For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** 

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

For the 2014 calendar year, or tax year beginning 2014, and ending 20 D Employer identification number Check if applicable: C Name of organization Interfaith Food Ministry of Nevada County Address change Doing business as 68-0112585 Number and street (or P O. box if mail is not delivered to street address) E Telephone number П Room/surte Name change П initial return 530-273-8132 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return G Gross receipts \$ Grass Valley, CA 95945 F Name and address of principal officer: H(a) is this a group return for subordinates? Yes No □ Application pending Kathy Mollet, Treasurer 440 Henderson Street, Grass Valley, CA 95945 H(b) Are all subordinates included? Yes No. If "No." attach a list, (see instructions) 501(c) ( √ 501(c)(3) ) ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: www.interfaithfoodministry.org H(c) Group exemption number ▶ L Year of formation: 1987 M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities: A community where no one should feel the hurt of hunger. Interfaith Food Ministry feeds the hungry and works to reduce food insecurity in Nevada County. We help to sustain Activities & Governance health, human dignity and the opportunity for individuals to realize their full potential. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u> 15</u> 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 1 Total number of volunteers (estimate if necessary) 6 505 Total unrelated business revenue from Part VIII polumn (C) line 12 7a 0 Net unrelated business taxable income from Form 990 L. In 34 0 Current Year Contributions and grants (Part VIII, line 8 1247502 1007765 MAY 1 1, 2015 9 Program service revenue (Part VIII, line 25) 10 Investment income (Part VIII, column (A), lines 3,4, 299 90429 Other revenue (Part VIII, column (A), lines 5, 6d (8c, 9c, and 1)e) . 11 99121 41824 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1346922 1140018 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18228 22918 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a **表表。「つく」** Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1180628 1085455 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1198856 1108373 Revenue less expenses. Subtract line 18 from line 12 148066 31645 Beginning of Current Year Fnd of Year 20 Total assets (Part X, line 16) 980455 1168885 21 Total liabilities (Part X, line 26) . 406142 626217 Ž, 22 Net assets or fund balances. Subtract line 21 from line 20 542668 574313 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date Here Print/Type preparer's name Preparer's signature **Paid** Check I If self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes 🗌 No

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Cat. No. 11282Y

Form 99	0 (2014) Page <b>2</b>
Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	A community where no one should feel the hurt of hunger. Interfaith Food Ministry feeds the hungry and works to reduce food
	Insecurity in Nevada County. We help to sustain health, human dignity and the opportunity for individuals to realize their full
	potential.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4-	(Code: \(\(\Gamma\)\(\Gamma\)
4a	(Code: ) (Expenses \$ 1085455 including grants of \$ ) (Revenue \$ 1140018)
	IFM distributed 89490 bags of groceries to a total of 62239 people served. Most food is donated and all labor except a part time
	Executive Director is volunteer.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	***************************************
	***************************************
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
0	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 1085455

Part	V Checklist of Required Schedules			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
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	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</b>
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	7		<u>√</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	2012	THE STATE	A STATE OF THE STA
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	·	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e	<b>✓</b>	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
	Did the organization maintain an office, employees, or agents outside of the office states?	14b		<b>∀</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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.	18	1	
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	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Щ.
		For	m <b>99</b> (	(2014)

Part	Checklist of Required Schedules (continued)			
04	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	r	Yes	No
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>✓</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
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		✓
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 25a	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>✓</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	:	✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	<b>/</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	1	
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	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		E	001	10014

<u>Part</u>				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·		
		\$ 2°526	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	濟	
C	reportable gaming (gambling) winnings to prize winners?	1c	FI.87	igrees.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	128	- 15 E	1532
Lu	Statements, filed for the calendar year ending with or within the year covered by this return 1	25	1 a 1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	J.	Milina
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		13%	<b>353</b> ;
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	NE THE E	<b>√</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	逐温		SE SE
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<b>✓</b>
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
O <sub>A</sub>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		<del></del>
_	aifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			15.00
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	FORES	VW YEEK
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<b>/</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>-</b>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	235 75545.	anger 12
9	Sponsoring organizations maintaining donor advised funds.	WAR.	<b>建筑</b>	45.4
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	2. 31 121	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		<b>建</b>	
а	Initiation fees and capital contributions included on Part VIII, line 12		認識	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:	See See		
a	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
10-	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	200	1	W. S. C.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	協議		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	-40M23	Gaz In gen
_	Note. See the instructions for additional information the organization must report on Schedule O.	1		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	<b>√</b>
<u>b</u> _	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Fon	n <b>99</b> (	(2014)

Form 99	0 (2014)			age O
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ons.
0 - 4	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · · </u>	• •	<u>√</u>
Section	on A. Governing Body and Management	—т	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 19	W-34		
Ia	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			e it
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 15		100	
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?	2	芝麗	1
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? .	3		1
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?	6		<b>✓</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1 1		1
	stockholders, or persons other than the governing body?	7b	\$78796e	Part State 4
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		꽳	2
	the year by the following:	227		Esser
a	The governing body?	8a 8b	<u> </u>	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	-		$\overline{}$
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
		الـــــــ	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	405	,	
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	_	<del></del>
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			14 T. 1 8
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		فتقطسه عقد
. <b></b> b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by	和		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	├
b	Other officers or key employees of the organization	15b	<b>√</b>	2417
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		<b>加</b>	
16a	with a taxable entity during the year?	16a	32.0.3	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		100	47.00
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA	- 502	7-370-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	л 501	(c)(3):	s only)
	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	s: <b>&gt;</b>	
-	Kathy Mollet, 440 Henderson Street, Grass Valley, CA 95945 530-273-8132			

Part VII	Compensation of Officers, Directors,	Trustees, Key I	Employees, Highest (	Compensated Employees, a	and
	Independent Contractors				

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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	C) ition					
(A) Name and Title	(B) Average hours per	box,	unles	neck ss pe	more	e than our trust	n an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Sue Van Son	20									
Executive Director		1		1		L		21101	0	0
(2) Robert Thurman	20									
President		✓		1				0	0	0
(3) Rick Kahil	10		1	ł		1				
Vice President		✓		1		L		0	0	0
(4) Katherine Mollet	10	]	1	1						
Treasurer		✓		✓				0	0	0
(5) Bernie Delgado	10				l	ì				
Assistant Treasurer		✓		<	<u>.                                    </u>			0	0	0
(6) Bill Kerler	5		Γ							
Director		【 ✓		✓		ļ.,	<u> </u>	0	0	0
(7) Harold Nelson	5									
Director		✓		1				_ 0	0	0
(8) Marnie Ratkovsky	5		Г				Π			
Director	7	] ✓		1	İ			o	0	0
(9) Debl Johnson	5		Τ				Т			
Director	T	1 🗸	1	1				1 0	o	l o
(10) Cheri Eckholt	5		П							
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(13) Gabrielle Boulard	5	$t^-$	1	1		1	T	† · · · · · · · · ·		
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(14) Joan Denzler	5		T	1		1	$\top$	1		T
Director	†	1 🗸		1		1			o	0

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee	s, aı	nd H	lighes	it C	ompensated E	mployees (co	ontin	ued)
					•	C)					- 1	
	(A)	(B)	(do n	not ch		mon	than o	ne	(D)	(E)		(F)
	Name and title	Average					is both		Reportable	Reportable		Estimated
		hours per week (list any				_	or/trust		compensation	compensation f	rom	amount of other
		hours for	욾	콩	Officer	₹ •	흵픓	Former	the	organization	s	compensation
		related	를	<b>( ₹</b>	cer	9	bles	哥	organization	(W-2/1099-MIS	SC)	from the
		organizations below dotted	함	ğ		employee	8 6	•	(W-2/1099-MISC)			organization and related
		fine)	l E	5		) We	ᇴ					organizations
			Individual trustee or director	Institutional trustee			Highest compensated employee					
(15) p.	m Sufleski	5		<u> </u>	_		8					
Directo			1		1						٥	0
	dy McBride	5	<u> </u>	f	Ė				<u> </u>			······
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1b	Sub-total		٠.	٠	•				21101	ļ	0	0
C	Total from continuation sheets to Part			•	•	•	•			<del>                                     </del>	_	
q	Total (add lines 1b and 1c)							<u> </u>	21101	·	<u>  0 </u>	0
2	Total number of individuals (including bur reportable compensation from the organ		to tr	1056	e list	tea	above	e) w	/no received m	ore than \$10	0,00	U OT
3	Did the organization list any former of employee on line 1a? If "Yes," complete									nest compen	sate	Description
4	For any individual listed on line 1a, is the									nensation fro	m th	3 V
7	organization and related organizations	areater th	an \$	150.	.000	)? /	f "Ye	s."	complete Scl	nedule J for	suc	h Barrell
	individual											4
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	ur/	nrelated organi	zation or indi	vidu	al Will Pill Pill
-	for services rendered to the organization									·		5 🗸
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Rep											
	year.							_		· · ·		(0)
	(A) Name and business add	tress							(B) Description of	services		(C) Compensation
Sierra	Foothills Construction Company				_			Re	emodel-Henders	ion		207527
			<del></del> -					上	<del></del>			
								$\vdash$				
2	Total number of independent contractor received more than \$100,000 of compen							o t	hose listed at	ove) who		
<del></del>	received more than \$100,000 or compen	SALION ITOM	1118	лya	ı IIZ	LIOI					reside.	Form <b>990</b> (2014
,												, 0, ••• (2014

Part	VIII					lina in this	Dort VIII		
		Check if Schedule O	Contains a	resp	orise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
atr str	1a	Federated campaigns	-	1a			1 4 1 1 2 1 2		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	[	1b			<b>党教职</b> "学诗"。		"是你不是 15
S, E	С	Fundraising events .	[	1c			とがない。	13 TO 15 TO 15	
Gifts, ilar An	d	Related organizations	; [	1d			<b>基新港</b>	ا در اور از در از این از این از این از این از این از این از از این ا از از از از از از این از ا	
, <u>E</u>	е	Government grants (con	tributions)	1e		(1) - 10 mm	The state of the s		
e is	f	All other contributions, g					Table 1	200	
돌		and similar amounts not inc		1f	293750	A STATE OF THE PARTY OF THE PAR	A STATE OF THE STA	200 -	
草る	g	Noncash contributions includ	led in lines 1a-1		714015				
Contributions, and Other Sim	h	Total. Add lines 1a-1			71-010	1007765		A Section of the sect	
	- 11	Total. Add lines 14-1	<u> </u>		Business Code	1007703	The Tile on the	2010 2 2 2	44.
Program Service Revenue	2a			- }		At E har a see	Kuntakan ang ataun		and the same of th
ě	b								
9	_			<del> </del>		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<del></del>
ž	C			}					<del></del>
တ္မ	đ			}					
Ta II	e			}		<del></del>			
<u>6</u>	f	All other program sen		e. L			77.379.7. IT. 1 54		. Andrew Drive Tail Age
	g	Total. Add lines 2a-2			<b>.</b>		\$29.20 CT V 2.2		APPLANT TALLTON WYCH
	3	Investment income and other similar amo Income from investmen	ounts)		▶`	181		· · · · · · · · · · · · · · · · · · ·	181
	5	5 W							
		•	(i) Real		(ii) Personal	Control of the second			
	6a	Gross rents				是"是"的"人"。 是"是"是"是"。	Marie San Control		
	b	Less: rental expenses			<del></del>				
į	C	Rental income or (loss)	<u></u>			F State of the Party of the Par	THE PARTY	THE PARTY OF THE P	
	_d	Net rental income or	<del></del>		(ii) Other	4 48 F = 4 F 1 F 2	######################################		
	7a	Gross amount from sales of	(i) Securitie	<b>*</b> S			THE STREET, - TO THE		
		assets other than inventory			200000	2 3 E			
	b	Less: cost or other basis	İ	İ		BEAR THE TENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>经验证金</b> 证	
		and sales expenses .			109752	West And The Name of the Name		<b>建筑建筑</b> (1542)	<b>建建工式加速</b>
	C	Gain or (loss)	Ĺ		90248			The state of	Part of the second
	d	Net gain or (loss) .			<u> </u>	90248	90248		
	1						Mary Control	And the same	
enene	8a	Gross income from fu	undraising	- 1					
ē	1	events (not including \$		1			學透光主語		<b>经验证</b> 1000000000000000000000000000000000000
æ		of contributions report	ed on line 1c	s).				<b>通过发布性</b> 。例	
<u>_</u>		See Part IV, line 18 .		a	46207				
Other	Ь	Less: direct expenses	s	. ь	4383	GENTLE STATE			
O	c	Net income or (loss) f			events . >	41824	20.28		41824
		Gross income from ga				12 / C 2 / C	2'95 F'35 7 132		
	ь	Less: direct expenses	•	. Б	····				
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		Gross sales of in				NEW YORK THE	12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	<b>"是是"对于八分</b>	PROPERTY OF THE PROPERTY OF TH
	iva	returns and allowanc	•	. a					
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	b	Less: cost of goods s Net income or (loss) t			entory >	Marie Marie	7	Edition De la Constitución de la	TR. HELPHANE
	<u> </u>	Miscellaneous F		וועכ	Business Code	THE SHALL A SHAPE	e entresidades de la companya de la companya de la companya de la companya de la companya de la companya de la	THE PERSON NAMED IN	THE PERSON OF THE PERSON
	44	WISCEIR IEOUS P			Dualie33 0008				COPPLY TO MALE THE
	11a						<del> </del>		<del> </del>
	b					<u> </u>	<del> </del>	<del> </del>	<del> </del>
	°.	All all and a second				<del> </del>	<del> </del>	<del> </del>	<del> </del>
	d	All other revenue .		.	-	<del> </del>	STORE STREET LOTT BE LES	e anneas sultai anna anna an	
	e	Total, Add lines 11a-				ļ	TOWNS TO SERVED	BEST STATE OF STATE	<b>E IS 相談公司的企業的</b>
	12	Total revenue. See i	nstructions.	• • _	<u> </u>	1140018	90248	<u> </u>	4200

Page 10 Form 990 (2014) 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). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees . . . 21101 16837 2819 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages . . . . . Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits . . . . 9 242 1453 122 10 Payroll taxes . . . . . . . 1817 Fees for services (non-employees): 11 Management . . . . . . а Legal . . . . . . . b 249 80 3880 Accounting . . . . 4209 Ç d Lobbying . . . . . . . . . Professional fundraising services. See Part IV, line 17 е Investment management fees . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . Advertising and promotion . . . 851 1861 2713 12 1022 2003 13 Office expenses . . . 3025 Information technology 14 15 Royalties . . . . . . Occupancy . . . . . 16 Travel . . . . . . . . 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 14150 20 Interest . . . . . . . . 14150 Payments to affiliates . . . . . . . 21 22 Depreciation, depletion, and amortization . 13129 13129 23 4997 4716 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) In Kind Food Donation 707892 707892 b Food & Food Supplies 263719 263719 Utilities 27239 27239 C 11718 d Small Equipment 11718 31657 515 492 All other expenses 32664 е Total functional expenses. Add lines 1 through 24e 6144 1098263 3966 25 1108373 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 112032 1 69023 2 2 Savings and temporary cash investments . . . 149942 94054 3 Pledges and grants receivable, net . . . . 3 4 4 3610 17 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other 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). Complete Part II of Schedule L . . . . . . 6 Notes and loans receivable, net . . . . . . 7 8 R Inventories for sale or use . . . . . 9 9 Prepaid expenses and deferred charges 5724 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 823879 10b Less: accumulated depreciation . . . 142438 10c 13764 810115 11 Investments—publicly traded securities . . . 11 12 12 Investments-other securities. See Part IV, line 11 . 13 Investments-program-related. See Part IV, line 11. 13 Intangible assets . . . . . . . . . . . . . 14 14 758749 15 15 Other assets. See Part IV, line 11 . . . . . . 0 1168885 16 Total assets. Add lines 1 through 15 (must equal line 34) . 980455 16 17 17 Accounts payable and accrued expenses . . . . . . 28476 7570 18 18 19 19 20 20 Tax-exempt bond liabilities . . . . . . . Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 597741 398572 Total liabilities. Add lines 17 through 25 26 626217 406142 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . . . . . . . . . 169751 27 380166 28 28 Temporarily restricted net assets . . . 372917 194147 29 Permanently restricted net assets . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 33 542668 574313 Total liabilities and net assets/fund balances . 34 98<u>0455</u> 34 1168885 Form **990** (2014)

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		114	0018
2	Total expenses (must equal Part IX, column (A), line 25)	2		110	8373
3	Revenue less expenses. Subtract line 2 from line 1	3		3	1645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		54	2668
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		57	4313
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
			व्यक्त	Yes	No
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," ex	plain in	4		<b>建设的</b> 。
	Schedule O.		a single		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	randalski), i	STEELS LAND
	If "Yes," check a box below to indicate whether the financial statements for the year were com	olled or			FY
	reviewed on a separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis		2	2. E. S	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.		2b	A SECTION 1	<b>√</b>
	separate basis, consolidated basis, or both:	u on a			
	<u>_</u>		<b>建</b>		
	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	reight			EXIL
С	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	ĺ	
	If the organization changed either its oversight process or selection process during the tax year, ex		(2)	·	#0% s \ 1
	Schedule O.	pian in		100	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	tarrett :	الدفقان	ræ:II
Ja	the Single Audit Act and OMB Circular A-133?		За	İ	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the	1		<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3ь	l	
			Form	990	(2014)

Page **12** 

Form 990 (2014)

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

## **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.

a section

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014
Open to Public

Inspection

OMB No 1545-0047

Employer Identification number Name of the organization Interfalth Food Ministry of Nevada County 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). 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). 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.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see document? instructions) instructions) above or IRC section (see instructions)) Yes (A) (B) (C) (D) (E)

Total

Part	(Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	設定數分級。	學學的學學		<b>医工程的特别</b>		
	on B. Total Support			1			
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4						<u>.</u>
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 VI.)						
11	• • • • • • • • • • • • • • • • • • • •	是自然的	を と と と と と と と と と と と と と と と と と と と	<b>学文学工程</b> 管	子的法律系	Section 1	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
04	organization, check this box and stop he			<del></del>	<del>-:-:-:</del>		
	on C. Computation of Public Support			11 column (f)		14	%
14 15	Public support percentage from 2013 Sci					15	<del>//</del>
16a	331/28% support test—2014. If the organi box and stop here. The organization qua	zation did not alifies as a pub	check the box licly supported	on line 13, and l organization	d line 14 is 33	ns% or more, c	heck this
	331/3% support test—2013. If the organ check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	ganization .		. ▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts- facts-and-circu	and-circumstaumstances" te	ances" test, chost. The organiz	eck this box a cation qualifies	nd <b>stop here.</b> It as a publicly s	Explain in upported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization in the control organization in	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. 7	test, check t	his box and <b>st</b>	op here.
18	Private foundation. If the organization d				a, or 17b, ched	ck this box and	see

# 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 1	on A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						-
	received. (Do not include any "unusual grants.")	928200	1034165	1041165	1247502	1007765	5258797
2	Gross receipts from admissions, merchandise						<del></del>
	sold or services performed, or facilities furnished in any activity that is related to the			l			
	organization's tax-exempt purpose		ļ				
3	Gross receipts from activities that are not an						<del></del>
	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	Total. Add lines 1 through 5	928200	1034165	1041165	1247502	1007765	5258797
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	o	o	0	o	0	0
ь	Amounts included on lines 2 and 3						
_	received from other than disqualified		İ	· [		ł	
	persons that exceed the greater of \$5,000	]					
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
C	Add lines 7a and 7b	0	0	0	0	<u> </u>	0
8	Public support (Subtract line 7c from						
	line 6.)	8 年, <b>出</b> 证	<b>第二章 新疆</b>				5258797
	on B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6	928200	1034165	1041165	1247502	1007765	5258797
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties and income from similar sources .	693	3113	328	299	181	4614
þ	Unrelated business taxable income (less	1					
		1	1				
	section 511 taxes) from businesses						
_	acquired after June 30, 1975	500	0440	200	200	101	AS1A
_	acquired after June 30, 1975	693	3113	328	299	181	4614
с 11	acquired after June 30, 1975 Add lines 10a and 10b	693	3113	328	299	181	4614
_	acquired after June 30, 1975	693	3113	328	299	181	4614
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	693	3113	328	299	181	4614
_	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or	693	3113	328	299	181	4614
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	693	3113	328	299	181	4614
11	acquired after June 30, 1975 Add lines 10a and 10b	693	3113	328	299	181	4614
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
11 12 13	acquired after June 30, 1975 Add lines 10a and 10b	928893	1037278	1041493	1247801	1007946	5263411
11	acquired after June 30, 1975 Add lines 10a and 10b	928893 he organization	1037278 's first, secon	1041493 d, third, fourth	1247801 , or fifth tax y	1007946	5263411
11 12 13 14	acquired after June 30, 1975 Add lines 10a and 10b	928893 he organization	1037278 's first, secon	1041493 d, third, fourth	1247801 , or fifth tax y	1007946 ear as a sectio	5263411 n 501(c)(3)
11 12 13 14	acquired after June 30, 1975 Add lines 10a and 10b	928893 he organizationere rt Percentag	1037278 's first, secon	1041493 d, third, fourth	1247801 , or fifth tax y	1007946 ear as a sectio	5263411 n 501(c)(3)
11 12 13 14 Section 15 16	acquired after June 30, 1975 Add lines 10a and 10b	928893 he organizationere rt Percentag 8, column (f) di hedule A, Part	1037278 's first, secon e vided by line 1	1041493 d, third, fourth	1247801 , or fifth tax yo	1007946 ear as a sectio	5263411 n 501(c)(3) ▶ □
11 12 13 14 Section 15 16	acquired after June 30, 1975 Add lines 10a and 10b	928893 he organizationere rt Percentag 8, column (f) di hedule A, Part	1037278 i's first, secon e vided by line 1 III, line 15 . ntage	1041493 d, third, fourth	1247801 , or fifth tax y	1007946 ear as a sectio	5263411 n 501(c)(3) ► □ 99.91 % 0 %
11 12 13 14 Section 15 16	acquired after June 30, 1975 Add lines 10a and 10b	928893 he organizationere rt Percentag 8, column (f) di hedule A, Part acome Perce (line 10c, colum	1037278 a's first, secon be vided by line 1 lil, line 15 ntage nn (f) divided b	1041493 d, third, fourth 	1247801 , or fifth tax you	1007946 ear as a sectio 	5263411 n 501(c)(3) ▶ □ 99.91 % 0 %
11 12 13 14 Section 15 16 Section 16	acquired after June 30, 1975 Add lines 10a and 10b	928893 he organization ere rt Percentag 8, column (f) di hedule A, Part acome Perce (line 10c, colum 3 Schedule A,	1037278 's first, secon  vided by line 1 Ill, line 15 ntage nn (f) divided b	d, third, fourth 3, column (f))	1247801, or fifth tax you	1007946 ear as a sectio	5263411 n 501(c)(3) ▶ □ 99.91 % 0 %
11 12 13 14 Section 15 16 Section 17	acquired after June 30, 1975 Add lines 10a and 10b	928893 he organization ere rt Percentag 8, column (f) di hedule A, Part come Perce (line 10c, colum 3 Schedule A, hization did not	1037278 's first, secon  e vided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17 check the bo	d, third, fourth 3, column (f)) y line 13, colur x on line 14, ar	1247801, or fifth tax you have a second to the second tax of the s	1007946 ear as a sectio	5263411 n 501(c)(3) ▶ □ 99.91 % 0 % .09 % 0 % %, and line
11 12 13 14 Section 15 16 Section 17 18	acquired after June 30, 1975 Add lines 10a and 10b	928893 he organizationere rt Percentage 8, column (f) di hedule A, Part acome Perce (line 10c, colum 3 Schedule A, hization did not and stop here.	1037278 a's first, secon be vided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17 check the boo	d, third, fourth 3, column (f)) y line 13, colum x on line 14, ar	1247801, or fifth tax you have a second to the second tax of the s	1007946 ear as a sectio	5263411 n 501(c)(3) ▶ □ 99.91 % 0 % .09 % .09 % %, and line on . ▶ ✓
11 12 13 14 Section 15 16 Section 17 18	acquired after June 30, 1975 Add lines 10a and 10b	928893 he organizationere rt Percentag 8, column (f) di hedule A, Part icome Perce (line 10c, colum 3 Schedule A, hization did not and stop here zation did not c	1037278 's first, secon  e vided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17 check the bo: The organizati heck a box on	d, third, fourth	nor fifth tax your control of the second of	1007946 ear as a sectio	5263411 n 501(c)(3) ► □ 99.91 % 0 % .09 % 0 % %, and line ton . ► ☑ 33¹a%, and
11 12 13 14 Secti 15 16 Secti 17 18 19a	acquired after June 30, 1975 Add lines 10a and 10b	928893 he organizationere rt Percentag 8, column (f) di hedule A, Part icome Perce (line 10c, colum 3 Schedule A, hization did not and stop here zation did not c box and stop h	1037278 's first, secon  vided by line 1 Ill, line 15 ntage nn (f) divided b Part III, line 17 check the box The organizati heck a box on	d, third, fourth  3, column (f))  y line 13, colur  x on line 14, ar on qualifies as a line 14 or line 1 ization qualifies	nor fifth tax your control of the second of	1007946 ear as a sectio	5263411 n 501(c)(3) ► □ 99.91 % 0 % .09 % 0 % %, and line ion . ► ☑ 33¹a%, and iization ► □

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Name o	f the organization		Employer identification number
Interfa	ith Food Ministry of Nevada County		68-0112585
Par	Organizations Maintaining Donor Adv		ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene conferring impermissible private benefit?		
Dou			· · · · · · · · Yes L No
Par		"Voo" to Form 990 Part IV line 7	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space	☐ Freservation of	a certified flistoric structure
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributio	n in the form of a conservation
_	easement on the last day of the tax year.	old a qualified collect tallett collaboration	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		
-			2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or tem	ninated by the organization during the
	tax year ►	mustice assemble leasted	
4 5	Number of states where property subject to consecutive Does the organization have a written policy re		paction handling of
5	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · · · · Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, ii	nspecting, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, insper	cting, and enforcing conservation ease	ments during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	- · · · · · · · · · · · · · · · · · · ·
•	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		
Part			Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	
	works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simila		fucation, or research in furtherance of
	public service, provide the following amounts rela-	-	
	(i) Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of an following amounts required to be reported under \$		
а	Revenue included in Form 990, Part VIII, line 1		<b>. ▶</b> \$
h	Assets included in Form 990, Part X		<b>b</b> ¢

0	2

Dore	Organizationa Maintainina	· Callactions of	Aut Lin	iorical 7	rancii i		har Cimilar A	t- (	ntinue d
3	Organizations Maintaining Using the organization's acquisition,								
3	collection items (check all that apply):		iner reco	ras, criec	ar any or un	e rollo	wing that are a	signilicant	use of its
а	☐ Public exhibition		а	□Loan	or exchang	e nroa	rame		
b	Scholarly research		e						
	Preservation for future generation	•	E	L Oute					
	Provide a description of the organiza		and avale	in how t	hau furthar	the ev	ranization'a ava	mnt nurna	oo in Dort
4	XIII.	tion s conections	and expir	an now u	riey iuruler	une org	gariization s exe	npt purpo	ise ili Pari
E			donation	a of ort	historical t		a ar athar aimii		
5	During the year, did the organization assets to be sold to raise funds rather								. C N.
Dovi			anico as p		- Organizati	011 3 00	Direction:	<u>re</u>	s U No
Part			" to For	~ 000 E	ort IV line	0 0"		nount on	Earm
	Complete if the organization	i answered i es	S to Fon	II 990, F	art iv, iiiie	9, 01	reported an an	iourit on	POHII
	990, Part X, line 21.		!	adlas de				-4	
та	Is the organization an agent, trustee							_	<b>~</b>
	included on Form 990, Part X?							∐ Ye	s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and compl	lete the fo	llowing ta	able:				
							<i></i>	mount	
C	Beginning balance					10	;		
ď	Additions during the year					10	1		
е	Distributions during the year					16	)		
f	Ending balance								
2a	Did the organization include an amou								
b	If "Yes," explain the arrangement in P	art XIII. Check he	re if the ex	cplanation	n has been	provid	ed in Part XIIi		
Part			-						
	Complete if the organization	answered "Yes	" to Forr	n 990, P					
-		(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years bad	k (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and			-			-		
	losses	1	1		}				
d	Grants or scholarships		<u> </u>						
	Other second Street Conference of								
	programs								
f	Administrative expenses								
g	End of year balance		†						
2	Provide the estimated percentage of	the current vear e	nd balanc	e (line 10	. column (a	)) held	as.		
a	Board designated or quasi-endowme	nt <b>&gt;</b>	%	· (	,,	,,			
b	Permanent endowment	%							
C	Temporarily restricted endowment ▶	0/							
·	The percentages in lines 2a, 2b, and 2		nno4						
3-	Are there endowment funds not in the			zation the	at are held	and ac	lministered for t	he	
Va	organization by:	e possession or t	no organi	Lation tin	at are note	w	arminotored for t		Yes No
	•								163 140
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
	If "Yes" to 3a(ii), are the related organ						· · · · · ·	3b	
4	Describe in Part XIII the intended use		on s endo	WITHOUT	unas.				
Part			–	000 5				B . 1.37 E	
	Complete if the organization								
	Description of property	(a) Cost or o			or other basis		Accumulated	(d) Boo	k value
		(investr	11 <del>0</del> 71L)	(6	other)	1	depreciation		
1a	Land			ļ	200000	1 (25) B			200000
b	Buildings			L	621397		11950		609447
C	Leasehold improvements								
d	Equipment				1873		1290		583
е	Other				609		524		85
Total.	Add lines 1a through 1e. (Column (d)	must equal Form	990, Part .	X, columi	n (B), line 1	Oc.) .	▶		810115

(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	Part VII	Investments - Other Securities		m 000	Port IV lin	o 11h Soo Form	000 Part V line 12
(i) Financial derivatives (2) Closely-held equity interests (3) Other (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9							
2) Closely-held equity interests				\ \		Cost or end	I-of-year market value
(3) Other   (A)   (B)   (B)   (C)							
(S) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G			. <i>.</i>			ļ	
G    G    G    G    G    G    G    G	(3) Other			<del> </del>	-		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				<del> </del>			
Column   Direct   Column   Direct   Column   Direct   Column   Direct   Column   Direct   Column   Direct   Column   Direct   D				<del></del>			
Fig.				<del> </del>			<del></del>
Fold   Column (s) must equal Form 990, Part X, col. (B) line 13.				+		<del> </del>	- <del></del>
(6) (e) (final (Column (b) must equal Form 930, Part X, col. (b) line 12) ▶    Truestriments — Program Related.   (e) Description of investment   (e) Book value   (e) Method of valuation							
Control   Column   (a) must equal Form 990, Part X, col.   (b) line 12)   Fart VIII   Investments — Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.			~~~~~~~~~~~	<del>                                     </del>			
Total (Column (s) must equal Form 390, Part X, col. (8) line 12) ►   Part X				+			
Investments		b) must equal Form 990. Part X. col. (B) line 12.)	<b>&gt;</b>			Charles and the second	
Complete if the organization answered "Yes" to Form 990, Part IX, line 11c. See Form 990, Part X, line 13.				. <u></u>		1.5 5 5	
(e) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Cost or end-of-y				m 990,	Part IV, lin	e 11c. See Form	990, Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (d) (f) (e) (g) Total. (Column (c)) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (c) Federal income taxes (c) USDA Loan Peyable 398572 (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g						(c) Me	thod of valuation
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX  Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (f) Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability  (b) Book value  (c) USDA Loan Payable  398572  (d) (e) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(1)		<del></del>	-			
(9) (9) (9) (9) (1) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				1			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) USDA Loan Payable 398572 (3) (4) (5) (6) (7) (9) (9) (9) (9) (1) Total. (Column (b) must equal Form 390, Part X, col. (B) line 25.) ▶ 398572 (9) (9) (1) Total. (Column (b) must equal Form 390, Part X, col. (B) line 25.) ▶ 398572 (1) See Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 12c or 11f. See Form 990, Part X, li							
(5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (7) Federal income taxes (2) USDA Loan Peyable 398572 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25. ▶ 398572 (2) Liability for uncertain tax positions, In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(7) (8) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal Income taxes (2) USDA Loan Psyable (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 398572 (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 398572 (2) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(8) (9) (9) (9) (9) (10) (11) (2) (3) (4) (5) (6) (9) (9) (9) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19				<u> </u>			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX  Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (c) (a) (b) Book value  (d) (c) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(7)			ļ			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X  Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (c)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (7) Federal income taxes  (2) USDA Loan Payable 398572  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  398572  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)			<del> </del>			
Other Assets.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		15 000 P-+V (D) ( 401 h		ļ		to the contract of the contrac	· (本中 ) · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (c)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<del></del>		<u> </u>	<u> </u>	<u> </u>	N. S. A 15th & Red St. Like Sec.	والمنطوع والمنطوع والمنطوع المنطوع المنطوع والمنطوع لمنطوع والمنطوع والمنط والمنطوع والمنطوع والمنطوع والمنطوع والمنطوع والمنطوع والمنطوع
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		Alamata and Farra 200 Part V. 1 miles		{\hat{8}}		TOTAL MARKET TOTAL	THE THE PARTY OF T
					A COMPANY TO SEA	onle financial etata-	HISTORY STATE TO THE TOTAL TOT

Part			Return.
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	]受隆
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1.60
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	<del></del>	
	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			<del></del>
T GIT	Complete if the organization answered "Yes" to Form 990,		or rectarri.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<b>经制度</b>
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
-	Other losses	2c	
C A		2d	
ď	Other (Describe in Part XIII.)	<del></del>	2e
е 3	Add lines 2a through 2d		3
		· · · · · · · · · · · · · · · · · · ·	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	140	
a	Investment expenses not included on Form 990, Part VIII, line 7b	<del></del>	
b	Other (Describe in Part XIII.)	L	t i
С 5	Add lines <b>4a</b> and <b>4b</b>		4c 5
	XIII Supplemental Information.	ie 10.)	1 9
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV lines 1b and 2b	Part V line 4: Part V line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
۷, ۱ ۵۱	t XI, III 03 20 and 40, and 1 at XII, III 03 20 and 40. Also complete the par	to provide any additional i	nomano
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			**************************************
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Page 5	rm 990) 2014	Schedule D (Fon
	Supplemental Information (continued)	Part XIII
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### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Departr	nent of the Treasury			ttach to Form				Open to Public
	Revenue Service of the organization	► Information a	bout Schedule G (Fo	orm 990 or 990	-EZ) and its	instructions is at ww	w.irs.gov/form990. Employer identifi	Inspection
	•	-4114- 0					1	
	- Fundrais	of Nevada Count	Complete if th	e organiza	tion answ	vered "Ves" to F	orm 990, Part IV,	<u>-0112585</u> line 17
Par		0-EZ filers are r				relea les tol	OIIII 330, Fait IV,	iiile i <i>i</i> .
1						wing activities C	heck all that apply.	<del></del>
' a	✓ Mail solicita	_	on raised failes (			on of non-govern		
b	=	d email solicitatio	ine			on of government	•	
C	✓ Phone solid		110			undraising events	-	
d	✓ In-person s			ينا و	, opoola, i	and along over	,	
2a	'		tten or oral agre	ement with	any individ	dual (including off	icers, directors, trus	stees
							undraising services	
b		e ten highest paid at least \$5,000 by			draisers) po	ursuant to agreen	nents under which th	ne fundraiser is to be
	(i) Name and address or entity (fund		(ii) Activity	custody or	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			<del> </del>
1								
2								
3	<del></del>							
4	· · · · · · · · · · · · · · · · · · ·						<del></del>	
		<del></del>						
6								
7								
8								
9		<u> </u>		-			· · · · · · · · · · · · · · · · · · ·	
10			-					
	<u> </u>			1			<del></del>	
Total	· · · · ·	<u> </u>	<del></del>		<u> ▶</u>			ied it is exempt from
3	List all states i registration or		anization is regis	stered or lic	ensed to s	solicit contributior	ns or has been notif	ied it is exempt from

	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		3, 555 1,555,pt5 greater the	(a) Event #1 Paulette's (event type)	(b) Event #2 Bite out of Hunger (event type)	(c) Other events Shred Day (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1	Gross receipts	6915	35750	3361	46026
	3	Less: Contributions Gross income (line 1 minus line 2)	6915	35750	3361	46026
	4	Cash prizes				
	5	Noncash prizes		:		
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	248	3130	0	3378
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)	▶ ▶ 0. Part IV. line 19. or	3378 42648 reported more
		than \$15,000 on Form 9		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add coi (a) through coi (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	│	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:		s in each of these states		🗌 Yes 🗌 No
10		ere any of the organization's g	gaming licenses revoked	1, suspended or termina	ated during the tax year	? . 🗌 Yes 🗔 No

Schedu.	ule G (Form 990 or 990-EZ) 2014		Pa	age 3
11	Does the organization conduct gaming activities with nonmembers?	□ Ye	s 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	□ Ye	s 🗌	No
13	Indicate the percentage of gaming activity conducted in:			
а	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:			
	Name ▶	<b></b> -		
	Address►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Y <sub>4</sub>	as 🗀	No
b	name many the state of the stat			
С	If "Yes," enter name and address of the third party:			
	Name ►		<del></del>	
	Address►		<b></b> -	
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□ Y	es 🗌	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor instructions).	nd (v) matio	, and n (see	,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** Interfaith Food Ministry of Nevada County 68-0112585 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . . . 1 Art-Historical treasures . . . 2 3 Art-Fractional interests . . . Books and publications . . . 5 Clothing and household goods . . . . . . . . . Cars and other vehicles . . . 6 7 Boats and planes . . . . . 8 intellectual property . . . . 9 Securities-Publicly traded . . 10 Securities-Closely held stock . Securities-Partnership, LLC, 11 or trust interests . . . . . Securities-Miscellaneous . . 12 Qualified conservation 13 contribution - Historic structures . . . . . . Qualified conservation 14 contribution-Other . . 15 Real estate-Residential . . . Real estate—Commercial . 16 17 Real estate-Other . . . . 18 Collectibles . . . . . 707892 19 Food inventory . . . . . . 20 Drugs and medical supplies . . 21 Taxidermy . . . . . . . 22 Historical artifacts . . . . . 23 Scientific specimens . . . . Archeological artifacts . . . 24 Other ► ( Volunteer 25 1600 Other ► ( Other 26 4522 Other ► ( 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 

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

**b** If "Yes," describe in Part II.

describe in Part II.

33

31

32a

Schedule M (	Form 990) (2014) Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
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# **SCHEDULE N**

(Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

OMB No 1545-0047 **7** | © ©

(FORTH 980 OF 980-EZ)	▶ Attach certified copies of any articles of dissolution, resolutions, or plans.	
Department of the Treasury	► Attach to Form 990 or 990-EZ.  ► Information about Schadula N Form 990 or 990-EZ) and its instructions is at www.irs.cov/form990.	Open to Public
Internal Hevenue Service		
Name of the organization	Eurhoye	r idenunceuon number
Interfaith Food Ministry of Nevada County	v of Nevada County	68-0112585
Part Liquidatio	Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36.	or Form 990-EZ, line 36.
Part I can	Part I can be duplicated if additional space is needed.	

	ו מונו כמון כה מתלווסמוכת וו מממוויסיומו כלהכה ים	יייים שלייים					
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of reciplent	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
							•
8	Did or will any officer, director, trustee, or key employee of the organization:	tee, or key emplo	yee of the organization?	:u:			Yes No

- Become an employee of, or independent contractor for, a successor or transferee organization? . . . Become a director or trustee <u>a</u> \_
  - Become a direct or indirect owner of a successor or transferee organization?
- Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? . . . . . . . . . . . . . . . . . . υD
- e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶

2 2 2

Note. If the organization distributed all of its ass (Total liabilities), should equal -0.  Did the organization distribute its assets in accordan is the organization distribute its assets in accordan list wes," did the organization have any tax-exempt bonds out fill wes," to line 6a, did the organization have any tax-exempt bonds out of the organization have any tax-exempt bonds out if "Yes" to line 6a, did the organization have any tax-exempt bonds out if "Yes" to line 6b, describe in Part III how the organization of sesets of distribution of assets of distribution of assets paid distributed or transaction expenses paid distributed or transaction appearance of a successor or trans Become an employee of, or independent contractor Become a direct or indirect owner of a successor or Receive, or become entitled to, compensation or oth if the organization answered "Yes" to any of the que	Schedule N (Form 990 or 990-EZ) (2014)	no Discolution	(pointing)					Page 2
the its assets in accordance with its governing instrument(9)? if "No," describe in Part III.  To nortly the attening operator or other appropriate state official of its intent to dissolve, liquidate, or terminate?  The norvide such notices?  The other profits attening attening bring by ear?  The norvide such notices?  The other profits are accordance with state laws?  The other profits attening attening attening bring by ear?  The other profits attening att		ed all of its as	sets during the tax )	ear, then Form 990,	Part X, column (B)	(Total assets),		1
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in part IV, line 32, or Form 390-EZ, line 36. Part II can be duplicated if additional space is needed.  Part IV, line 32, or Form 390-EZ, line 36. Part II can be duplicated if additional space is needed.  Part IV, line 32, or Form 390-EZ, line 36. Part II can be duplicated if additional space is needed.  Part IV, line 32, or Form 390-EZ, line 36. Part II can be duplicated if additional space is needed.  Appril and the formation and address of needed.  Appril and the formati		xempt bonds ou	tstanding during the y	19ar?			<b>6a</b>	 
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Creative Learning Adventures,   501C3	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section recipient(s) (s) tax-exempt) or of entity	n of if type
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Schedule N (F	orm 990 or 990-EZ) (2014) Page 3
Part III	Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e.
	Also complete this part to provide any additional information.
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#### SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Interfaith Food Ministry of Nevada City 68-0112585 Form 990, Part III, Line 1 - Organization Mission A community where no one should feel the hurt of hunger. Interfaith Food Ministry feeds the hungry and works to reduce food insecurity in Nevada County. We help to sustain health, human dignity and the opportunity for individuals to realize their full potential. Form 990, Part VI, Line 11b - Form 990 Review Process Provided to Board Members for review and approval. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts Annual review of conflict of interest policy Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management Independent board of directors review and approve ED salary Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees Independent board of directors review and approve ED salary Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available Available on Interfaith Food Ministry's website - www.interfaithfoodministry.org