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## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2010

Open to Public  
Inspection

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

## A For the 2010 calendar year, or tax year beginning

and ending

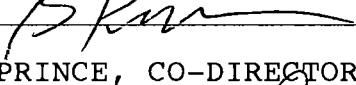
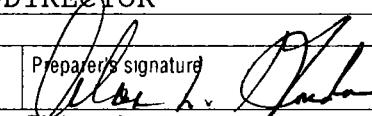
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization  FRESHFARM MARKETS, INC.		D Employer identification number  35-2169859	
	Doing Business As		E Telephone number  202-362-8889	
	Number and street (or P O box if mail is not delivered to street address) PO BOX 15691		Room/suite	
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20003-5691		G Gross receipts \$  856,344.	
	F Name and address of principal officer: BERNADINE PRINCE SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ► WWW.FRESHFARMMARKETS.ORG		H(c) Group exemption number ►		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 2002		M State of legal domicile DC

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>LESSENING THE BURDENS OF GOVERNMENT BY PROVIDING A VENUE TO CONNECT CITY RESIDENTS WITH</b>				
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12		
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	29		
	6 Total number of volunteers (estimate if necessary)	6	60		
	7a 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	7b	0.			
Revenue	Prior Year	Current Year			
	8 Contributions and grants (Part VIII, line 1h)	328,400.	353,179.		
	9 Program service revenue (Part VIII, line 2g)	410,179.	481,174.		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,751.	3,991.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 9c, 10c, and 11e)	-49,148.	-53,964.		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	694,182.	784,380.		
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	394,737.	487,216.		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
	b Total fundraising expenses (Part IX, column (D), line 25) ► 8,494.				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	286,614.	263,159.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	681,351.	750,375.			
19 Revenue less expenses. Subtract line 18 from line 12	12,831.	34,005.			
Expenses	Beginning of Current Year	End of Year			
	20 Total assets (Part X, line 16)	820,303.	851,704.		
	21 Total liabilities (Part X, line 26)	36,307.	20,595.		
	22 Net assets or fund balances Subtract line 21 from line 20	783,996.	831,109.		

## Part II Signature Block

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

JUN 1 2011 Sign Here	Signature of officer 	Date 05/03/2011			
	► BERNADINE PRINCE, CO-DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ALAN L. GORDON, CPA	Preparer's signature 	Date 5/3/11	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► ALAN L. GORDON, CPA, P.A.	Firm's EIN ►			
	Firm's address ► 51 MONROE STREET, #401 ROCKVILLE, MD 20850	Phone no 301-762-8848			

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

 Yes  No

G 16 5

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III  X1 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-EZ? Yes  No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: ) (Expenses \$ 696,989. including grants of \$ ) (Revenue \$ 456,275.)  
 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, BY THE WHITE HOUSE AND AT U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES. IN MARYLAND, WE OPERATE MARKETS IN ANNAPOLIS, BETHESDA, ST. MICHAELS AND SILVER SPRING. IN VIRGINIA, WE OPERATE A MARKET IN CRYSTAL CITY.

4b (Code: ) (Expenses \$ 11,752. including grants of \$ ) (Revenue \$ 24,899.)  
 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 DOUBLE DOLLARS (DONATED \$19,076 IN FREE MATCHING DOLLARS TO FOOD STAMP, WIC AND SFMNP RECIPIENTS IN 2010).

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 PROVIDING A MEANS FOR LOCAL FARMERS TO DONATE FRESH FARM-GROWN FOODS TO 8 LOCAL CHARITIES (DONATED 52,795 POUNDS OF FRESH FOOD IN 2010). VALUE OF THE DONATED FOOD WAS APPROXIMATELY \$50,000.

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 708,741.

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## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

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

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- 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
- 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

- b Was the organization included in consolidated, independent audited financial statements for the tax year?  
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV

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

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

- b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e		X
11f		X
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

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## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	24a	X
b	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 any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 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, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	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	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	32	X
	If "Yes," complete Schedule N, Part I	33	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	34	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	35	X
34	Was the organization related to any tax-exempt or taxable entity?	36	X
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	37	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	38	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

		Yes	No
1a	1a	6	
b	1b	0	
c			
1c		X	
2a	2a	29	
b			
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a			
b			
4a			
b			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a			
b			
c			
6a			
b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a			
b			
c			
d	7d		
e			
f			
g			
h			
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a			
b			
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	10a		
b	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	11a		
b	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	12b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a			
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O			
b			
c			
13b			
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X
14b			

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

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

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	12	
1b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►DC
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► THE CORPORATION – 202-362-8889 1319 18TH STREET. NW, WASHINGTON, DC 20036

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

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

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

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

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

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

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

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

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

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

202008 12:21:10

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f ►	1a 1b 1c 182,425. 1d 1e 29,900. 1f 140,854.  353,179.			
Program Service Revenue	2 a MARKET FEES b MERCHANDISE SALES c d e f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 900099 900099  480,062. 1,112.  481,174.	480,062. 1,112.  481,174.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties 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 assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ► 8 a Gross income from fundraising events (not including \$ 182,425. of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming 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 ► 11 a b c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions ►	(i) Real  (ii) Personal  (i) Securities  (ii) Other  a 18,000. b 71,964.  -53,964.	3,991.  3,991.  -53,964.  -53,964.		
	Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions ►	Business Code     784,380.	481,174.	0.	-49,973.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	152,000.	143,421.	3,437.	5,142.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	255,303.	255,052.	251.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	14,020.	13,599.	140.	281.
10 Payroll taxes	65,893.	63,916.	659.	1,318.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	23,509.		23,509.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	6,582.	6,385.	66.	131.
14 Information technology				
15 Royalties				
16 Occupancy	34,174.	33,149.	342.	683.
17 Travel	8,217.	8,217.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,597.	6,399.	66.	132.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,569.		3,569.	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a RESTRICTED GRANT EXPEND	53,411.	53,411.		
b MARKET PERMITS AND FEES	27,566.	27,566.		
c TELECOMMUNICATIONS	23,461.	22,757.	235.	469.
d MARKET PROMOTIONS	21,945.	21,945.		
e EQUIPMENT RENTAL	12,619.	12,619.		
f All other expenses	41,509.	40,305.	866.	338.
25 Total functional expenses Add lines 1 through 24f	750,375.	708,741.	33,140.	8,494.
26 Joint costs Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	43,413.	1	77,714.
	2 Savings and temporary cash investments	535,950.	2	520,140.
	3 Pledges and grants receivable, net	34,027.	3	40,460.
	4 Accounts receivable, net	39,257.	4	32,686.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,184.	9	4,232.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	48,414.		
	b Less: accumulated depreciation	10b 40,907.	5,619.	10c 7,507.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	152,020.	12	166,465.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,833.	15	2,500.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	820,303.	16	851,704.
Liabilities	17 Accounts payable and accrued expenses	36,307.	17	20,595.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	36,307.	26	20,595.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	682,997.	27	756,599.
	28 Temporarily restricted net assets	100,999.	28	74,510.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	783,996.	33	831,109.
	34 Total liabilities and net assets/fund balances	820,303.	34	851,704.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	784,380.
2	750,375.
3	34,005.
4	783,996.
5	13,108.
6	831,109.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 b Were the organization's financial statements audited by an independent accountant?  
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

FRESHFARM MARKETS, INC.

Employer identification number

35-2169859

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

a  Type I

b  Type II

c  Type III - Functionally integrated

d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> 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 amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business 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)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc (see instructions)</b>					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	226,076.	391,207.	402,743.	315,400.	371,179.	1706605.
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	220,259.	289,798.	366,777.	410,179.	481,174.	1768187.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
6 <b>Total.</b> Add lines 1 through 5	446,335.	681,005.	769,520.	725,579.	852,353.	3474792.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			5,700.			5,700.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b			5,700.			5,700.
<b>8 Public support</b> (Subtract line 7c from line 6)						3469092.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	446,335.	681,005.	769,520.	725,579.	852,353.	3474792.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,920.	15,326.	9,681.	4,751.	3,991.	45,669.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	11,920.	15,326.	9,681.	4,751.	3,991.	45,669.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support</b> (Add lines 9, 10c, 11, and 12)	458,255.	696,331.	779,201.	730,330.	856,344.	3520461.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	98.54	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	75.82	%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1.30	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.62	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**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, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

FRESHFARM MARKETS, INC.

Employer identification number  
35-2169859**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
2a	
2b	
2c	
2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

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

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

a  Public exhibition  
b  Scholarly research  
c  Preservation for future generations

d  Loan or exchange programs  
e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  
to be sold to raise funds rather than to be maintained as part of the organization's collection?

 Yes No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV

 Yes No**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance  
b Contributions  
c Net investment earnings, gains, and losses  
d Grants or scholarships  
e Other expenditures for facilities and programs  
f Administrative expenses  
g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %  
b Permanent endowment ► \_\_\_\_\_ %  
c Term endowment ► \_\_\_\_\_ %

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

by:

(i) unrelated organizations  
(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
		48,414.	40,907.	7,507.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			►	7,507.

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS	166,465.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ►	166,465.	

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) ►

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

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

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

2. FIN 48 (ASC 740)

032053

12-20-10

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	784,380.
2	750,375.
3	34,005.
4	13,108.
5	
6	
7	
8	
9	13,108.
10	47,113.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	943,465.
2	
a	
b	
c	
d	159,085.
e	
3	159,085.
Subtract line 2e from line 1	784,380.
4	
Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	
b	
c	
d	
e	
4a	
4b	
4c	0.
5	784,380.
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	909,460.
2	
a	
b	
c	
d	
e	
2a	
2b	
2c	
2d	159,085.
2e	
3	159,085.
Subtract line 2e from line 1	750,375.
4	
Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	
b	
c	
d	
e	
4a	
4b	
4c	0.
5	750,375.
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

IN-KIND CONTRIBUTIONS	87,121.
SPECIAL EVENT EXPENSES LISTED ON PART VIII, LINE 8B	71,964.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	159,085.

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

IN-KIND CONTRIBUTIONS	87,121.
-----------------------	---------

**Part XIV Supplemental Information (continued)**SPECIAL EVENT EXPENSES LISTED ON PART VIII, LINE 8B 71,964.TOTAL TO SCHEDULE D, PART XIII, LINE 2D 159,085.

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

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2010

**Open To Public  
Inspection**

---

Name of the organization

FRESHFARM MARKETS, INC.

**Employer identification number**  
35-2169859

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a  Mail solicitations      e  Solicitation of non-government grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person 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 VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list 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

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col. (c))
		FARMFEAST, MARKETING EV (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	200,425.			200,425.
	2 Less Charitable contributions	182,425.			182,425.
	3 Gross income (line 1 minus line 2)	18,000.			18,000.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	31,455.			31,455.
	8 Entertainment				
	9 Other direct expenses	40,509.			40,509.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► ( 71,964 ,
	11 Net income summary. Combine line 3, column (d), and line 10				► -53,964 .

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				► ( )
	8 Net gaming income summary. Combine line 1, column d, and line 7				►

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

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 gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

13a	%
13b	%

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 amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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 retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (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 information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE M**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

FRESHFARM MARKETS, INC.

Employer identification number  
35-2169859

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1,530		MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>ITEMS DONATED</u> )	X	92	0.	ESTIMATED FAIR MARKET
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  
b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) (2010)

032141  
12-23-10

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**FRESHFARM MARKETS, INC.**

Employer identification number  
**35-2169859**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**FARMERS AND THEIR LOCALLY GROWN PRODUCE WHICH PROVIDES VITAL ECONOMIC  
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-DIRECTOR FOR REVIEW. AFTER REVIEWING THE FORM 990 THE MANAGING  
CO-DIRECTOR FORWARDS 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 ANNUALLY INDICATING WHETHER THERE ARE ANY CONFLICTS OF  
INTEREST. THE BOARD THEN REVIEWS THE FORMS AND DISCUSSES ANY KNOWN  
CONFLICTS. DURING THE YEAR THERE WERE NO CONFLICTS OF INTEREST IDENTIFIED.**

Name of the organization

FRESHFARM MARKETS, INC.

Employer identification number

35-2169859

FORM 990, PART VI, SECTION B, LINE 15: THERE ARE TWO CO-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 YEAR BASED ON COMPARISON TO SALARIES FOR SIMILAR POSITIONS IN THE WASHINGTON, DC AREA AND AN ASSESSMENT OF THE OVERALL ACCOMPLISHMENTS OF EACH CO-DIRECTOR. THE CO-DIRECTORS DO NOT VOTE ON MATTERS CONCERNING THEIR COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAINTAINS THE FOLLOWING DOCUMENTS WHICH ARE AVAILABLE TO THE PUBLIC UPON REQUEST:

FINANCIAL STATEMENTS

FORM 990

GOVERNING DOCUMENTS

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

13,108.

Form 4562

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

990

OMB No 1545-0172

2010

Attachment  
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FRESHFARM MARKETS, INC.

FORM 990 PAGE 10

35-2169859

**Part I** Election To Expense Certain Property Under Section 179 Note. If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property. Enter the amount from line 29	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction. Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11		

12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12
---	----

13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	► 13	
---	------	--

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

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

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

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

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	2,501.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	► <input type="checkbox"/>	

## Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		5,343.	5 YRS.	HY	200DB	1,068.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs.	MM	S/L	
i Nonresidential real property	/		27 5 yrs	MM	S/L	
	/		39 yrs	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

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

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	3,569.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

016251  
12-21-10 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

**Part V**

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

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

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

24a Do you have evidence to support the business/investment use claimed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

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

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2010 tax year.

--	--	--	--	--

43 Amortization of costs that began before your 2010 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

## 2010 DEPRECIATION AND AMORTIZATION REPORT

## FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Undisputed Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current-Year Deduction
1	MANAGEMENT AND GENERAL PRINTER AND FILE CABINETS	0423032000DB7.00	17	751.					751.	751.	0.	0.
2	COMPUTER	0724032000DB7.00	17	1,000.				1,000.	1,000.		0.	
3	COMPUTER	0707042000DB7.00	17	3,818.				3,818.	3,308.		341.	
4	HARD DRIVE	0509062000DB5.00	17	272.				272.	230.		31.	
5	DELL COMPUTER	1101062000DB5.00	17	1,246.				1,246.	989.		136.	
6	WEBSITE DEVELOPMENT COSTS	121206197	5M	43	16,400.			16,400.	16,400.		0.	
7	COMPUTER EQUIPMENT	0309072000DB5.00	17	10,463.				10,463.	7,450.		1,205.	
8	COMPUTER EQUIPMENT	0403072000DB5.00	17	1,429.				1,429.	1,017.		165.	
9	COMPUTER	0701072000DB5.00	17	996.				996.	709.		115.	
10	DELL COMPUTER	0322082000DB5.00	17	1,190.				1,190.	595.		114.	
11	COMPUTER SOFTWARE	0922082000DB3.00	17	243.				243.	122.		94.	
12	COMPUTER EQUIPMENT FATERIAL FILE	1124082000DB5.00	17	257.				257.	129.		67.	
13	CABINET	1113082000DB5.00	17	420.				420.	210.		109.	
14	COMPUTER EQUIPMENT	0227082000DB5.00	17	500.				500.	250.		130.	
15	DESK	1107082000DB5.00	17	291.				291.	146.		75.	
16	MARKET EQUIPMENT	0801082000DB5.00	17	489.				489.	245.		244.	
17	MARKET TABLE	0617082000DB5.00	17	210.				210.	105.		105.	



## 2010 DEPRECIATION AND AMORTIZATION REPORT

## - CURRENT YEAR FEDERAL - FRESHFARM MARKETS, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL PRINTER AND FILE CABINETS	042303200DB7.00	17		751.				751.		0.	0.
2	COMPUTER	072403200DB7.00	17		1,000.				1,000.		0.	0.
3	COMPUTER	070704200DB7.00	17		3,818.				3,818.		3,308.	341.
4	HARD DRIVE	050906200DB5.00	17		272.				272.		230.	31.
5	DELL COMPUTER	110106200DB5.00	17		1,246.				1,246.		989.	136.
6	WEBSITE DEVELOPMENT COSTS	121206197	5M	43	16,400.				16,400.		16,400.	0.
7	COMPUTER EQUIPMENT	030907200DB5.00	17		10,463.				10,463.		7,450.	1,205.
8	COMPUTER EQUIPMENT	040307200DB5.00	17		1,429.				1,429.		1,017.	165.
9	COMPUTER	070107200DB5.00	17		996.				996.		709.	115.
10	DELL COMPUTER	032208200DB5.00	17		1,190.				1,190.		595.	309.
11	COMPUTER SOFTWARE	092208200DB3.00	17		243.				243.		121.	94.
12	COMPUTER EQUIPMENT FATERAL FILE	112408200DB5.00	17		257.				257.		128.	67.
13	CABINET	111308200DB5.00	17		420.				420.		210.	109.
14	COMPUTER EQUIPMENT	022708200DB5.00	17		500.				500.		250.	130.
15	DESK	110708200DB5.00	17		291.				291.		145.	75.
16	MARKET EQUIPMENT	080108200DB5.00	17		489.				489.		244.	127.
17	MARKET TABLE	061708200DB5.00	17		210.				210.		105.	55.

## 2010 DEPRECIATION AND AMORTIZATION REPORT

## - CURRENT YEAR FEDERAL - FRESHFARM MARKETS, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Of Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	MARKET CANOPY	0617082000DB5.00	17		207.		104.	103.		54.		20.
19	MARKET CANOPY	0617082000DB5.00	17		207.		104.	103.		54.		20.
20	MARKET CANOPY	0617082000DB5.00	17		207.		104.	103.		54.		20.
21	MARKET CANOPY	0711082000DB5.00	17		207.		104.	103.		54.		20.
22	MARKET CANOPY	0711082000DB5.00	17		207.		104.	103.		54.		20.
3	IN 1 CONVERTIBLE											
23	HAND TRUCK	0317082000DB5.00	17		238.		119.	119.		62.		23.
3	IN 1 CONVERTIBLE											
24	HAND TRUCK	0317082000DB5.00	17		238.		119.	119.		62.		23.
26	DROP LEAF TABLE	1210082000DB5.00	17		229.		115.	114.		59.		22.
	DELL COMPUTER											
27	EQUIPMENT	1109092000DB5.00	17		1,356.		678.	678.		712.		0.
	(D) DELL LAPTOP											
28	COMPUTER	0404092000DB5.00	17		913.		457.	456.		571.		0.
	OPTIPLEX 960											
29	MINITOWER BASE AND LATITUDE E5400 WITH ACCESSORIES	0222102000DB5.00	19B		4,337.			4,337.				867.
30		0927102000DB5.00	19B		1,006.			1,006.				201.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GEN											
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR											

## 2011 DEPRECIATION AND AMORTIZATION REPORT

## - NEXT YEAR FEDERAL - FRESHFARM MARKETS, INC.

Asset No	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	PRINTER AND FILE CABINETS	04/23/03	2000DB7.00		751.		751.		0.
2	COMPUTER	07/24/03	2000DB7.00		1,000.		1,000.		0.
3	COMPUTER	07/07/04	2000DB7.00		3,818.		3,818.		169.
4	HARD DRIVE	05/09/06	2000DB5.00		272.		272.		11.
5	DELL COMPUTER	11/01/06	2000DB5.00		1,246.		1,246.		119.
6	WEBSITE DEVELOPMENT COSTS	12/12/06	1975M		16,400.		16,400.		0.
7	COMPUTER EQUIPMENT	03/09/07	2000DB5.00		10,463.		10,463.		1,205.
8	COMPUTER EQUIPMENT	04/03/07	2000DB5.00		1,429.		1,429.		165.
9	COMPUTER	07/01/07	2000DB5.00		996.		996.		115.
10	DELL COMPUTER	03/22/08	2000DB5.00		1,190.		595.		69.
11	DELL COMPUTER SOFTWARE	09/22/08	2000DB3.00		243.		122.		9.
12	COMPUTER EQUIPMENT	11/12/08	2000DB5.00		257.		129.		92.
13	LATERAL FILE CABINET	11/13/08	2000DB5.00		420.		210.		149.
14	COMPUTER EQUIPMENT	02/27/08	2000DB5.00		500.		250.		250.
15	DESK	11/07/08	2000DB5.00		291.		146.		145.
16	MARKET EQUIPMENT	08/01/08	2000DB5.00		489.		245.		244.
17	MARKET TABLE	06/17/08	2000DB5.00		210.		105.		105.
18	MARKET CANOPY	06/17/08	2000DB5.00		207.		104.		103.
19	MARKET CANOPY	06/17/08	2000DB5.00		207.		104.		103.
20	MARKET CANOPY	06/17/08	2000DB5.00		207.		104.		103.
21	MARKET CANOPY	07/11/08	2000DB5.00		207.		104.		103.
22	MARKET CANOPY	07/11/08	2000DB5.00		207.		104.		103.
23	3 IN 1 CONVERTIBLE HAND TRUCK	03/17/08	2000DB5.00		238.		119.		85.
24	3 IN 1 CONVERTIBLE HAND TRUCK	03/17/08	2000DB5.00		238.		119.		85.
25	DROP LEAF TABLE	12/19/08	2000DB5.00		229.		115.		81.
27	DELL COMPUTER EQUIPMENT	11/09/09	2000DB5.00		1,356.		678.		712.
29	ACCESSORIES	02/22/10	2000DB5.00		4,337.		4,337.		867.
30	LATITUDE E5400 WITH ACCESSORIES	09/27/10	2000DB5.00		1,006.		1,006.		201.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL				48,414.		45,061.		3,754.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT				48,414.		45,061.		37,554.
									3,798.
									3,798.