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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2011

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements

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**A** For the 2011 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **SFMV, INC.**

**D** Employer identification number: **27-0926743**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**1517 STATE STREET 103**

**E** Telephone number: **941-378-8435**

City or town, state or country, and ZIP + 4  
**SARASOTA, FL 34236**

**F** Group Exemption Number: **▶**

**G** Accounting Method:  Cash  Accrual Other (specify) **▶**

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: **▶ WWW.SARASOTAFARMERSMARKET.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 157,567.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21													
Revenue	1	Contributions, gifts, grants, and similar amounts received														2,761.																										
	2	Program service revenue including government fees and contracts														149,470.																										
	3	Membership dues and assessments																																								
	4	Investment income																																								
	5a	Gross amount from sale of assets other than inventory																																								
	5b	Less: cost or other basis and sales expenses																																								
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																								
	6	Gaming and fundraising events																																								
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																								
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)														3,455.																										
6c	Less: direct expenses from gaming and fundraising events														700.																											
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														2,755.																											
7a	Gross sales of inventory, less returns and allowances														905.																											
7b	Less: cost of goods sold SEE SCHEDULE O														1,582.																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														-677.																											
8	Other revenue (describe in Schedule O) SEE SCHEDULE O														976.																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														155,285.																											
Expenses	10	Grants and similar amounts paid (file in Schedule O)																																								
	11	Benefits paid to or for members																																								
	12	Salaries, other compensation, and employee benefits														56,180.																										
	13	Professional fees and other payments to independent contractors														4,367.																										
	14	Occupancy, rent, utilities, and maintenance														12,969.																										
	15	Printing, publications, postage, and shipping														1,350.																										
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O														82,948.																										
17	Total expenses. Add lines 10 through 16														157,814.																											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														-2,529.																										
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														5,050.																										
	20	Other changes in net assets or fund balances (explain in Schedule O)														0.																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														2,521.																										

LHA For Paperwork Reduction Act Notice, see the separate instructions Form **990-EZ** (2011)

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**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6,204.	3,639.
23 Land and buildings		
24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b>	0.	242.
25 Total assets	6,204.	3,881.
26 Total liabilities (describe in Schedule O) <b>SEE SCHEDULE O</b>	1,154.	1,360.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,050.	2,521.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <b>SEE SCHEDULE O</b>	28a
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
29	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHARLEY CROWLEY, 1517 STATE STREET STE 103, SARASOTA, FL 34236	DIRECTOR 1.00	0.	0.	0.
CHRISTINE NORDSTRUM, 1517 STATE STREET STE 103, SARASOTA, FL 34236	DIRECTOR 1.00	0.	0.	0.
CHRIS WORDEN, 1517 STATE STREET STE 103, SARASOTA, FL 34236	DIRECTOR 1.00	0.	0.	0.
KARL NELSON, 1517 STATE STREET STE 103, SARASOTA, FL 34236	DIRECTOR 1.00	0.	0.	0.
TIM BROWN, 1517 STATE STREET STE 103, SARASOTA, FL 34236	DIRECTOR 1.00	0.	0.	0.
KATE NIERENBERG, 1517 STATE STREET STE 103, SARASOTA, FL 34236	DIRECTOR 1.00	0.	0.	0.
RICHARD MARTIN, 1517 STATE STREET STE 103, SARASOTA, FL 34236	DIRECTOR 1.00	0.	0.	0.
PAUL MATTISON, 1517 STATE STREET STE 103, SARASOTA, FL 34236	DIRECTOR 1.00	0.	0.	0.
TERRENCE P. HART, 1517 STATE STREET STE 103, SARASOTA, FL 34236	PRESIDENT 1.00	0.	0.	0.
BRIAN GLASSMOYER, 1517 STATE STREET STE 103, SARASOTA, FL 34236	VICE-PRESIDENT 1.00	0.	0.	0.
ALAN HOWES, 1517 STATE STREET STE 103, SARASOTA, FL 34236	SECRETARY 1.00	0.	0.	0.
DREW ROBINSHAW, 1517 STATE STREET STE 103, SARASOTA, FL 34236	TREASURER 1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 N/A; section 4912 N/A; section 4955 N/A
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b N/A
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X
41 List the states with which a copy of this return is filed. NONE
42a The organization's books are in care of LIME & COMPANY Telephone no. 941-806-9940
Located at 5104 N. LOCKWOOD RIDGE RD SUITE 301, SARASOTA, F ZIP + 4 34234
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X
44c Did the organization receive any payments for indoor tanning services during the year? 44c X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b



SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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Department of the Treasury  
Internal Revenue Service

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

Name of the organization

SFMV, INC.

Employer identification number

27-0926743

FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

INCOME:

1. GROSS RECEIPTS	905.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	905.
4. COST OF GOODS SOLD (LINE 13)	1,582.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	-677.

COST OF GOODS SOLD:

6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	1,582.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	1,582.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	1,582.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
SALES TAX ALLOWANCE	276.
MISCELLANEOUS	700.
TOTAL TO FORM 990-EZ, LINE 8	976.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING AND PROMOTION	30,546.

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

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

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization **SFMV, INC.** Employer identification number **27-0926743**

<b>ENTERTAINMENT</b>	<b>12,420.</b>
<b>EQUIPMENT &amp; SUPPLIES</b>	<b>12,576.</b>
<b>PAYROLL TAXES</b>	<b>4,507.</b>
<b>OFFICE EXPENSES</b>	<b>5,978.</b>
<b>PERMITS AND LISCENSES</b>	<b>5,891.</b>
<b>MEMBERSHIPS</b>	<b>1,039.</b>
<b>PORT-O-LETS</b>	<b>1,072.</b>
<b>MISCELLANEOUS</b>	<b>3,274.</b>
<b>INSURANCE</b>	<b>3,076.</b>
<b>POLICE</b>	<b>2,569.</b>
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>82,948.</b>

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

<b>DESCRIPTION</b>	<b>BEG. OF YEAR</b>	<b>END OF YEAR</b>
<b>SECURITY DEPOSIT</b>	<b>0.</b>	<b>242.</b>

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

<b>DESCRIPTION</b>	<b>BEG. OF YEAR</b>	<b>END OF YEAR</b>
<b>SALES TAX PAYABLE</b>	<b>606.</b>	<b>784.</b>
<b>PAYROLL TAX PAYABLE</b>	<b>548.</b>	<b>576.</b>
<b>TOTAL TO FORM 990-EZ, LINE 26</b>	<b>1,154.</b>	<b>1,360.</b>

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION IS  
COMMITTED TO CONTINUING THE 30-YEAR TRADITION OF ENHANCING AND  
IMPROVING THE QUALITY OF LIFE IN SARASOTA. OUR MISSION IS TO CREATE A  
SOCIAL OPPORTUNITY FOR RESIDENTS AND VISITORS TO GATHER AND INTERACT,**

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization

SFMV, INC.

Employer identification number

27-0926743

TO BRING FOOT TRAFFIC TO DOWNTOWN SARASOTA SUSTAINING THE ECONOMIC  
VIABILITY OF THE ENTIRE DOWNTOWN AREA, AND TO PROVIDE A VENUE FOR OTHER  
NOT FOR PROFIT ORGANIZATIONS BENEFITING SARASOTA. INHERENT IN OUR  
MISSION IS EDUCATING CONSUMERS AND SHARING KNOWLEDGE ABOUT THE PRODUCTS  
AND SERVICES OF LOCAL FARMERS, LOCAL BUSINESSES, AND LOCAL ARTISANS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

CREATING A SOCIAL OPPORTUNITY FOR RESIDENTS AND VISITORS  
TO GATHER AND INTERACT, TO BRING FOOT TRAFFIC TO DOWNTOWN  
SARASOTA SUSTAINING THE ECONOMIC VIABILITY OF THE ENTIRE  
DOWNTOWN AREA, AND TO PROVIDE A VENUE FOR OTHER NOT FOR PROFIT  
ORGANIZATIONS BENEFITING SARASOTA.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.