

Return of Organization Exempt From Income Tax

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.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization Sharing Ministries, Inc
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
121 Rio Grande Avenue
 City or town State ZIP code
Montrose CO 81401-3414
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 84-1338604

E Telephone number 970-240-8385

F Name and address of principal officer:
Josh Freed 2712 Abrams Ave, Montrose, CO 81401

G Gross receipts \$ 432,512

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ sharingministries.com

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1996 **M** State of legal domicile: CO

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Provide food at no charge to individuals and families in need.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	484,567	381,458
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	153	-62,952
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	167
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	484,720	318,673
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	188,517	200,703
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	80,405	91,644
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>43,815</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	99,612	106,188
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	368,534	398,535
19 Revenue less expenses. Subtract line 18 from line 12	116,186	-79,862	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 381,051	End of Year 352,242
	21 Total liabilities (Part X, line 26)	2,555	53,472
	22 Net assets or fund balances. Subtract line 21 from line 20	378,496	298,770

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 _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Steven R Corey _____ 9/21/2015 P01354238

Firm's name ▶ Steven R Corey, CPA Firm's EIN ▶ 84-1189640

Firm's address ▶ PO Box 1803, Montrose, CO 81402 Phone no. 970-249-5134

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