_	00	0	Detur	o of Ormonization Fu				OMB No. 1545-0047	
Form	99	U	Returi	n of Organization Exe	empt From Incor	ne lax		2014	
			Under section 501(c	), 527, or 4947(a)(1) of the Intern	al Revenue Code (excep	t private foundati	ons)	2014	
Departm	ent of th	ne Treasury	Do not er	nter social security numbers on	this form as it may be ma	ade public.		Open to Public	
-		e Service		ion about Form 990 and its instr	uctions is at www.irs.go	/form990.		Inspection	
	or the 2	2014 calend	ar year, or tax year begin		, 2014, and e	nding		, 20	
		oplicable:	C Name of organization BEMI	DJI COMMUNITY FOOD SHELF	INC			mployer identification no.	
	dress ch	•	Doing business as				1494430		
	me char	-		ox if mail is not delivered to street address)		Room/suite		elephone number	
	ial return		PO BOX 3118				(21	.8)444-6580	
		n/terminated		e, country, and ZIP or foreign postal code				691,049	
	nended r		BEMIDJI, MN 5661				GG	ross receipts\$	
🗀 Ар	plication	pending	F Name and address of principa	al officer: BILL BEYER		H(a) Is this a gro	up return fo		
			SAME         AS         C         ABOVE           501(c)(3)         501(c) (		507	subordinate			
	ebsite:	•	501(c)(3) 501(c) (	) (insert no.) 4947(a)(1) or	527	H(b) Are all subo	" attach a lis	st. (see instructions)	
			Corporation Trust Ass	ociation Other	L Year of formation: 1		of legal dom		
Part	-	Summar				JOZ M State	or legal dom		
I un				n or most significant activities:	PROVIDE EMERGENCY	FOOD TO FAMIL	TES WH	O HAVE	
		-	-	EDS IN BELTRAMI COUNTY.		1000 10 14411			
Ce	-	DHORT THR	M EMERGENCI FOOD NE						
nar	-								
Activities & Governance	2	Check this bo	x I if the organization	discontinued its operations or disp	osed of more than 25% of it	s net assets.			
õ			oting members of the govern				3	20	
ې کې			а С	of the governing body (Part VI, line	e 1b)		4	20	
/itie			-	calendar year 2014 (Part V, line 2a			5	7	
ctiv									
<				Part VIII, column (C), line 12			7a	0	
	b	Net unrelated	I business taxable income f	rom Form 990-T, line 34		[	7b	0	
						Prior Year		Current Year	
	8	Contributions	and grants (Part VIII, line 1	h)		285	,180	673,206	
Jue	9	Program serv	vice revenue (Part VIII, line :	2g)				0	
Revenue	10	Investment in	come (Part VIII, column (A)	, lines 3, 4, and 7d)			111	129	
Å	11	Other revenu	,625	17,714					
	12	Total revenue	e - add lines 8 through 11 (r	,916	691,049				
			imilar amounts paid (Part IX					0	
			to or for members (Part IX,		•••••••••••			0	
ŝ		-		benefits (Part IX, column (A), lines	5-10)	44	,298	49,101	
sus			fundraising fees (Part IX, co					0	
Expenses			sing expenses (Part IX, colu		10,385				
ш		•	ses (Part IX, column (A), line	. ,			,500	654,156	
			s expenses. Subtract line 1	equal Part IX, column (A), line 25)			,798	703,257	
- S	19	Revenue less	s expenses. Subtract line T			Beginning of Current	,882) Xaar	(12,208) End of Year	
Net Assets or Fund Balances	20 ·	Total assets i	(Part X, line 16)		_		,889	584,159	
Asse Bal							,124	294,609	
Fund			fund balances. Subtract lir				,765	289,550	
Part			re Block				,		
Under p	enalties	of perjury, I decl	are that I have examined this retu	rn, including accompanying schedules and		knowledge and belief, i	is		
true, cor	rect, and	d complete. Decl	aration of preparer (other than off	icer) is based on all information of which pre	eparer has any knowledge.				
	1	EDITH	н ночим						
Sign		Signatur	e of officer				Date		
Here	1	EDITH	HOYUM, TREASURER						
	ļ	Type or	print name and title	-					
		Print/Type pre	eparer's name	Preparer's signature	Date	Check X	if PTIN		
Paid		Susan De	earholt CPA	Susan Dearholt CPA	03-09-2016	self-employe	d P	01239524	
Prep		Firm's name	Dearholt	Tax & Accounting LLC		Firm's EIN			
Use	Only	Firm's addres		evelt Road SE		Phone no.			
				IN 56601-3456		21	218-444-1040		
				wn above? (see instructions)				. 🛛 Yes 🗌 No	
	aperwo	ork Reductio	on Act Notice, see the se	parate instructions.				Form <b>990</b> (2014)	
EEA									

Form	n 990 (2014) BEMIDJI COMMUNITY FOOD SHELF INC	41-1494430	Page <b>2</b>
Ра	rt III 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:		
	PROVIDE EMERGENCY FOOD TO FAMILIES WHO HAVE SHORT-TERM EMERGENCY FOOD NEEDS IN BELTRAMI		
	COUNTY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	🗌 Yes	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 676,681 including grants of \$ ) (Revenue	\$	)
iu	PROVIDE EMERGENCY FOOD TO FAMILIES WHO HAVE SHORT-TERM EMERGENCY FOOD NEEDS IN BELTRAMI	•	/
	COUNTY.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		·	,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
_			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 676,681		
EEA		Fo	rm <b>990</b> (2014)

	1990 (2014) BEMIDJI COMMUNITY FOOD SHELF INC 41-149443	0	P	age <b>3</b>
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u></u>
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	Х	
Ь	complete Schedule D, Part VI	11a	Λ	
D.	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			37
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		Х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u></u>
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		Х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		17
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2014) BEMIDJI COMMUNITY FOOD SHELF INC 41-149443	)	P	age 4
Pa	rt IV         Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants 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		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	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	25a		Х
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		Х
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		Х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		Х
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,			
		37		х
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	х	
EEA				2014)

Form	990 (2014) BEMIDJI COMMUNITY FOOD SHELF INC 41-14	194430	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
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)?	<u>4a</u>		X
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).	_		37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		v
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ch		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	//		
С		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	//		- 25
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?			X
ģ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2014) BEMIDJI COMMUNITY FOOD SHELF INC 41-1494	430	F	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	)		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20	)		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5	37	X
6	Did the organization have members or stockholders?	. 6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		v
<b>L</b>	one or more members of the governing body?	. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	. 7b		x
8	stockholders, or persons other than the governing body?	. 70		Λ
0	the year by the following:			
а	The governing body?	. 8a	X	
b	Each committee with authority to act on behalf of the governing body?	. 00 . 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	. 12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	. 13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	. 14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	v	
a h	The organization's CEO, Executive Director, or top management official	. 15a . 15b	X X	
b	Other officers or key employees of the organization	. 150		
16a	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			
Tua		. 16a		X
b	with a taxable entity during the year?	. 104		
	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		
Sec	tion C. Disclosure			·
17	List the states with which a copy of this Form 990 is required to be filed <b>MN</b>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	EDITH HOYUM (218)444-6580, PO BOX 3118, BEMIDJI, MN 56619			

Form 990 (2014	) BEMIDJI COMMUNITY FOOD SHELF INC	41-1494430	Page 7					
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and							
	Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII		<u></u>					
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
<b>1a</b> Complete to organization's ta	nis table for all persons required to be listed. Report compensation for the calendar year ending with or v x year.	within the						
	the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless Enter -0- in columns (D), (E), and (F) if no compensation was paid.	s of amount of						
• 1 int all af	the envertication is compared by a complexity of the comparison of the definition of the complexity of							

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.

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

					(C)			, ,		
(A) Name and Title	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the 5 organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) BILL BEYER PRESIDENT	20.00			Х				0	0	0
(2) JACK JUDKINS VP	5.00_			Х				0	0	0
(3) EDITH HOYUM TREASURER	15.00_			Х				0	0	0
(4) CANDY BARTHEL SECRETARY	5.00_			Х				0	0	0
(5) MARY MITCHELL FOOD SHELF MANAGER	30.00_				Х			23,030	0	0
<u>(6)</u>										
(7)										
(8)										
(9)										
<u>(10)</u>										
(11)										
<u>(12)</u>										
(13)										
(14)										

	0 (2014) BEMIDJI COMMUNITY FOC									41-149443	0	Pa	age <b>8</b>
Part	VII Section A. Officers, Directors, Trustees,	, Key Emplo	yees,	and			t Com	npen	sated Employees	s (continued)			
					(C Posi								
	(A)	(B)			eck m	ore th	nan one		(D)	(E)	-	(F)	
	Name and title	Average hours per			•		both an (trustee)		Reportable compensation	Reportable compensation from		stimated nount of	
		week (list any					,		from	related		other	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	mplo	Former	the organization	organizations (W-2/1099-MISC)		pensatic	on
		organizations	dual	ition	ñ	mplo	st co	er	(W-2/1099-MISC)	(		ganizatio	n
		below dotted line)		al tru		byee	ompe					d related	
			ee	istee			Highest compensated employee				org	anization	15
							fed						
(15)													
(4.0)													
(10)													
(17)													
<u>(18)</u>													
(19)													
<u></u>													
(20)													
(04)													
<u>(21)</u>													
(22)													
<u>(23)</u>													
(0.4)													
<u>(</u> 2 <u>4</u> )													
(25)													
1b				•••	••	•••							
C	Total from continuation sheets to Part VII, Section												-
	Total (add lines 1b and 1c)								23,030	0			0
2	Total number of individuals (including but not limited to reportable compensation from the organization		above		Jiec	eive		euna	iii \$100,000 0i	0			
	reportable compendation norm the organization											Yes	No
3	Did the organization list any former officer, directo	r, or trustee,	key er	nplo	yee,	or ł	nighes	t cor	npensated				
	employee on line 1a? If "Yes," complete Schedule J for	or such individ	dual		•••						3		Х
4	For any individual listed on line 1a, is the sum of report	rtable comper	nsation	and	othe	er co	mpens	satio	n from the				
	organization and related organizations greater than \$7	150,000? If "Y	′es," co	ompl	ete S	Sche	edule J	for s	such				
	individual										4		Х
5	Did any person listed on line 1a receive or accrue con		-				-	tion	or individual				37
Sacti	for services rendered to the organization? If "Yes," con	mplete Schec	dule J fo	or su	ich p	ersc	on			• • • • • • • • •	5		X
<u>Secti</u> 1	on B. Independent Contractors Complete this table for your five highest compensated	d independent	t contra	actor	s tha	t rec	ceived	mor	e than \$100,000 of				
•	compensation from the organization. Report compensation									n's tax			
	year.						3						
	(A)			_		_		_	(B)			(C)	
	Name and business address								Description of	services	Comp	ensatior	ı
-													

2	Total number of independent contractors (including but not innited to the	Use listed above) who
	received more than \$100,000 of compensation from the organization	

Form 99	90 (201	14) BEMIDJI C	OMMUNITY FOOL	SHELF INC			41-149443	0 Page <b>9</b>
Part '	VIII	Statement of Revenu	ie					_
		Check if Schedule O contains	s a response or no	te to any line in this	Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ũğ	c	Fundraising events	1c					
ifts ar A	d							
Diji Diji	е	Government grants (contributio			-			
Sis	f	All other contributions, gifts, gra	-					
the		and similar amounts not include		673,206				
i i o	g	Noncash contributions included	l in lines 1a-1f: \$	408,583				
and	h	Total. Add lines 1a-1f			673,206			
				Business Code				
Program Service Revenue	2a							
leve	b							
се Н	c							
ervi	d							
am	е							
ogr	f	All other program service revenu	e					
ā	g	Total. Add lines 2a-2f						
		Investment income (including div		· · · · ·				
		and other similar amounts) .			129	129		
	4	Income from investment of tax-e	xempt bond proce	eds 🕨				
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6a	Gross rents			-			
		Less: rental expenses			-			
		Rental income or (loss)		4	-			
	1			· · · · · · · •	17,714	17,714		
		Gross amount from sales of	(i) Securities	(ii) Other		-		
	1	assets other than inventory			-			
	Ь	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		•••••				
ne		Gross income from fundraising						
Other Revenue		events (not including \$						
Rev		of contributions reported on line						
Jer		See Part IV, line 18						
đ	b	Less: direct expenses	b					
	c	Net income or (loss) from fundra	ising events .					
	9a	Gross income from gaming activ	ities.					
		See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gamin	g activities					
		Gross sales of inventory, less	-					
		returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of	of inventory					
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d .						
	12	Total revenue. See instruction	s		691,049	17,843	0	0

Form	4562		Depre (Including			OMB No. 1545- 2014	0172				
Departr	nent of the Treasury			Attach to y	our tax returr	า.				Attachment	
	Revenue Service (99)	Information	about Form 456	32 and its separa	te instruction	s is at	www.irs.gov	/form45	62.	Sequence No.	179
Name(s	s) shown on return			Bu	isiness or activity t	o which	this form relates			Identifying number	
BEN	IIDJI COMM	UNITY FC	OD SHELF	INC	FORM 9	90 -	- 1			41-14944	30
Par	t I Election	n To Expens	e Certain Pro	operty Under	Section 17	'9					
	Note: If y	ou have any liste	ed property, com	plete Part V befor	e you comple	te Part	I.				
1	Maximum amount (	see instructions)							1		
2	Total cost of section	179 property pla	aced in service (se	e instructions)					2		
3	Threshold cost of se				instructions)				3		
4	Reduction in limitati		•						4		
5	Dollar limitation for t										
•	separately, see inst			• • • • • • • • • • •					5		
6	Separately, See inst										
0		(a) Description of p	горепту	(0)	Cost (business us	se oniy)	(C) Elec	cted cost			
7	Listed property. Ent					7					
8	Total elected cost o						• • • • • •		8		
9	Tentative deductio				• • • • • •				9		
10	Carryover of disallo	wed deduction fr	om line 13 of your	2013 Form 4562	• • • •				10		
11	Business income lin	nitation. Enter the	e smaller of busine	ess income (not les	ss than zero) o	r line 5	(see instr	uctions)	11		
12	Section 179 expense	e deduction. Add	d lines 9 and 10, b	ut do not enter mo	re than line 11				12		
13	Carryover of disallo	wed deduction to	2015. Add lines 9	9 and 10, less line	12 🕨	13					
Note:	Do not use Part II	or Part III below	v for listed proper	ty. Instead, use F	Part V.						
Par	t II Special	Depreciatio	n Allowance	and Other De	epreciatior	۱ (Do	not include li	sted pro	perty.)	(See instructions.	.)
14	Special depreciation	n allowance for q	ualified property (	other than listed pr	operty) placed	in serv	ice				
	during the tax year								14		
15	Property subject to	· ,							15		
16	Other depreciation								16		
Par				lude listed proper							
1 41		Doproblati		Sect		uononi	.,				
17	MACRS deductions	for assets place	d in service in tax						17	27,	537
18	If you are electing to								17	27,	551
10	, ,	0 1 5	•	<b>o</b> ,		0					
	asset accounts, che			· · · · · · · · · · ·					0		
	Sec	ction B - Assets		ce During 2014 T		g the G	Seneral Depre	eciation	Syste	m	
	(a) Classification of p	property	placed in	(c) Basis for depreci (business/investment)	tuse (a) Rec	-	(e) Convention	(f) Met	nod	(g) Depreciation ded	uction
	(,,		service	only-see instruction	ns) perio	bd	(,,	()			
19 a	3-year property		_								
b	5-year property										
C	7-year property										
d	10-year property										
е	15-year property										
f	20-year property										
g	25-year property				25 y	/rs.		S/	L		
	Residential rental				27.5		MM	S/	L		
	property				27.5		MM	S/			
i	Nonresidential real		06-2014	30,0			MM	S/			417
•						/10.	MM	S/			
	property	tion C Accota	 Placed in Servic	e During 2014 Ta	v Voor Lloing	the Al				tom	
		lion C - Assels		e Duning 2014 1a	ix real Using		ternative Dep			lem	
	Class life		-					S/			
	12-year				12 y			S/			
	40-year				40 y	/rs.	MM	S/	L		
Par		ary (See instruc									
21	Listed property. En					• • • •		•••	21		
22	Total. Add amount	ts from line 12, I	ines 14 through 1	17, lines 19 and 2	0 in column (g	ı), and	line 21. Enter				
	here and on the app	propriate lines of	your return. Partne	erships and S corp	orations - see	instruc	tions		22	27,	954
23	For assets shown a	bove and placed	in service during	the current year, e	nter the						
_	portion of the basis	attributable to se	ction 263A costs		<u></u>	23					
Eor D	anerwork Reductio	n Act Notico s	oo conarato inst	ructions						Form <b>456</b>	2 (2014)

## Form 990 (2014)

#### ) BEMIDJI COMMUNITY FOOD SHELF INC

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any I	ine in this Part IX			
	hot include amounts reported on lines 6b, 7b,	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations		CXPO1000	general expenses	cxpended
•	and domestic governments. See Part IV, line 21				
2	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				
ŀ	Benefits paid to or for members				
	Compensation of current officers, directors,				
•	trustees, and key employees	23,030	11,515	5,757	5,75
	Compensation not included above, to disqualified	23,030	11,515	5,151	5,75
;	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	22.459	20, 21,2	2.245	
,	Other salaries and wages	22,458	20,213	2,245	
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
•	Other employee benefits				
0		3,613	2,329	824	46
1	Fees for services (non-employees):				
а					
b		-		-	
с		1		1	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)				
2	Advertising and promotion	1,678	839		83
3	Office expenses	4,892	1,631	1,630	1,63
1	Information technology	1,070	1,000	35	3
5	Royalties				
5	Occupancy	33,611	28,625	3,324	1,66
·	Travel				
B	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)		10,276	10,276		
l	Payments to affiliates				
2	Depreciation, depletion, and amortization	27,954	27,954		
3		4,305	4,000	305	
ŀ	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.)				
а	FOOD	554,730	554,730		
b	DUES	625		625	
С	MISC	1,445		1,445	
d	GARDEN	13,569	13,569		
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e .	703,257	676,681	16,191	10,38
5	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	fundraising solicitation. Check here Following SOP 98-2 (ASC 958-720)				

# Form 990 (2014)

BEMIDJI	COMMUNITY	FOOD	SHELF	INC	
alanco Shoot					

Page '	11	l
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X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)	I T	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	54,364	1	51,069
2	Savings and temporary cash investments	59,777	2	46,296
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	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	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 555, 300			
b		484,748	10c	486,794
11			11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14			14	
15	•		15	
16		598,889	16	584,159
17	Accounts payable and accrued expenses	1,841	17	3,018
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22				
			22	
23		295,283	23	291,591
24			24	
25				
			25	
26		297,124	26	294,609
27		301,765	27	289,550
28			28	
29	Permanently restricted net assets		29	
-				
30			30	
	-	301.765	-	289,550
34	Total liabilities and net assets/fund balances	598,889	34	584,159
	1 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Check if Schedule O contains a response or note to any line in this Part X         1       Cash - non-interest-bearing         2       Savings and temporary cash investments         3       Pledges and grants receivable, net         4       Accounts receivable, net         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.         Complete Part II of Schedule L       Complete Part II of Schedule L         6       Loans and other receivables from other disquillied persons (as defined under section 4958(10(11)), persons described in section 4958(3(8), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L         7       Notes and loans receivable, net         8       Inventories for sale or use         9       Prepaid expenses and deferred charges         10a       555, 300         10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D         11       Investments - publicly traded securities         11       Investments - publicly traded securities         12       Investments - program-related. See Part IV, line 11         13       Investments - program-related. See Part IV, line 11         14       Intangible assets         15       Other assets. See Part IV, line 11	Check if Schedule O contains a response or note to any line in this Part X       (A)         Image: Cash - non-interest-bearing       54,364         Savings and temporary cash investments       59,777         Pledges and grants receivable, net       59,777         Accounts receivable, net       59,777         Lones and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.       Complete Part II of Schedule L         Complete Part II of Schedule I.       6         Loans and other receivables from other disqualified persons (as defined under section 495800(11), persons described in section 4958(c)(3)(B) and contributing employers and sponsoring organizations (as existion 501(6) Voluntary employees beneficiary erganizations (as existion 501(6) Voluntary employees beneficiary erganizations (as defined charges         10a       555,300         11 Invostiments - publicy trade securities       10a         12 Investments - publicy trade securities       10a         13 Investments - publicy trade securities       10a         14 Intragible assets       10a         15 Other assets. Add lines 1 through 15 (must equal line 34)       598,889         14 Intragible assets       1.8411         15 Coher assets. Complete Part II of Schedule L       20         20 Tax-exempt bond liabilities       21         21 Locans and other payable or compensated employe	Check if Schedule O contains a response or note to any line in this Part X       (A)       Beginning dyear         1       Cash - non-interest-bearing       54, 354       1         2       Savigs and temporary cash investments       59, 777       3         3       Pledges and grants receivable, net       4       4         4       Accounts receivable, net       4       4         5       Lans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.       5         6       Laans and other receivables from other disqualified persons (as defined under section 4558(r)(1), parsons described in action 4588(r)(2)(8), and contributing employees and sponsoring organizations of section 5016(r)(9) volumesy employees beneficiary organizations (as entro-ther) 500 (r)(8), and contributing employees and page-section 5016(r)(9) volumesy employees beneficiary organizations does not 5016(r)(9) volumesy employees beneficiary organization action 5016(r)(9) volumesy employees end 55, 300       9         10       Lans. Audifies, and equiprimet costor or other ther basics. Complete Part IV of Schedule D

Form 990 (2014)

Form	8879-EO
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# IRS e-file Signature Authorization for an Exempt Organization

and ending

For calendar year 2014, or fiscal year beginning

OMB No. 1545-1878

2014

Department of the Treasury Internal Revenue Service Name of exempt organization Do not send to the IRS. Keep for your records.
 Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

41-1494430

BEMIDJI COMMUNITY FOOD SHELF INC

Name and title of officer

# EDITH HOYUM, TREASURER

Tart Type of Return and Return information (whole Donars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you	
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then	
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on	
the applicable line below. Do not complete more than 1 line in Part I.	
1a Form 990 check here 🕨 🗴 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	691,049
2a Form 990-EZ check here b b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a Form 8868 check here 🕨 🗌 b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize <u>Dearholt Tax &amp; Accounting L</u> ERO firm name	to enter my PIN <u>31363</u> as my signature Enter five numbers, but do not enter all zeros
on the organization's tax year 2014 electronically filed return. If I hav being filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature If I have indicated within this return that a copy of the return is being the IRS Fed/State program, I will enter my PIN on the return's disclo	filed with a state agency(ies) regulating charities as part of
Officer's signature	Date <b>05-07-2015</b>
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	417403 50899
	417403 50899 do not enter all zeros
	do not enter all zeros 2014 electronically filed return for the organization
number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the indicated above. I confirm that I am submitting this return in accordance	do not enter all zeros 2014 electronically filed return for the organization

## ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2014)

EEA

SCHEDULE A	
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## (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.

**Open to Public** Attach to Form 990 or Form 990-EZ. Department of the Treasury Inspection Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization BEMIDJI COMMUNITY FOOD SHELF INC 41-1494430 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10  $\square$ 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 а 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, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d **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 I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). g (i) Name of supported organization (iv) Is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

2014

Sched		DJI COMMUNITY				41-1494430	Page <b>2</b>
Pa	rt II Support Schedule for Org	ganizations De	escribed in Se	ctions 170(b)(*	1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you chec	ked the box on	line 5, 7, or 8 c	of Part I or if the	e organization f	failed to qualify	under
	Part III. If the organization	fails to qualify u	under the tests	listed below, pl	ease complete	e Part III.)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	(e) 2014	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")	214,727	196,704	443,387	285,180	673,206	1,813,204
2	Tax revenues levied for the						
Z	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	214,727	196,704	443,387	285,180	673,206	1,813,204
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)						94,540
6	Public support. Subtract line 5 from line 4						1,718,664
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	214,727	196,704	443,387	285,180	673,206	1,813,204
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	237	235	159	111	129	871
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.)			4,200	17,625	17,714	39,539
11	Total support. Add lines 7 through 10 .						1,853,614
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(d	c)(3)	
	organization, check this box and stop here						<b>▶</b> 🗌
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2014 (line 6, co	olumn (f) divided by l	ine 11, column (f))			14	92.72 %
15	Public support percentage from 2013 Schedu	, ,					91.00 %
16a	33 1/3% support test - 2014. If the organiz	zation did not checl	k the box on line 13	3, and line 14 is 33	1/3% or more, ch	eck this	_
	box and stop here. The organization quality	fies as a publicly su	upported organizati	on			🕨 🛛
b	33 1/3% support test - 2013. If the organiz	zation did not checl	k a box on line 13 d	or 16a, and line 15	is 33 1/3% or mor	e,	
	check this box and stop here. The organiz	ation qualifies as a	publicly supported	lorganization			🕨 🗌
17a	10%-facts-and-circumstances test - 2014	4. If the organizatio	n did not check a b	oox on line 13, 16a	, or 16b, and line 1	14 is	
	10% or more, and if the organization meets	s the "facts-and-cire	cumstances" test, c	heck this box and	stop here. Explain	n in	
	Part VI how the organization meets the "facts	-and-circumstances	" test. The organizat	tion qualifies as a pu	ublicly supported		
	organization						🕨 🗌
b	10%-facts-and-circumstances test - 2013	<ol> <li>If the organizatio</li> </ol>	n did not check a b	oox on line 13, 16a	, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization	meets the "facts-ar	nd-circumstances"	test, check this boy	x and <b>stop here.</b>		
	Explain in Part VI how the organization meets	the "facts-and-circu	umstances" test. The	e organization quali	fies as a publicly		
	supported organization						🕨 🗌
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, chec	k this box and see		_
	instructions						
EEA						Schedule A (Form	990 or 990-EZ) 2014

Sche	dule A (Form 990 or 990-EZ) 2014 BEMID	JI COMMUNITY	FOOD SHELF IN	C		41-1494430	Page <b>3</b>
Pa	rt III Support Schedule for Org						
	(Complete only if you check	ked the box on	line 9 of Part	I or if the orgar	nization failed to	o qualify under F	Part II.
	If the organization fails to q	ualify under th	e tests listed b	elow, please c	omplete Part II.	)	
Sec	ction A. Public Support				-		
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or bus. under sec 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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
	Amounts included III 0 10						
D	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	ction B. Total Support	( ) 0040	(1) 0044	() 0040	(1) 0010	() 0044	
	endar year (or fiscal year beginning in)	<b>(a)</b> 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	<b>(f)</b> Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
с							
44							
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or						. –
_	organization, check this box and stop here						🕨 📋
	ction C. Computation of Public Su						
15	Public support percentage for 2014 (line 8, colu	•			• • • • • • • • •	15	%
16 Sec	Public support percentage from 2013 Schedule ction D. Computation of Investmer					16	%
<u>Sec</u> 17	Investment income percentage for 2014 (line			column (f))		17	%
17	Investment income percentage for 2014 (inte Investment income percentage from 2013 So					17	%
						-	/0
198	<b>33 1/3% support tests - 2014.</b> If the organiz 17 is not more than 33 1/3%, check this box						• 🗖
h	33 1/3% support tests - 2013. If the organiz	-					· · · · ·
U	line 18 is not more than 33 1/3%, check this						• 🗖
20	Private foundation. If the organization did r						. —

Schedule of	Contributors
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OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.

2014

Name of the organization	on
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service

hedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.go	ov/form990

BEMIDJI COMMUNITY FOOD SHELF INC

Organization type (check one):

Employer identification number	
41-1494430	

Section:
501(c)( 3 ) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Information about Sc

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

identification	

BEMIDJI COMMUNITY FOOD SHELF INC

41-1494430

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_1_	GREATER MPLS COUNCIL OF CHURCHES 1001 E LAKE ST MINNEAPOLIS, MN 55407	\$6,593	Person     X       Payroll     Image: Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	ST PHILIPS CATHOLIC CHURCH 702 BELTRAMI AVE NW BEMIDJI, MN 56601	<b>\$</b> 10,000	Person     X       Payroll     Image: Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	HUNGER SOLUTIONS 555 PARK ST SUITE 420 SAINT PAUL, MN 55103	\$21,957	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	JUDY WINKLER 2525 CAROL DR NE BEMIDJI, MN 56601	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	ACCRA 1011 1ST ST S HOPKINS, MN 55343	\$	Person     X       Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	JOANNA AND JIM BREWER 6619 BOOT LK RD SW BEMIDJI, MN 56601	\$6,000	Person     X       Payroll				

identification	

BEMIDJI COMMUNITY FOOD SHELF INC

41-1494430

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	CALVARY LUTHERAN CHURCH 2508 WASHINGTON AVE SE BEMIDJI, MN 56601	\$5,482	Person     X       Payroll     Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	THE TJX FOUNDATION INC 770 COCHITUATE RD FRAMINGHAM, MA 01701	\$5,000	Person     X       Payroll     Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_9	UNITED WAY OF BEMIDJI 3124 HANNAH AVE NW BEMIDJI, MN 56601	\$12,500	Person     X       Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person          Payroll          Noncash          (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person          Payroll          Noncash          (Complete Part II for noncash contributions.)			

SCHEDULE D (Form 990)		Supplemental Financial Statements <ul> <li>Complete if the organization answered "Yes," to Form 990,</li> </ul>		OMB No. 1545-0047
•	,	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2014
Depar	ment of the Treasury	Attach to Form 990.		Open to Public
-	al Revenue Service	90.	Inspection	
	of the organization		ployer identific	
			11-149	1430
Pa		tions Maintaining Donor Advised Funds or Other Similar Funds or Accounts. if the organization answered "Yes" to Form 990, Part IV, line 6.		
	Complete	-	b) Funds and o	ther execute
1	Total number at end	d of year	b) Funds and o	
2		contributions to (during year)		
3	00 0	grants from (during year)		
4	Aggregate value at			
5		n inform all donors and donor advisors in writing that the assets held in donor advised		
	-	ization's property, subject to the organization's exclusive legal control?		🗌 Yes 🗌 No
6	Did the organization	n inform all grantees, donors, and donor advisors in writing that grant funds can be used		
	only for charitable p	urposes and not for the benefit of the donor or donor advisor, or for any other purpose		
	conferring impermis	sible private benefit?		🗌 Yes 🗌 No
Pa	t II Conserv	vation Easements.		
		e if the organization answered "Yes" to Form 990, Part IV, line 7.		
1	Purpose(s) of conse	ervation easements held by the organization (check all that apply).		
	Preservation of	f land for public use (e.g., recreation or education)	ant land area	
	Protection of na		ructure	
	Preservation of			
2		hrough 2d if the organization held a qualified conservation contribution in the form of a conservation		
		st day of the tax year.	Held at th	e End of the Tax Year
a		aservation easements         2a		
b	•	cted by conservation easements		
c		ation easements on a certified historic structure included in (a)		
d		ation easements included in (c) acquired after 8/17/06, and not on a		
2		ted in the National Register		
3	•	ation easements modified, transferred, released, extinguished, or terminated by the organization duri	ig me	
4	tax year	here property subject to conservation easement is located		
5		on have a written policy regarding the periodic monitoring, inspection, handling of		
5	-	record of the concernation according to be a set of the		🗌 Yes 🗌 No
6		hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	••••	
•				
7	Amount of expense			
	► \$			
8		ation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(	4)(B)(ii)?		🗌 Yes 🗌 No
9	In Part XIII, describe	e how the organization reports conservation easements in its revenue and expense statement, and		
	balance sheet, and	include, if applicable, the text of the footnote to the organization's financial statements that describes	the	
		unting for conservation easements.		
Pa		zations Maintaining Collections of Art, Historical Treasures, or Other S	imilar As	sets.
		te if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	•	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance		
		cal treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f	
_		ide, in Part XIII, the text of the footnote to its financial statements that describes these items.		
b	-	elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance she		
		cal treasures, or other similar assets held for public exhibition, education, or research in furtherance of	T	
		ide the following amounts relating to these items:	•	
	()	ded in Form 990, Part VIII, line 1	·· ►\$_	
•	()	d in Form 990, Part X	·· ►\$	
2	•	eceived or held works of art, historical treasures, or other similar assets for financial gain, provide the		
~	-	equired to be reported under SFAS 116 (ASC 958) relating to these items: n Form 990, Part VIII, line 1	•	
a b	Assets included in F		·· ▶\$ ▶\$	
		on Act Notice, see the Instructions for Form 990.		chedule D (Form 990) 2014

FOL	Paperwork	Reduction	ACT NO	tice, see	the instr	uctions for

Sched	ule D (Form 990) 2014 BEMIDJI COMMUNITY						41-149			ge <b>2</b>
Pa	rt III Organizations Maintaining C	collections of A	Art, Histo	rical Tre	asures, o	or Othe	r Similar As	sets (co	ntinued	)
3	Using the organization's acquisition, accession, ar	nd other records, ch	eck any of th	e following t	hat are a sig	nificant u	se of its			
	collection items (check all that apply):	_								
а	Public exhibition	d 🗌 Lo	an or exchar	nge program	าร					
b	Scholarly research	e 🗌 Ot	ther							
С	Preservation for future generations									
4	Provide a description of the organization's collection XIII.	ons and explain how	v they further	the organiz	ation's exem	npt purpos	e in Part			
5	During the year, did the organization solicit or rece	eive donations of art	historical tre	easures, or o	other similar					
•	assets to be sold to raise funds rather than to be n							П	Yes	No
Pa	rt IV Escrow and Custodial Arrang		i illo organiz					<u></u>		
	Complete if the organization an		o Form 9	90. Part l'	V. line 9.	or repo	rted an amou	unt on Fo	orm	
	990, Part X, line 21.			,	, ,					
1a	Is the organization an agent, trustee, custodian or	other intermediary f	for contributio	ons or other	assets not					
								П	Yes	No
b	If "Yes," explain the arrangement in Part XIII and c							🗅		
			ng table.				Δ	mount		
с	Beginning balance					1c		anount		
4	Additions during the year									
u										
е 4	0,									
20	Ending balance								Vac	Ne
2a	-					•				No
b	If "Yes," explain the arrangement in Part XIII. Chec	ck nere if the explar	nation has be	en provided	in Part XIII	•		• • • • •	••••	]
Fa	rt V Endowment Funds.	owered "Vee" f	o Form O		V line 10					
	Complete if the organization an									
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bac	ck (e) Fo	our years ba	ck
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current ye	ear end balance (lin	e 1g, columr	n (a)) held as	8:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment  %									
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should eq	jual 100%.								
3a	Are there endowment funds not in the possession	of the organization	that are held	and admini	stered for the	е				
	organization by:								Yes	No
	(i) unrelated organizations							3a(	i)	
	(ii) related organizations							3a(i	i)	
b	If "Yes" to 3a(ii), are the related organizations lister	d as required on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the orga									
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization an		o Form 9	90. Part l'	V. line 11	a. See	Form 990, P	art X. lin	e 10.	
	Description of property	(a) Cost or c		(b) Cost or			ccumulated		ook value	
	, proportion of proporty	(invest			ther)		preciation	(4) D		
1a	Land				29,439				29,4	39
b	Buildings				442,744		25,152		417,5	
c	Leasehold improvements	••••			,/11		20/102		11,15	
d	Equipment	••••			83,117		43,354		39,7	63
		•••			55,111		-13,337		59,1	55
e Tota	Other		t Y column	(R) line 10-	>)		<b></b>		100 -	01
TUTA	<ol> <li>Add lines 1a through 1e. (Column (d) must eq</li> </ol>	uai Fuitti 990, Pan	ι Λ, column	<u>, ווופ</u> וט,			· · · · · · · · ·		486,7	ノセ

Schedule D (Form 990) 2014

EEA

Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" to Form 990 Pa	rt IV line 11b See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year marke	ion:
(1) Financial d	lerivatives			
(2) Closely-he	ld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
. ,	o) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" to Form 990, Pa	rt IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	<b>(c)</b> Method of valuat Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answere	d "Yes" to Form 990, Pa	rt IV, line 11d. See Form 990,	Part X, line 15.
		escription	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15	5.)		
Part X	Other Liabilities.	.,		
	Complete if the organization answere line 25.	d "Yes" to Form 990, Pa	rt IV, line 11e or 11f. See Forr	m 990, Part X,
l.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
. ,				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
	b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of			/···
rganization's	liability for uncertain tax positions under FIN 48 (ASC	740). Check here if the text of t	ne rootnote has been provided in Part $\lambda$	

_		41-1494430	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r 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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	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 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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:		
а	Donated services and use of facilities		
b	Prior year adjustments         2b	_	
С	Other losses	_	
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

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

SCHEDULE G	Supplemer	ntal Informati	on Regar	ding Fun	draising or Gam	ing Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		organization en	tered more that the tered more that the terest term to be a set of the term term term term term term term ter	an \$15,000 oi 990 or Form	990, Part IV, lines 17, 18 1 Form 990-EZ, line 6a. 990-EZ. its instructions is at w			2014 Open to Public Inspection
Name of the organization							Employer id	entification number
BEMIDJI COMMUNITY F	OOD SHELF IN	C					41-14	94430
Parti	-	. Complete if the required to contend to con	-		swered "Yes" to F	orm 990	), Part IV,	line 17.
				•	s. Check all that apply.			
a Mail solicitations								
b 🗌 Internet and email	solicitations		f 🗌	Solicitation of	of government grants			
c Phone solicitations	5		g 🗌	Special func	Iraising events			
d 🗌 In-person solicitati	ons		-		-			
2a Did the organization I		oral agreement wit	h any individu	ual (including	officers, directors, trus	tees		
or key employees list	ed in Form 990, F	Part VII) or entity in	connection v	vith professio	nal fundraising service	s?	ו 🗌	íes 🗌 No
<b>b</b> If "Yes," list the ten hi compensated at leas	0 1	,	ndraisers) pur	rsuant to agr	eements under which t	he fundrais	ser is to be	
(i) Name and address or entity (fundra		(ii) Activity	custody or	draiser have r control of outions?	(iv) Gross receipts from activity	(or re fundrais	ount paid to tained by) ser listed in ol. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total				· · · · •				
3 List all states in which registration or licensing	the organization is			t contribution	s or has been notified i	t is exemp	t from	1
	<b>.</b>							

			IDJI COMMUNITY FOOD			1494430 Page 2		
Ра	rt II		•			•		
		than \$15,000 of fundraising gross receipts greater than		a gross income on Form	1990-EZ, lines 1 and ob	. List events with		
		gioss receipts greater triain	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
one								
Revenue	1	Gross receipts						
æ	2	Less: Contributions						
	2	Gross income (line 1 minus						
	Ū	line 2)						
		,						
	4	Cash prizes						
	5 Noncash prizes							
	c	Dent/facility acate						
usea	6	Rent/facility costs						
xpe	7	Food and beverages						
Direct Expenses								
	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4	through Q in column (d)		•			
	11	Net income summary. Subtract line 1		· · · · · · · · · · · · · · · · · · ·				
Pa	rt II			Yes" to Form 990, Part I	IV, line 19, or reported n	nore		
		than \$15,000 on Form 990	-EZ, line 6a.		-			
e			<b>(a)</b> Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue		-		bingo/progressive bingo		col. (a) through col. (c))		
	1							
		Gross revenue						
	2	Cash prizes						
enses								
xper	3	Noncash prizes						
Direct Exp								
Dire	4	Rent/facility costs						
	5	Other direct expenses						
	5		Yes %	Yes %	Yes %			
	6	Volunteer labor	No	□ No	□ No			
	7	Direct expense summary. Add lines 2	through 5 in column (d)					
				( ))	•			
	8	Net gaming income summary. Subtra	ict line / from line 1, column	1 (a)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
9 Enter the state(s) in which the organization conducts gaming activities:								
a		the organization licensed to conduct ga				Yes 🗌 No		
b		Nie II euroleine	-					
		<b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
10a		ere any of the organization's gaming lic	enses revoked, suspended	or terminated during the tax	year?	Yes 📋 No		
D	<b>b</b> If "Yes," explain:							

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury
Internal Revenue Service
Name of the organization

BEMIDJI COMMUNITY FOOD SHELF INC

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/fo	rm990.
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990. Inspection
Employer identification number

41-1494430

Pa	rt I Types of Property				1
		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of determining
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
c	goods				
6					
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	x	408,583	408,583	\$1 PER POUND
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶()				
26	Other ▶()				
27	Other ▶()				
28	Other ()				
29	Number of Forms 8283 received by	the organizatio	n during the tax year for contrib	outions for	
	which the organization completed Fo	orm 8283, Part	IV, Donee Acknowledgement		29
					Yes No
30a	During the year, did the organization	receive by con	ntribution any property reported	in Part I, lines 1 through	
	28, that it must hold for at least three	years from the	e date of the initial contribution,	and which is not required	
	to be used for exempt purposes for t	he entire holdi	ng period?		30a
b	If "Yes," describe the arrangement in	Part II.			
31	Does the organization have a gift acc	ceptance polic	y that requires the review of any	/ non-standard	
	contributions?				
32a	Does the organization hire or use thi	rd parties or re	lated organizations to solicit, pr	ocess, or sell noncash	
	contributions?				
b	If "Yes," describe in Part II.				
33	If the organization did not report an a	mount in colur	mn (c) for a type of property for	which column (a) is checked,	
	describe in Part II.				
	Demonstrate Deduction Act Nation		ations for Form 000		Sahadula M (Farm 000) (2014)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2014 Open to Public

Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization BEMIDJI COMMUNITY FOOD SHELF INC

41-1494430

### 01. Members or stockholder classes and rights (Part VI, line 6)

MEMBERSHIP CONSISTS OF ORGANIZED PARISHES, CONGREGATIONS AND RELIGIOUS ORGANIZATIONS

LOCATED IN BELTRAMI COUNTY, MN. EACH CHURCH IS CONSIDERED ONE MEMBER.

## 02. Member election for additional members (Part VI, line 7a)

EACH MEMBER IS ALLOWED ONE SEAT ON THE BOARD OF DIRECTORS AND ASSIGNED ONE VOTE.

03. Form 990 governing body review (Part VI, line 11)

THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO SIGNING

## 04. Conflict of interest policy compliance (Part VI, line 12c)

PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION, A DIRECTOR OR COMMITTEE

MEMBER WHO HAS A CONFLICT MUST DISCLOSE ALL MATERIAL FACTS, IF THEY ARE PRESENT AT THE

MEETING, THEIR PRESENCE WILL NOT BE COUNTED AS PART OF THE QUORUM FOR PURPOSES OF THAT

VOTE AND THEY MAY NOT VOTE, OR BE PRESENT IN THE MEETING DURING THE VOTE UNLESS IT IS BY

SECRET BALLOT.

05. CEO, executive director, top management comp (Part VI, line 15a)

THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND APPROVED ANNUALLY BY THE FULL BOARD.

## 06. Other officer or key employee compensation (Part VI, line 15b

ALL OFFICERS ARE VOLUNTEERS AND NOT COMPENSATED. OTHER EMPLOYEES' WAGES AND SALARIES ARE

REVIEWED AND APPROVED BY THE VOLUNTEER BOARD

Page 2

## 07. Governing documents, etc, available to public (Part VI, line 19)

THE PUBLIC MAY VIEW ANY DOCUMENTS THEY WOULD LIKE WITH ADVANCE NOTICE SO THAT THE

APPROPRIATE DOCUMENT MAY BE LOCATED.

## 08. Explanation of other changes in net assets or fund balances (Part XI, line

ROUNDING

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       Image: Control of Contr	Form	990 (2014) BEMIDJI COMMUNITY FOOD SHELF INC 4	1-1494430		Pa	age <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       691,049         2       Total expenses (must equal Part VI, column (A), line 25)       2       703,257         3       Revenue less expenses. Subtract line 2 from line 1       3       (12,208)         4       301,755       Net unrealized gains (losses) on investments       6         5       Donated services and use of facilities       6         7       7       8       7         8       Prior period adjustments       8       7         9       Other changes in net assets or fund balances (explain in Schedule O)       9       (7)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3, column (B))       10       289,550         9       Other changes in net assets or fund balances or note to any line in this Part XII       10       289,550         9       Check if Schedule O contains a response or note to any line in this Part XII       10       289,550         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       1         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       2a       X         1       Yes, 'check a box below to indicate wh	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       703, 237         3       (12, 208)       3       (12, 208)         4       301, 765       3       (12, 208)         5       Net unrealized gains (losses) on investments       6       6         6       7       7       6         7       8       8       9         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       (7)         10       Net assets or fund balances (explain in Schedule 0)       9       (7)         10       Net assets or fund balances (explain in Schedule 0)       9       (7)         10       Net assets or fund balances (explain in Schedule 0)       9       (7)         10       Net assets or fund balances (explain in Schedule 0)       10       289, 550         Part XII       Financial Statements and Reporting       10       289, 555         21       Accounting method used to prepare the Form 900:       Cash       Accrual       Other         1       Accounting method used to prepare the Form 900:       Cash       Accrual       Other       1         1       Accounting method used to prepare the form 900:       Cash       Accrual       Other       1     <		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			.x
3       Revenue less expenses. Subtract line 2 from line 1       3       (12,208)         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, colurm (A))       4       301,755         5       Net unrealized gains (losses) on investments       5       5         6       6       6         7       7       7         8       9       0ther changes in net assets or fund balances (explain in Schedule O)       8         9       0ther changes in net assets or fund balances (explain in Schedule O)       9       (7)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, colurm (B))       10       289, 550         9       Part XII       Financial Statements and Reporting       10       289, 550         7       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10       289, 550         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       Yes       No         1       Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Separate basis       Consolidated basis       Both consolidated and separate basis       Z	1	Total revenue (must equal Part VIII, column (A), line 12)	1		691,	049
4       301,765         5	2	Total expenses (must equal Part IX, column (A), line 25)	2		703,	257
5       Net unrealized gains (losses) on investments       5         6       6       6         7       6       7         9       Prior period adjustments       7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       (7)         10       Net assets or fund balances (explain in Schedule O)       9       (7)         10       Net assets or fund balances (explain in Schedule O)       9       (7)         10       Net assets or fund balances (explain in Schedule O)       9       (7)         10       Net assets or fund balances (explain in Schedule O)       10       289,550         Part XII       Financial Statements and Reporting       10       289,550         Check if Schedule O contains a response or note to any line in this Part XII       1       1       Vest No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10       28       X         2a       Were the organization changed its method of accounting from a prior year or checked 'Other," explain in Schedule O.       2a       X       X         16       "Yes," check a box below to indicate whether the financial statements accountant?       2a       X       X         16 <th>3</th> <th>Revenue less expenses. Subtract line 2 from line 1        </th> <th>3</th> <th></th> <th>(12,</th> <th>208)</th>	3	Revenue less expenses. Subtract line 2 from line 1	3		(12,	208)
6 Donated services and use of facilities   7 revertment expenses   8 7   9 Other changes in net assets or fund balances (explain in Schedule O)   10 year XIII   9 (7)   10 zesp , 550   Part XIII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   1 Cash   1 Accounting method used to prepare the Form 990:   1 Cash   1 Accounting from a prior year or checked 'Other," explain in Schedule O.   2a X   11 If 'Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. or both:   2 Separate basis.   2b X   If 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.   b Were the organization's financial statements audited by an independent accountant?   1 Yes   2 Yes   2 X   11 Yes   2 X   12 Yes   2 X   13 Yes   2 Yes   2 Yes   3 Yes   4	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		301,	765
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       (7)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       3, column (B))       10       289, 550         Part XII       Financial Statements and Reporting       10       289, 550         Check if Schedule O contains a response or note to any line in this Part XII       1       10       289, 550         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         1       Accounting method of accounting from a prior year or checked "Other," explain in Schedule O.       10       289, 550         2a       X       If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         1       Separate basis, consolidated basis, or both:       2b       X         1       Yes, "check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         1       Yes, "check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or bo	5	Net unrealized gains (losses) on investments	5			
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       (7)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       289, 550         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       10       289, 550         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other	6	Donated services and use of facilities	6			
9       Other changes in net assets or fund balances (explain in Schedule O)       9       (7)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       33, column (B))       10       289,550         Part XII       Financial Statements and Reporting       10       289,550         Check if Schedule O contains a response or note to any line in this Part XII       1       10       289,550         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1       Ves       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1f       the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         1f       Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         1f       Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       X <t< th=""><th>7</th><th>Investment expenses</th><th>7</th><th></th><th></th><th></th></t<>	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       289, 550         Part XII       Financial Statements and Reporting	8	Prior period adjustments	8			
33, column (B))       289,550         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       is 289,550         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       is a Accrual       Other       is a Accrual       Ithe organization's financial statements compiled or reviewed by an independent accountant?       is a Accrual       Ithe organization's financial statements compiled or reviewed by an independent accountant?       is a Accrual       Ithe organization's financial statements compiled or reviewed by an independent accountant?       is a Accrual       Ithe organization's financial statements compiled or reviewed by an independent accountant?       is a Accrual       Ithe organization's financial statements compiled or reviewed by an independent accountant?       is a Accrual       Ithe organization's financial statements compiled or reviewed by an independent accountant?       is a Accrual       Ithe organization's financial statements and the prevence on previewed on a separate basis. Consolidated basis or both:       is a Accrual       Ithe organization's financial statements and selection of an independent accountant?       is a Accrual       Ithe organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       is a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB	9	Other changes in net assets or fund balances (explain in Schedule O)	9			(7)
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII       Ves         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Za       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Za       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       Zc       Image: Consolidated basis or poly:         If "Yes," to line 2a or 2b, does the organization required to undergo an audit or audits as set forth i			10		289,	550
1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2c       2c         If separate basis       Consolidated basis       Both consolidated and separate basis       2c       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       4c         If the organization changed either its oversight p	Pa	rt XII Financial Statements and Reporting				_
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