

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOOD INITIATIVES Doing Business as Number & street (or P.O. box if mail is not delivered to street address) Room/suite 94 COLUMBUS RD City or town, state or province, country, and ZIP or foreign postal code Athens OH 45701		D Employer identification number 31-1375388
	F Name and address of principal officer: ANN BROWN 94 COLUMBUS RD ATHENS OH 45701-		E Telephone number 740-594-6644
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 199837.
	J Website:		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? If "No," attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: COMMUNITY FOOD EDUCATION

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	92194.	196226.
	9 Program service revenue (Part VIII, line 2g)	1694.	3912.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		238.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7804.	-539.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101692.	199837.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13485.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50512.	96774.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses, (Part IX, column (D), line 25)▶	4431.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	49723.	74966.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	113720.	171740.	
19 Revenue less expenses. Subtract line 18 from line 12	-12028.	28097.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 49834.	End of Year 60212.
	21 Total liabilities (Part X, line 26)	22647.	4928.
	22 Net assets or fund balances. Subtract line 21 from line 20	27187.	55284.

Part II Signature Block

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

Sign Here	Signature of officer	05/13/2016
	MARY NALLY Type or print name and title	EXEC DIRECTOR Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Mary Ann McClure	Mary Ann McClure	05/12/2016		P00031252
	Firm's name ▶ MS Accounting and Taxes Inc	Firm's EIN ▶ 31-1258335	Phone no. 740-592-4625		
Firm's address ▶ PO Box 389		ATHENS OH 45701-			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part 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:
COMMUNITY SELF-RELIANCE IN FOOD PRODUCTION, PROCESSING THROUGH HANDS-
ON EDUCATION AND DIRECT MENTORING

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the 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: 624210) (Expenses \$ 171740 . including grants of \$) (Revenue \$ 201817.)
COMMUNITY FOOD & GARDENING PROGRAMS FOR THE COMMUNITY, SCHOOLS, AND
LOW INCOME FAMILIES INCLUDE SCHOOL GARDENS, COMMUNITY GARDEN SITES AND
PROGRAMS TO ASSIST LOW INCOME FAMILIES PRODUCE THEIR OWN FOOD.

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 ▶ 171740 .