ection 401(k) and 403(b) employer contributions)				
Other employee benefits	17,451.	14,310.	1,396.	1,745 4,388
Payroll taxes	43,878.	35,980.	3,510.	4,388
ees for services (non-employees)				
Management				
_egal	841.	841.	10 007	
Accounting	19,097.		19,097.	
, ,				
, ,				
T				
	1 011	1 715	27	92
	1,044.	1,/13.	31.	92
• •	10 219	9 504	204	511
· · · · · · · · · · · · · · · · · · ·	10,210	7,3046	2011	
-	58-821-	54.704.	1.176.	2,941
	10/,330	10,,000		
E	9,547.	8,879.	191.	477
ſ				
· ·	9,442.		9,442.	
• • • • • •				
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	95,687.	95,687.		
	44,515.	41,399.	890.	2,226
	23,653.	23,653.		
	14,243.	14,243.		
	83,790.	68,016.	14,684.	1,090
	1,005,732.	839,899.	98,663.	67,170
•				
Check here If fallowing SOP 98-2 (ASC 958-720)				Form 990 (2012
	Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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 0) RESTRICTED GRANT EXPEND TELECOMMUNICATIONS MARKET PERMITS AND FEES MARKET PROMOTIONS All other expenses Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses literaize expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) RESTRICTED GRANT EXPEND TELECOMMUNICATIONS MARKET PERMITS AND FEES MARKET PROMOTIONS All other expenses Total functional expenses Add lines 1 through 24e 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 Intellowing SOP 98-2 (ASC 958-720)	Payroll taxes Fees for services (non-employees) Management Legal Accounting Legal Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Cother. (If line 11g amount exceeds 10% of line 25, 20 Junin (A) amount, list line 11g expenses on Sch 0) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) RESTRICTED GRANT EXPEND TELECOMMUNICATIONS MARKET PERMITS AND FEES MARKET PERMITS AND FEES MARKET PROMOTIONS All other expenses Interest 14, 243. All other expenses Jif fellowing SOP 98-2 (ASC 998-720) Telchock here Items In column (B) point costs from a combined educational campaign and fundraising solicitation Check here I Items Incolumn (B) point costs from a combined educational campaign and fundraising solicitation Check here I Items Incolumn (B) point costs from a combined educational campaign and fundraising solicitation Check here I Items Incolumn (B) point costs from a combined educational campaign and fundraising solicitation Check here I Items Incolumn (B) point costs from a combined educational campaign and fundraising solicitation Check here I Items Incolumn (B) point costs from a combined educational campaign and fundraising solicitation Check here I Items Incolumn (B) point costs from a combined educational campaign and fundraising solicitation Check here I Items Incolumn (B) point costs from a combined educational campaign and fundraising solicitation Check here I Items Incolumn (B) point costs from a combined educational campaign and fundraising solicitation	Payroll taxes -ees for services (non-employees) Management Legal Accounting

Part)	<u>^</u>	Balance Sheet					
		Check if Schedule O contains a response to any	y ques	tion in this Part X			<u> </u>
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			20,635.	1	43,085
2	2	Savings and temporary cash investments		621,664.	2	557,409	
3	3	Pledges and grants receivable, net	26,150.	3	3,333		
4	4	Accounts receivable, net			47,430.	4	83,390
5	5	Loans and other receivables from current and fo	ormer o	officers, directors,			
		trustees, key employees, and highest compensi					
		Part II of Schedule L			5		
6	6	Loans and other receivables from other disquali	fied pe	ersons (as defined under			
		section 4958(f)(1)), persons described in section	(c)(3)(B), and contributing				
		employers and sponsoring organizations of sec					
.		employees' beneficiary organizations (see instr)	Comp	olete Part II of Sch L		6	
۶ g	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		_		8	
7	9	Prepaid expenses and deferred charges			2,151.	9	7,762
10	0a	Land, buildings, and equipment cost or other					1
		basis Complete Part VI of Schedule D	10a	50,895.			İ
	b	Less. accumulated depreciation	10ъ	36,653.	16,892.	10c	14,242 182,703
11	1	Investments - publicly traded securities	167,533.	11	182,703		
12	2	Investments - other securities. See Part IV, line		12			
13	3	Investments · program-related. See Part IV, line		13			
14	4	Intangible assets		14			
15	5	Other assets. See Part IV, line 11	2,500.	15	6,583 898,507		
16	B	Total assets. Add lines 1 through 15 (must equ	904,955.	16	898,507		
17	7	Accounts payable and accrued expenses	35,031.	17	42,107		
18	В	Grants payable		18			
19	9	Deferred revenue		Ļ	1,700.	19	9,604
20	0	Tax-exempt bond liabilities				20	
ខ្លួ 21	1	Escrow or custodial account liability. Complete	of Schedule D		21		
21 22 22	2	Loans and other payables to current and former	rs, directors, trustees,				
<u> </u>		key employees, highest compensated employee	s, and	disqualified persons.			
-		Complete Part II of Schedule L				22	
23	3	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
24	4	Unsecured notes and loans payable to unrelated	d third	parties		24	
25		Other liabilities (including federal income tax, pa	•				
-		parties, and other liabilities not included on lines	17-24). Complete Part X of		i	
		Schedule D		_	26 721	25	F 7
26		Total liabilities. Add lines 17 through 25		. [77]	36,731.	26	51,711
		Organizations that follow SFAS 117 (ASC 958		ck here 🕨 🔀 and			
ses		complete lines 27 through 29, and lines 33 an	d 34.		700 070		212 516
E 27	7	Unrestricted net assets	-	722,878.	27	717,515	
ē 28		Temporarily restricted net assets		-	145,346.	28	129,281
멀 29		Permanently restricted net assets		, , , , , , ,		29	
₽		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖			
5		and complete lines 30 through 34.					
30 30	0	Capital stock or trust principal, or current funds		<u> </u>		30	
ğ 31		Paid in or capital surplus, or land, building, or ec		The second secon		31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in	come,	or other funds	0.00 004	32	046 206
Z 33		Total net assets or fund balances			868,224.	33	846,796
34	4	Total liabilities and net assets/fund balances			904,955.	34	898,507

Form	990 (2012) FRESHFARM MARKETS, INC.	35-216	9859	Page 12
	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
		1 1		200
1	Total revenue (must equal Part VIII, column (A), line 12)	1		300
2	Total expenses (must equal Part IX, column (A), line 25)	2		,732.
3	Revenue less expenses. Subtract line 2 from line 1	3		,432.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,224.
5	Net unrealized gains (losses) on investments	5	9	,004.
6	Donated services and use of facilities	6		
7	investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		0.46	706
	column (B))	10	846	,796.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII		Τ,	Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	e O		v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			x
b	Were the organization's financial statements audited by an independent accountant?		2b	^_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa-	ite dasis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis	L		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	ne audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	Sandada O	2c	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sc			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	single Audit	30	x
	Act and OMB Circular A-133?	unad andr	За	A
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	uireo audit	3ь	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			990 (2012)
			FORM	7 7 7 7 7 7 1 2 1

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

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

2012

Open to Public Inspection

Name of	the organizati			T110				E		r identificatio	
Dort F	Doncon		ARM MARKETS, rity Status (All organiz		et comple	e this pa	t \ Soo inc	tructions		5-21698	839
Part I	ــــــــــــــــــــــــــــــــــــــ		because it is: (For lines					il detions.			· · · · · · · · · · · · · · · · · · ·
1 orga		-	es, or association of chur					١			
2 🗔			70(b)(1)(A)(ii). (Attach Sc				~ (~)(·)(· ·)(·	<i>,</i> .			
3 🖂			oital service organization			170(b)(1	(A)(iii).				
4 🗀			operated in conjunction)(b)(1)(A)(i	ii). Enter	the hospital's	s name,
• —	city, and stat	· ·	-,		•				•	,	
5	-		benefit of a college or u	niversity o	wned or o	perated b	y a govern	mental un	ıt descri	oed in	
- ,	section 170	(b)(1)(A)(iv). (Comp	lete Part II)								
6 🗀	A federal, sta	ate, or local governn	nent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).				
7 🔲	An organizat	ion that normally red	ceives a substantial part	of its supp	ort from a	governm	ental unit d	or from the	e general	public descri	ıbed in
	section 170((b)(1)(A)(vi). (Comple	ete Part II.)								
8 🗌	•		section 170(b)(1)(A)(vi).								
9 X	An organizati	ion that normally red	ceives: (1) more than 33 1	1/3% of its	s support f	rom contr	ibutions, r	nembersh	ıp fees, a	and gross rece	eipts from
		•	inctions - subject to certa								
			taxable income (less sect	tion 511 ta	ix) from bu	sinesses	acquired b	y the orga	anization	after June 30), 1975
		509(a)(2). (Complet	•				= 001.11				
10	~	-	perated exclusively to te	•					1 _, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
11 📖	-	-	perated exclusively for the		=				-		
		-	ations described in section and complete in the complete in th		•		Z) See Se	ction sosi	(a)(a). Or	leck fue box to	лац
	a Type I		· · · · · · · · · · · · · · · · · · ·		nctionally			d 🔲 Typ	a III - No	n-functionally	untegrated
e 🗀	• • •		at the organization is not	• •		_					-
٠			than one or more publicly								
f			tten determination from t						- (-/(-/		-/\-/
·		rganization, check t				, -,					
g			organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?		
_	(i) A perso	n who directly or inc	directly controls, either al	one or tog	ether with	persons (described	ın (ii) and ((III) below	, <u> </u>	Yes No
	the gove	erning body of the s	supported organization?							11g(i)	
	(ii) A family	member of a perso	n described in (i) above?							11g(ii)	
	(iii) A35% d	controlled entity of a	a person described in (i) o	or (II) abov	e?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)						1
				T				1 7.33		1	
	of supported	(ii) EIN	(iii) Type of organization		organization sted in your		u notify the tion in col	(vi) iş Jorganizati	en in cel	(vii) Amount o	•
org	anization				document?		r support?	(I) organiz U S	ed in the	suppo	ort
			(see instructions))	Yes	No	Yes	No	Yes	No	<u> </u>	
					<u> </u>		<u> </u>		-		
			,								
•			1	-1-7.							
]				
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							ļ	ļ	ļ		
								1			
Total			1	1		L	<u> </u>	1	1		
	Paperwork Re) or 990-EZ.	duction Act Notice	e, see the Instructions fo	or				Schedul	e A (For	m 990 or 990	-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

oupport outlease for or Bern-energy		
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization	n 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1 Gifts, grants, contributions, and						1			
membership fees received. (Do not									
include any "unusual grants.")									
2 Tax revenues levied for the organ-									
ization's benefit and either paid to									
or expended on its behalf			<u> </u>						
3 The value of services or facilities						1			
furnished by a governmental unit to									
the organization without charge									
4 Total. Add lines 1 through 3									
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	1								
amount shown on line 11,									
column (f)									
6 Public support. Subtract line 5 from (ine 4	1								
Section B. Total Support						.			
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
7 Amounts from line 4									
8 Gross income from interest,									
dividends, payments received on		1							
securities loans, rents, royalties									
and income from similar sources									
9 Net income from unrelated business	3								
activities, whether or not the									
business is regularly carried on									
10 Other income Do not include gain									
or loss from the sale of capital									
assets (Explain in Part IV.)									
11 Total support. Add lines 7 through 10		<u> </u>	1			<u> </u>			
12 Gross receipts from related activitie					12				
13 First five years. If the Form 990 is f	or the organization	's first, second, th	ird, fourth, or fifth t	ax year as a secti	on 5 01(c)(3)	. 🗀			
organization, check this box and st			·			<u>▶</u>			
Section C. Computation of Pul					1 1				
14 Public support percentage for 2012			column (f))		14	<u>%</u>			
15 Public support percentage from 20	11 Schedule A, Par	rt II, line 14			15	%			
16a 33 1/3% support test - 2012. If the				14 is 33 1/3% or	more, check this b	ox and			
stop here. The organization qualified									
	b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
and stop here. The organization qu				- 10 40 105		النا 🔻			
17a 10% -facts-and-circumstances to	est - 2012. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b	, and line 14 is 10%	or more,			
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization								
meets the "facts-and-circumstance					. 45J.b 46.	100/ ==			
b 10% -facts-and-circumstances to									
more, and if the organization meets						e 			
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
18 Private foundation. If the organiza	tion did not check a	a box on line 13, 1	oa, 100, 1/a, or 1/						
				50	nedule A (Form 99	v or 890-EZ) 2012			

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)

Se	ction A. Public Support	elow, please comp	nete Falt II)					
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	402,743.	315,400.	371,179.	314,580.	262,991.	1666893.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	366,777.	410,179.	481,174.	479,443.	526,854.	2264427.	
3	Gross receipts from activities that are not an unrelated trade or bus-							
4	iness under section 513 Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	7.60 5.20	705 570	052 353	704 022	700 045	2021220	
	Total. Add lines 1 through 5	769,520.	725,579.	852,353.	794,023.	789,845.	3931320.	
78	Amounts included on lines 1, 2, and	5,700.					5,700.	
t	3 received from disqualified persons 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	3,700.			:		0.	
,	Add lines 7a and 7b	5,700.					5,700.	
	Public support (Subtract line 7c from line 6)		, –			,	3925620.	
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·						
Cale	indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total 3931320.	
9	Amounts from line 6	769,520.	725,579.	852,353.	794,023.	789,845.	3931320.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,681.	4,751.	3,991.	5,681.	7,438.	31,542.	
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	: Add lines 10a and 10b	9,681.	4,751.	3,991.	5,681.	7,438.	31,542.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,001.	1,701	0,3323				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
	Total support. (Add lines 9, 10c, 11, and 12)		~			797,283.	3962862.	
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ex year as a section	n 501(c)(3) organiz	ation,	
_	check this box and stop here						>	
	ction C. Computation of Publ					[[99.06 %	
15	Public support percentage for 2012 (olumn (f))	•	15	0.0	
16	Public support percentage from 2011					16	98.83 %	
	Section D. Computation of Investment Income Percentage 17 Investment Income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 9							
	1 00							
18	18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. 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							
198	a 33 1/3% support tests - 2012. If the more than 33 1/3%, check this box a						7 is not ►X	
	more than 33 1/3%, check this box a 33 1/3% support tests - 2011. If the							
٠	line 18 is not more than 33 1/3%, che						▶□	
20							▶□	
_	23 12-04-12			1.6		edule A (Form 990	or 990-EZ) 2012	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

		FRESHFARM MARKETS,	INC.	35-2169859
Par	t F	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, lin	e 6	
•			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
		egate contributions to (during year)		
		egate grants from (during year)		
		egate value at end of year		
		ne organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
		ne organization's property, subject to the organization's		Yes No
		ne organization inform all grantees, donors, and donor a		vlna b
		naritable purposes and not for the benefit of the donor		
			of deliter devisor, or for any enter perpess com	Yes No
		rmissible private benefit? Conservation Easements. Complete if the or	canization answered "Yes" to Form 990 Part I	
Par		· · · · · · · · · · · · · · · · · · ·	•	v, inc. /
1	Purp	ose(s) of conservation easements held by the organizat		selly important land area
	님	Preservation of land for public use (e.g., recreation or		• •
	\vdash	Protection of natural habitat	Preservation of a certified	Instone structure
	LJ	Preservation of open space	e de la companya de la forma de la	
2		plete lines 2a through 2d if the organization held a qual	fied conservation contribution in the form of a	conservation easement on the last
	day c	of the tax year		It-Id-tab- Fuel states Tou Vone
				Held at the End of the Tax Year
а		number of conservation easements		2a
b	Total	acreage restricted by conservation easements		2b
		ber of conservation easements on a certified historic st		2c
d	Numi	ber of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
		In the National Register		2d
3	Numl	ber of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
	year			
		ber of states where property subject to conservation ea		
5	Does	the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violat	tions, 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	Amo	unt of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does	each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4))(B)(i)
		section 170(h)(4)(B)(ii)?		Yes No
9	In Pa	art XIII, describe how the organization reports conservation	tion easements in its revenue and expense stat	tement, and balance sheet, and
		de, if applicable, the text of the footnote to the organiza		
		ervation easements.		
Par	t III	Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	r Similar Assets.
		Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8	
1a	If the	organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement	and balance sheet works of art,
		orical treasures, or other similar assets held for public ex		
		ext of the footnote to its financial statements that desc		
ь		e organization elected, as permitted under SFAS 116 (A		d balance sheet works of art, historical
_		sures, or other similar assets held for public exhibition,		
		ing to these items:		·
		Revenues included in Form 990, Part VIII, line 1		▶ \$
		Assets included in Form 990, Part X		► \$ ► \$
2		e organization received or held works of art, historical tr	easures, or other similar assets for financial dat	
~		ollowing amounts required to be reported under SFAS		
_		enues included in Form 990, Part VIII, line 1	to be to a pool to taking to those holls.	▶ \$
a				► \$ ► \$
b	ASSE	ets included in Form 990, Part X		- V
		Day and Cladination And Nation on the Imperior	ne for Form 990	Schedule D (Form 990) 2012
LHA	For	Paperwork Reduction Act Notice, see the Instruction	15 IVI FUIIII 330.	Generale & (t Olin 850) 2012

232051 12-10-12

Sche	dule D (Form 990) 2012FRESHFAR	MARKETS	, IN	IC.			35-	-2169859	Page 2
	t III Organizations Maintaining Co				reasures,	or Other	Similar A	ssets(continu	ıed)
3	Using the organization's acquisition, accessio								
	(check all that apply):								
а	Public exhibition	d		Loan or ex-	change progr	ams			
ь	Scholarly research	e		Other					
c	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	n how t	hey further	the organizat	on's exemp	t purpose ti	n Part XIII	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be mai							Yes	No_
Pai	Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	e organizati	on answered	"Yes" to Fo	rm 990, Par	t IV, line 9, or	
12	Is the organization an agent, trustee, custodia		harv for	contributio	ns or other as	ssets not Inc	duded		
10	on Form 990, Part X?	in or other intermed	ilary ioi	COMMISSIO	110 01 01,101 01	30000 1,01 1110	,,,,,,,,,	Yes	□ No
h	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	llowing	table					110
U	I res, explain the analogement in rational	na complete the fol	ii v ii ii ii ii	tabio.				Amount	
_	Regioning belongs						1c	741100110	
C	Beginning balance						1d		
d	Additions during the year				:		1e		
e	Distributions during the year						1f		
7-	Ending balance Did the organization include an amount on Fol	rm 000 Part Y line	212				L *: _ L	Yes	□ No
	If "Yes," explain the arrangement in Part XIII			on han hani	orounded in	Dart YIII			
Par									<u> </u>
1 01	Elidomiteric i dirada complete il	(a) Current year		rior year	(c) Two yea		Three years	back (e) Four y	ears hack
4	Postening of year halance	(a) Current year	10/ 1	Hoi yeai	(c) i wo you	13 Dack (d)	Tilloo yours	Buck ((G) (OUI)	COTO DUCK
	Beginning of year balance				<u> </u>				
	Contributions						······································		
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs				ļ				
	Administrative expenses					******			
9	End of year balance Provide the estimated percentage of the curre	est year and balance	o flipo 1	a solumn /	s)) bold ac				· · · · · · · · · · · · · · · · · · ·
2		int year end balance	% %	g, column (ajj nelu as.				
a	Board designated or quasi-endowment	%	⁷⁰						
	Permanent endowment	-							
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should	%							
2.	Are there endowment funds not in the posses		tion the	at are held o	and administs	ared for the	arganization	,	
36	,	Sion of the organize	RIOIT GI	at ale neto t	and domainste	sied for the t	ngamzanoi	F .	es No
	by.							3a(i)	63 110
	(i) unrelated organizations							4 1	
	(ii) related organizations b f "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b								
	Describe in Part XIII the intended uses of the c	•						_ 55	L
4 Day	t Vi Land, Buildings, and Equipme								
F 423					t or other	(c) Accu	mulated	(d) Book	value
	Description of property	(a) Cost or ot basis (investm		, , ,	(other)	depre		(a) Book	¥alu c
	Lond	220.0 (2170001)		223(5	·- ··· · · · · · · · · · · · · · · · ·	00,00		1	
	Land Buildings			 				 	
	Leasehold improvements								
d	Equipment			5	34,414.	3	3,357.	1	,057.
	Other				6,481.		3,296.		,185.
	. Add lines 1a through 1e (Column (d) must eq	ual Form 990. Part	X. colur			*******	<u> </u>		,242.
	- , to interprise to position to most out								

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 FRESHFARM MARKETS, INC.		<u> 35–</u>	2169859	Page 4
Par	TXI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per R	etur		
1	Total revenue, gains, and other support per audited financial statements		_1_	1,192,	<u>751.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a 9,004.			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d 208,200.			
e	Add lines 2a through 2d		2e	217,	204.
3	Subtract line 2e from line 1		3	975,	547.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	· · · · · · · · · · · · · · · · · · ·	4a			
	· · · · · · · · · · · · · · · · · · ·	4b -247.			
	Add lines 4a and 4b	···	4c	-	247.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5		300.
	t XII Reconciliation of Expenses per Audited Financial Statement	ts With Expenses per			
1	Total expenses and losses per audited financial statements		1	1,214,	179.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а		2a			
b		2b			
	· · · · · · · · · · · · · · · · · · ·	2c			
d		2d 208,447.	-		
	Add lines 2a through 2d		2e	208-	447.
3	Subtract line 2e from line 1	_	3	1,005,	732
		•	-5	1,000,	132 .
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	al			
		4a			
		4b	. 1		^
	Add lines 4a and 4b	-	4c	1 000	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information		5	1,005,	/3Z <u>.</u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	nes 1a and 4: Part IV. lines 1b	and S	2h. Part V. line 4	l Part
	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			20,1 tale 7, mio 4	r, i art
	2) dit /ii ii/loo 25 dife o, dife dit /iii, iii/loo 25 dife b /ii/loo 55 liip/loo 25 dife b /ii/loo 55 liip/loo 55	The any acontorial mornian	<i>.</i>		

PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
IN-	KIND CONTRIBUTIONS			104,	482.
SPE	CIAL EVENT EXPENSES LISTED ON PART VIII, LI	NE 8B		103,	<u>718.</u>
	_				
TOT	AL TO SCHEDULE D, PART XI, LINE 2D	· · · · · · · · · · · · · · · · · · ·		208,	200.
בו ע כו	M VI IINE AD AMUED ADICOMMENDO.				
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
LOS	S ON DISPOSAL OF ASSETS				247.
			Sched	lule D (Form 99	

Schedule D (Form 990) 2012 FRESHFARM MARKETS, INC.	35-2169859 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
IN-KIND CONTRIBUTIONS	104,482.
SPECIAL EVENT EXPENSES LISTED ON PART VIII, LINE 8B	103,718.
LOSS ON DISPOSAL OF ASSETS	247.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	208,447.
• .	
	Schedule D (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Separation Sep	Department of the Treasury Internal Revenue Service	or if t	he organization entered more tha Attach to Form 990 or Form 990-l	ın \$15, EZ. ▶	000 oi See se	n Form 990-EZ, line	6a.	Inspection	
Pert Fundration, Activities, Complete the organization answered "Yes" to Form 990, Part IV, Ine 17. Form 990-EZ files are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply a last solicitations of power and and email solicitations of power and grafts to last state and email solicitations of government grafts to last state and email solicitations of government grafts to last state and email solicitations of government grafts to last state and email solicitations of government grafts to last state on the state of the organization have a written or oral agreement with any individual organization and individuals or entities (fundratiser) pursuant to agreements under which the fundrations is to be compensated at least \$5,000 by the organization. (i) Name and address of individual organization. (ii) Activity (iii) Activity (i	Name of the organization	<u> </u>					Employer id		
Indicate which the organization raced funds through any of the following activities. Check all that apply a									
a Mail solicitations Solicitations of non-government grants b Internet and email solicitations I Solicitation of non-government grants c Phone solicitations I Sol				ered '\	'es" to	Form 990, Part IV, I	ine 17 Form 990-l	Z filers are not	
b Internet and email solicitations Sobietation of government grants Sobietation of povernment grants	<u> </u>								
c Phone solicitations g Special funchraising events d Inperson solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part (ii) or entity in connection with professional fundrasing services ? Yes No If Yes, It the ten highest goal individuals or entities (funchraisers) pursuant to agreements under which the funchraiser is to be compensated at least \$5,000 by the organization. In Name and address of individual or entity (fundraser)	<u></u>				_	· · · · · · · · · · · · · · · · · · ·			
2 a Did the organization have a written or oral agreement with any individual (nelutating officers, directors, trustess or key employees listed in Form 1990. Part IVI) or entity in connection with professional flundratising services? Yes No in 1° Yes, Ties the ten highest paid individuals or entities (flundratesis) pursuant to agreements undor which the fundation is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity bere explored by a central flundratising from activity (flundrates) (iii) from activity from activity (individual or entity (flundrates) (iii) from activity (individual or entity (flundrates) (iii) from activity (iii) from activity (iii) from activity (iii) from activity organization) (iii) (i									
key employees listed in Form 990, Part VII) or entity in connection with professional fundratising services? Ves. Institute ten highest paid individuals or entities (fundrassers) pursuant to agreements under which the fundrasser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundrasser) Or entity (fundrasser) Ves. No. Yes. No. Yes. No. Yes. No. Total Total Total A List all statios in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Which is a seempt from registration or licensing. Schedule 6 (Ferm 990 or 990-EZ) 2012							_		
b if "Yes, liet the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity Ves No								es No	
(ii) Name and address of individual or entity (fundraiser) Yes No								o be	
Total Total A late all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Characteristic	compensated at lea	ist \$5,000 by the	organization.					,	
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule & (Form 990 or 990-EZ) 2012 20291	• •		(ii) Activity	or control of			to (or retained by fundraiser	to (or retained by)	
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule © (Form 990 or 990-EZ) 2012 222081 01-07-13				Yes	No				
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule © (Form 990 or 990-EZ) 2012 222081 01-07-13									
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule 6 (Form 990 or 990-EZ) 2012 222081 01-07-13					············				
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule 6 (Form 990 or 990-EZ) 2012 222081 01-07-13			:						
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule 6 (Form 990 or 990-EZ) 2012 222081 01-07-13									
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule 6 (Form 990 or 990-EZ) 2012 222081 01-07-13								<u> </u>	
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule 6 (Form 990 or 990-EZ) 2012 222081 01-07-13									
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule 6 (Form 990 or 990-EZ) 2012 222081 01-07-13				 			 		
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule 6 (Form 990 or 990-EZ) 2012 222081 01-07-13									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2012			<u> </u>						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2012							<u> </u>		
LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Farm 990 or 990-EZ) 2012 232081 01-07-13		h the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	I it is exempt from	registration	
232081 01-07-13	or licensing.								
232081 01-07-13									
232081 01-07-13					<u>.</u> .				
232081 01-07-13									
232081 01-07-13									
232081 01-07-13				_					
232081 01-07-13 27	LHA Paperwork Reduct	ion Act Notice,	see the Instructions for Form 990	or 990	-EZ.	_	Schedule G (Fo	rm 990 or 990-EZ) 2012	
	232081 01-07-13			27					

Sch Pa		e G (Form 990 or 990-EZ) 2012 FRESHFA Fundraising Events. Complete if the	e organization answered	"Yes" to Form 990, Part	IV, line 18, or reported	2169859 Page 2 more than \$15,000
		of fundraising event contributions and gr				ors greater than \$5,000
,			(a) Event #1 FARMFEAST,	(b) Event #2 MARKET	(c) Other events NONE	(d) Total events (add col. (a) through
		•	MARKETING EV	EVENTS		col (c))
_			(event type)	(event type)	(total number)	COI (C))
Revenue	1	Gross receipts	272,495.	9,487.		281,982.
ш.	2	Less: Contributions	248,625.	9,487.		258,112.
	3	Gross income (line 1 minus line 2)	23,870.			23,870.
	Ť					
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 throug			.	(070
	11	Net income summary Combine line 3, colum	in (d), and line 10	000 D . W. L	<u> </u>	23,870.
Pa	irt		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col. (c))
æ	1	Gross revenue				
_	<u> </u>					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary Add lines 2 throug	h 5 in column (d)		•	()
	8	Net gaming income summary. Combine line	1, column d, and line 7	****	>	
9		ter the state(s) in which the organization opera		-t-t-0-7		Yes No
		the organization licensed to operate gaming a				163110
'	DII	"No," explain.				
		ere any of the organization's gaming licenses i				Yes No
ı	b If	"Yes," explain:				
	-					***
						000 000 000
2320	082 (01-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

Schedule G (Form 990 or 990 EZ) 2012 FRESHFARM MARKETS, INC.	35-2169859 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable garning?	Yes No
13 Indicate the percentage of garning activity operated in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords
Name	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am	nount
of gaming revenue retained by the third party ► \$ c If "Yes," enter name and address of the third party	
c if "Yes," enter name and address of the third party	
Name >	· · · · · · · · · · · · · · · · · · ·
Address ▶	
Address P	The second secon
16 Gaming manager information:	
Name ►	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	=
organization's own exempt activities during the tax year > \$	it in the
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, co	olumns (III) and (V), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	
	 _
	
	e G (Form 990 or 990-EZ) 2012
29	<u>-</u>

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

FRESHFARM MARKETS. INC.

Employer identification number 35-2169859

Par	t I Types of Property	uttri 10,	THC.	•			2100	00,5	
, 14,	Types differently	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on	Method of noncash contri		-	:s
1	Art · Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests							-	
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
	Intellectual property								
	Securities - Publicly traded								
	Securities - Closely held stock								
	Securities - Partnership, LLC, or								
• •	trust interests								
12	Securities - Miscellaneous							•	
13	Qualified conservation contribution ·								
	Historic structures			B					
14	Qualified conservation contribution · Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	Х	2,000	75,	000.	MARKET VA	JUE		
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens	-							
24	Archeological artifacts								
25	Other (ITEMS DONATED)	X	108	104,	482.	ESTIMATED	FAIR	MA	RKE
26	Other (
27	Other ()								
28	Other ()	-							
29	Number of Forms 8283 received by the organi	zation durin	o the tax year for o	ontributions					
	for which the organization completed Form 82				29				
	10) Willow the organization dompletes i ethical	,,		3				Yes	No
30a	During the year, did the organization receive b	ov contributi	on any property rea	ported in Part I. line	es 1-28 th	nat it must hold for			
000	at least three years from the date of the initial								
	the entire holding period?	0011(110011011	.,		- 107 -		30a		X
ь.	If "Yes," describe the arrangement in Part II.						-		
31	Does the organization have a gift acceptance	policy that r	requires the review	of any non-standa	rd contrib	outions?	31		Х
	Does the organization have a gift acceptance. Does the organization hire or use third parties						1		
JZđ	contributions?	or related 0	rganizations to soll	,, process, or so		•	32a		х
L	If "Yes," describe in Part II						02.0		<u> </u>
	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colur	nn (a) is c	hecked.			
33		, colorini (c)	io. a typo or prope	,	(0) 10 0	,			1
	describe in Part II. For Paperwork Reduction Act Notice, see	the Instru	ctions for Form 99	00.		Schedule	M (Form	990)	(2012)
LHA	I OF Paperwork Neutron McC Notice, Sec	,		· 				,	, ,

SCHEDULE O . (Form 990 or 990-EZ)

13

· 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.

2012 Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

FRESHFARM MARKETS. INC.

Employer identification number 35-2169859

FRESHFARM MARKETS, INC. 33-2169839
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LESSENING THE BURDENS OF GOVERNMENT BY PROVIDING A VENUE TO CONNECT
CITY RESIDENTS WITH FARMERS AND THEIR LOCALLY GROWN PRODUCE WHICH
PROVIDES VITAL ECONOMIC, EDUCATIONAL AND SOCIAL OPPORTUNITIES FOR LOCAL
COMMUNITIES
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO CREATE A SUSTAINABLE URBAN-RURAL PARTNERSHIP THAT BRINGS THE
BLESSINGS OF HEALTHY LOCAL FOOD TO OUR COMMUNITIES AND SUSTAINS THE
WORKING LANDSCAPES THAT FEED US.
FORM 990, PART VI, SECTION A, LINE 7A: THE BYLAWS REQUIRE THAT THE BOARD
OF DIRECTORS INCLUDE FARMERS WHO PARTICIPATE IN THE FRESHFARM MARKET
PROGRAMS. BOARD MEMBERS SUBMIT RECOMMENDATION OF INDIVIDUALS WHO THEY FEEL
CAN PROVIDE INSIGHT AND SUPPORT TO THE ORGANIZATION'S OVERALL MISSION. THE
CURRENT BOARD OF DIRECTORS ELECTS NEW MEMBERS TO THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS GIVEN TO THE
MANAGING CO-EXECUTIVE DIRECTOR FOR REVIEW. AFTER REVIEWING THE FORM 990
THE MANAGING CO-DIRECTOR FORWADS A COPY IS SENT TO THE GOVERNING BODY FOR
REVIEW AND COMMENT. THE FORM 990 IS THEN FILED WITH THE APPROPRIATE
FEDERAL AND STATE AGENCIES.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MAINTAINS A
WRITTEN CONFLICT OF INTEREST POLICY. BOARD MEMBERS ARE REQUIRED TO SIGN A
DOCUMENT AT LEAST ANNUALY INDICATING WHETHER THERE ARE ANY CONFLICTS OF
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization FRESHFARM MARKETS, INC.	Employer identification number 35-2169859
INTEREST. THE BOARD THEN REVIEWS THE FORMS AND DISCUSSES	ANY KNOWN
CONFLICTS. DURING THE YEAR THERE WERE NO CONFLICTS OF IN	TEREST IDENTIFIED.
FORM 990, PART VI, SECTION B, LINE 15: THERE ARE TWO CO-E	XECUTIVE
DIRECTORS WHO WORK FULL TIME FOR THE ORGANIZATION AND ARE	RESPONSIBLE FOR
THE DAILY MANAGEMENT AND OVERSIGHT OF THE ORGANIZATION.	SALARIES AND
BONUSES ARE DETERMINED BY THE BOARD OF DIRECTORS EACH YEA	R BASED ON
COMPARISON TO SALARIES FOR SIMILAR POSITIONS IN THE WASHI	NGTON, DC AREA AND
AN ASSESSMENT OF THE OVERALL ACCOMPLISHMENTS OF EACH CO-D	IRECTOR. THE
CO-DIRECTORS DO NOT VOTE ON MATTERS CONCERNING THEIR COMP	ENSATION.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AINTAINS THE
FOLLOWING DOCUMENTS WHICH ARE AVAILABLE TO THE PUBLIC UPO	N REQUEST:
FINANCIAL STATEMENTS	
FORM 990	
GOVERNING DOCUMENTS	
	-
232212 Scher	dule O (Form 990 or 990-EZ) (2012)
Scree	uure 🐸 17 Ullii 33U Ul 33U*E£i (£U12)

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property) ▶ See separate instructions. ▶ Attach to your tax return.

990

Nan	ne(s) shown on return	Busin	ess or a	ctivity to w	Identifying number				
गम	RESHFARM MARKETS, IN	IC.		FOR	MY C	90 T	PAGE 10		35-2169859
_	art I Election To Expense Certain Propi		79 Note: If vo	 				V before v	
1	Maximum amount (see instructions)	only onder oddinan i	15 11010111) 1	ou navo any m	100 P	оропу	COMPLETE AND	1	500,000.
	Total cost of section 179 property pla	ced in service (see	instructions	:l				2	
	Threshold cost of section 179 property	•		•			•	3	2,000,000.
4	Reduction in limitation Subtract line 3	4							
5	Dollar limitation for tax year Subtract line 4 from tir			5					
6	(a) Description of p	d cost							

									1
		N-T							
7	Listed property. Enter the amount from	n line 29		•		7			
	Total elected cost of section 179 prop		s in column (e	c), lines 6 and	7			В	
	Tentative deduction. Enter the smalle	•	,	-,,				9	
	Carryover of disallowed deduction from	10							
	usiness income limitation. Enter the smaller of business income (not less than zero) or line 5								
	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11								
	Carryover of disallowed deduction to 2					13			
	te: Do not use Part II or Part III below fo		·						
P	art II Special Depreciation Allows	ance and Other D	epreciation	(Do not inclu	de list	ed prop	erty)		
14	Special depreciation allowance for qua	alified property (oth	ner than liste	d property) pl	aced (n servic	e during		
	the tax year	, , , ,					_	14	3,521.
15	Property subject to section 168(f)(1) el	ection						15	
16	Other depreciation (including ACRS)							16	3,296.
P	art III MACRS Depreciation (Do no	ot include listed pr	operty) (See	e instructions)				····
			Se	ection A					
17	MACRS deductions for assets placed	ın service in tax ye	ars beginnin	ng before 2012	2			17	1,921.
18	If you are electing to group any assets placed in se								
	Section B - Assets	Placed in Servic	e During 20	12 Tax Year l	Using	the Ger	neral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	{business/ir	r depreciation nvestment use instructions)	(d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property			3,518.	5	YRS.	HY	200DB	704.
_ c	7-year property								
d	10-year property			~~~					
e	15-year property	_							
f	20-year property								
9	25-year property		 .		25 yrs.			S/L	
ŀ	Residential rental property				27	′ 5 yrs.	MM	S/L	
	Tesidential ferital property	1	······································		27	5 yrs.	MM	S/L	
i	Nonresidential real property	/			3	9 yrs.	MM	MM S/L	
		1			<u></u>			1	
	Section C - Assets I	Placed in Service	During 2012	2 Tax Year Us	sing th	ne Alter	native Deprec	iation Sys	tem
<u> 20 a</u>	Glass life							S/L	
<u>t</u>						2 yrs		S/L	
c 40-year		//			40 yrs MM			S/L	
	art IV Summary (See Instructions)							,	
	Listed property Enter amount from line							21	
22	Total. Add amounts from line 12, lines	-							0 440
	Enter here and on the appropriate lines	-	•	•	tions -	see Inst	ir.	22	9,442.
23	For assets shown above and placed in	, -	e current yea	r, enter the					
2157	portion of the basis attributable to sec					23			
12-2	251 8-12 LHA For Paperwork Reduction	n Act Notice, see	separate in:	structions.					Form 4562 (2012)

For	m 4562 (2012)	FRE	SHFARM	MARK	ETS,	INC	•							859 _F	
Pa	Listed Proper amusement.) Note: For any	- '													
	through (c) of S	Section A, all	l of Section B, a	an <u>d Sec</u>	tion C if	applicat	ble.								
	Section A	- Depreciati	on and Other I	nforma	tion (Ca	ution: S	ee the I	nstruc	tions for lii	nits for p	asseng	er auton	nobiles)		
24a	Do you have evidence to s	support the bu	siness/investme	nt use cla	almed?	Y ₁	es L	No	24b if "Y	es," is th	e evide	nce writt	en?	Yes	No_
	(a)	(a) (b) (c) Date Business		(d)			(e) asis for depreciation		(f)	· ·	g)	1 7	h)	(i) Elected	
	Type of property (list vehicles first)	placed in service	investment use percentag	_ of	Cost or her basis		use only	stment	Recovery period		hod/ ention		ciation	section	ก 179
25	Special depreciation alleused more than 50% in			oroperty	placed	ın servic	e during	the t	ax year an	d	25				
	Property used more than			ee 1160.				<u> </u>			1 20	·		L	
20	Froperty used more tha	11 30 70 11 4 0	9												
		 	9												
		<u> </u>	9												
27	Property used 50% or le	ess in a qual							J						
	Troporty added 5575 G. T.	1	9	I			-			S/L					
			9	6					S/L·						
_			9	6						S/L·					
28	Add amounts in column	(h), lines 25	through 27 Er	nter here	e and on	line 21,	page 1				28				****
	Add amounts in column												29		
<u></u>					B - Infor		on Use	of Vel	nicles		•				
If y	mplete this section for ve ou provided vehicles to y	ehicles used your employe	by a sole propees, first answe	netor, pa er the qu	artner, o Jestions	r other " in Section	more the	an 5% see if y	owner," o ou meet a	or related an excep	persor tion to (n completi	ng this s	ection fo	or
tho	se vehicles				_			I	4 \$					- 46	
				(a)		(b)		(c)		(d)		(e)		(f)	
30	Total business/investment		-	Vehicle		ver	Vehicle		ehicle	Vehicle		Vehicle		Vehicle	
	year (do not include com											 		. .	
	Total commuting miles							ļ .							
32	Total other personal (no	ncommuting	g) miles			}								ļ	
	driven													<u> </u>	
33	Total miles driven during	· =				•	•			İ					
	Add lines 30 through 32			V	N ₁ -	Vac	Nic	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle availab	ne for persor	nai use	Yes	No	Yes	No	163	140	163	140	163	1,40	163	110
0.5	during off-duty hours?	rimarily by a	more	 		·						 -			
33	Was the vehicle used p		more												
00	than 5% owner or related person? 36 is another vehicle available for personal				<u> </u>	 -		\vdash			•				
30		acie ici peisi	Oriai												
	use?	Section C	- Questions f	or Emp	lovers V	/he Pro	vide Vel	nicles	for Use b	v Their E	mplove	ees		L	
	swer these questions to												re not m	ore than	5%
	ners or related persons.										L.,				T Ma
37	bo you maintain a witton poilo, statement and province and a contract and a contr							Yes	No						
	employees?			. 6 -6 -4	1										
38	Do you maintain a writt										QUI				
	employees? See the in:					mcers, u	mectors	, 01 12	o or more	OWITEIS					
39	Do you treat all use of v	venicies by e	mpioyees as p	ersona	use r	ınformai	tion from	vour	omnlovee	e about					
40	Do you provide more th					шионна	tion non	ı you	ciribioyee	s about					
	the use of the vehicles, Do you meet the requir					monetra	ation rise	2						<u> </u>	
41	Note: If your answer to								covered ve	hicles					.1
Гю	art VI Amortization	37, 30, 33, 4	40, 01 41 13 Te	3, 00 11	or comp.	icto occ	TOTAL DE	71 C/1G	2010,00.70	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>					
(a)			(b) (c) amortization Amortizable begins amount				(d) Code section		(e) Amortization period or percentage		(f)				
						tizable					A fo	mortization or this year			
42	Amortization of costs ti	hat begins d	unng your 2012		ar:							- 1			
**					T										
43	Amortization of costs t	hat began be	efore your 2012	2 tax yea	ar							43			
	Total. Add amounts in					o report						44			
	252 12-2B-12						2.4						F	orm 456 2	2 (2012)