

**Return of Organization Exempt From Income Tax**

**2013**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 7/1/2013, and ending 6/30/2014

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

**C** Name of organization Food Gatherers  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
P.O. Box 131037  
 City or town State ZIP code  
Ann Arbor MI 48113-1037  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number 38-2853858

**E** Telephone number (734) 761-2796

**F** Name and address of principal officer:  
Eileen Spring 1 Carrot Way, Ann Arbor, MI 48105

**G** Gross receipts \$ 11,261,479

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: ▶ www.foodgatherers.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1988 **M** State of legal domicile: MI

**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>The organization supports local feeding programs throughout Washtenaw County through collection and delivery of surplus perishable food from local sources and from the acquisition and distribution of nonperishable food</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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	37
	6 Total number of volunteers (estimate if necessary)	6	5,000
	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)	10,518,998	11,017,414
	9 Program service revenue (Part VIII, line 2g)	488,564	187,480
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,469	11,919
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	787	372
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,017,818	11,217,185
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	135,251	365,927
	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)	1,285,918	1,386,423
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	237,672	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,279,594	8,971,386
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,700,763	10,723,736
19 Revenue less expenses. Subtract line 18 from line 12	1,317,055	493,449	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,312,428	End of Year 7,498,730
	21 Total liabilities (Part X, line 26)	473,619	166,472
	22 Net assets or fund balances. Subtract line 21 from line 20	6,838,809	7,332,258

**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: Eileen Spring Date: 3/2/15  
 Type or print name and title: President/CEO

**Paid Preparer Use Only**

Print/Type preparer's name: James H Bennett, CPA Preparer's signature: James H Bennett, CPA Date: 11/17/2014 Check  if self-employed PTIN: P00447547  
 Firm's name: Bennett & Associates CPAs PLLC Firm's EIN: 27-3488128  
 Firm's address: 100 Huronview Blvd, Ann Arbor, MI 48103 Phone no.: 734-622-8015