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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
FOOD FOR LANE COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
770 BAILEY HILL RD

City or town, state or country, and ZIP + 4
EUGENE, OR 97402

D Employer identification number
93-0888347

E Telephone number
(541) 343-2822

G Gross receipts $ 12,203,029

F Name and address of principal officer
BEVERLEE HUGHES
770 BAILEY HILL RD
EUGENE,OR 97402

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW FOODFORLANECOUNTY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FOOD FOR LANE COUNTY WORKS TO ALLEVIATE HUNGER BY CREATING ACCESS TO FOOD THIS IS ACCOMPLISHED BY SOLICITING, COLLECTING, RESCUING, GROWING, PREPARING AND PACKAGING FOOD FOR DISTRIBUTION THROUGH A NETWORK OF SOCIAL SERVICE AGENCIES AND PROGRAMS, AND THROUGH PUBLIC AWARENESS, EDUCATION AND COMMUNITY ADVOCACY CREATIVE SOLUTIONS TO HUNGER AND ITS ROOT CAUSE ARE FOUND, INCLUDING PROGRAMS THAT HELP PEOPLE HELP THEMSELVES

Activities & Governance

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**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of employees (Part V, line 2a)	**5**	195
6	Total number of volunteers (estimate if necessary)	**6**	3,000
7a	Total gross 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**	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,650,302	11,830,597
9	Program service revenue (Part VIII, line 2g)	70,687	72,904
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,458	19,838
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	112,445	157,706
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,856,892	12,081,045

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		8,629,852
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,711,673	1,924,950
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶409,246		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	9,184,864	1,198,999
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,896,537	11,753,801
19	Revenue less expenses Subtract line 18 from line 12	960,355	327,244

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,452,180	5,620,547
21	Total liabilities (Part X, line 26)	381,572	222,695
22	Net assets or fund balances Subtract line 21 from line 20	5,070,608	5,397,852

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

****** | 2010-11-09
Signature of officer | Date

BEVERLEE HUGHES EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ FRITZ S DUNCAN	Date 2010-11-23	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JONES & ROTH PC PO BOX 10086 EUGENE, OR 97440			EIN ▶ Phone no ▶ (541) 687-2320

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

FOOD FOR LANE COUNTY WORKS TO ALLEVIATE HUNGER BY CREATING ACCESS TO FOOD THIS IS ACCOMPLISHED BY SOLICITING, COLLECTING, RESCUING, GROWING, PREPARING AND PACKAGING FOOD FOR DISTRIBUTION THROUGH A NETWORK OF SOCIAL SERVICE AGENCIES AND PROGRAMS, AND THROUGH PUBLIC AWARENESS, EDUCATION AND COMMUNITY ADVOCACY CREATIVE SOLUTIONS TO HUNGER AND ITS ROOT CAUSE ARE FOUND, INCLUDING PROGRAMS THAT HELP PEOPLE HELP THEMSELVES

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 11,060,803 including grants of $ 8,629,852) (Revenue $ 12,081,045)

FOOD FOR LANE COUNTY ADMINISTERS INNOVATIVE PROGRAMS THAT RESPOND TO THE IMMEDIATE CRISIS OF HUNGER AND HELP INDIVIDUALS AND FAMILIES ADDRESS CHRONIC FOOD INSECURITY THROUGH SELF-SUFFICIENCY AND EDUCATION WE DISTRIBUTED 6 7 MILLION POUNDS OF FOOD THROUGH OUR PARTNER AGENCIES IN 2009-2010, WHICH INCLUDED FOOD FOR 4,038,018 MEALS AT EMERGENCY FOOD PANTRIES, FOOD FOR 434,267 MEALS THROUGH EMERGENCY SHELTERS AND MEAL SITES, 150 WEEKLY BAGS OF SNACKS FOR CHILDREN TO TAKE HOME ON WEEKENDS AND VACATIONS THROUGH THE NEW SNACK PACK PROGRAM, AND AT LEAST 136,000 MEALS FOR CHILDREN THROUGH SUMMER FOOD PROGRAM AT OUR MEAL SITE, THE DINING ROOM, WE SERVED 58,525 HOT MEALS, OR AN AVERAGE OF 301 PER NIGHT SEE SCHEDULE O WE RESCUED AND PACKAGED 978,571POUNDS OF PREPARED FOOD IN OUR KITCHEN AND HARVESTED 170,000 POUNDS OF FRESH, ORGANIC PRODUCE FROM OUR THREE COMMUNITY GARDENS WE ALSO RECRUITED, TRAINED AND MOBILIZED THOUSANDS OF COMMUNITY VOLUNTEERS WHO DONATED OVER 66,900 HOURS TO THIS HUNGER RELIEF EFFORT

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** ▶ $ 11,060,803

Part 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," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
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	Yes	
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	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**		
25a	**Section 501(c)(3) and 501(c)(4) 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**		No
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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	8		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
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**	195		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
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	**12b**			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 14		
b	Enter the number of voting members that are independent . .	1b 14		
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ OR

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

FOOD FOR LANE COUNTY
770 BAILEY HILL ROAD
EUGENE, OR 97402
(541) 343-2822

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	185,869		20,429

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 87,797				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 1,819,940				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 9,922,860				
	g	Noncash contributions included in lines 1a-1f $ 8,713,563				
	h	**Total.** Add lines 1a-1f . . . . . ▶	11,830,597			
Program Service Revenue		Business Code				
	2a	PROGRAM INCOME	67,114			67,114
	b	RENTAL INCOME	5,790			5,790
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	72,904			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	19,838			19,838
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
	8a	Gross income from fundraising events (not including $ 87,797 of contributions reported on line 1c) See Part IV, line 18 . . . a 274,027				
	b	Less direct expenses . . . b 121,984				
	c	Net income or (loss) from fundraising events . . ▶	152,043	152,043		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS	5,663			5,663
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	5,663			
	12	**Total revenue.** See Instructions . . . ▶	12,081,045	152,043		98,405

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	8,386,540	8,386,540		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	243,312	243,312		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	178,890	18,689	98,180	62,021
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,365,173	1,106,215	93,901	165,057
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,872	18,616	939	317
9 Other employee benefits	191,538	160,610	7,477	23,451
10 Payroll taxes	169,477	125,660	19,656	24,161
11 Fees for services (non-employees)				
a Management				
b Legal	17,225	15,049	232	1,944
c Accounting	18,245		18,245	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	12,551	9,259	998	2,294
12 Advertising and promotion	115,139	21,444		93,695
13 Office expenses	26,599	18,196	5,341	3,062
14 Information technology				
15 Royalties				
16 Occupancy	95,111	91,400	1,752	1,959
17 Travel	38,976	34,509	1,895	2,572
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	16,645	16,645		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,395	67,302	9,002	10,091
23 Insurance	16,243	13,019	1,453	1,771
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FOOD PURCHASES	424,516	424,516		
b PROGRAM SUPPLIES AND SERV	111,283	109,809	695	779
c EQUIPMENT, RENTALS, AND L	66,078	56,169	6,808	3,101
d DELIVERY AND VEHICLE EXPE	62,214	61,966	118	130
e REPAIRS AND MAINTENANCE	36,252	30,604	2,934	2,714
f All other expenses	55,527	31,274	14,126	10,127
25 **Total functional expenses.** Add lines 1 through 24f	11,753,801	11,060,803	283,752	409,246
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		549	1	325
	2	Savings and temporary cash investments		1,276,616	2	1,413,213
	3	Pledges and grants receivable, net		16,032	3	5,556
	4	Accounts receivable, net		111,624	4	136,503
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,208,105	8	1,015,322
	9	Prepaid expenses and deferred charges		10,235	9	8,487
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,943,862			
	b	Less accumulated depreciation	10b 1,197,674	2,782,276	10c	2,746,188
	11	Investments—publicly traded securities		46,743	11	47,748
	12	Investments—other securities See Part IV, line 11			12	247,205
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,452,180	16	5,620,547
Liabilities	17	Accounts payable and accrued expenses		97,878	17	185,190
	18	Grants payable			18	
	19	Deferred revenue		40,088	19	37,505
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		243,606	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		381,572	26	222,695
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,734,816	27	4,162,781
	28	Temporarily restricted net assets		1,294,718	28	1,192,997
	29	Permanently restricted net assets		41,074	29	42,074
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,070,608	33	5,397,852
	34	Total liabilities and net assets/fund balances		5,452,180	34	5,620,547

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	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 Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FOOD FOR LANE COUNTY

Employer identification number
93-0888347

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,505,413	11,499,524	10,495,029	11,650,302	11,904,522	57,054,790
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	11,505,413	11,499,524	10,495,029	11,650,302	11,904,522	57,054,790
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						57,054,790

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	11,505,413	23,138	10,495,029	11,650,302	11,904,522	57,054,790
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,372	23,138	26,835	23,458	19,838	104,641
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	5,705	11,209	18,500	10,190	5,663	51,267
11 **Total support** (Add lines 7 through 10)						57,210,698

12	Gross receipts from related activities, etc (See instructions)	12	384,665

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	99 730 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	99 730 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) 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						
c Add lines 10a and 10b						
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 loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FOOD FOR LANE COUNTY

Employer identification number
93-0888347

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☑ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, describe 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 organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	46,743				
b	Contributions	253,000				
c	Investment earnings or losses	-3,075				
d	Grants or scholarships					
e	Other expenditures for facilities and programs	3,030				
f	Administrative expenses	185				
g	End of year balance	293,453				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 83 730 %
- b Permanent endowment ▶ 16 270 %
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		290,492		290,492
b Buildings		3,026,762	683,941	2,342,821
c Leasehold improvements				
d Equipment		626,608	513,733	112,875
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,746,188

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,081,045
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,753,801
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	327,244
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	327,244

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	12,230,272
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	27,243		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	121,984		
e	Add lines **2a** through **2d**			2e	149,227
3	Subtract line **2e** from line **1**			3	12,081,045
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	12,081,045

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	11,903,028
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	27,243		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	121,984		
e	Add lines **2a** through **2d**			2e	149,227
3	Subtract line **2e** from line **1**			3	11,753,801
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	11,753,801

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE BOARD OF DIRECTORS ESTABLISHED THE BOARD DESIGNATED ENDOWMENT HELD BY OREGON COMMUNITY FOUNDATION TO BE USED AS THE BOARD OF DIRECTORS DETERMINES TO BE NECESSARY OR DESIRABLE TO FURTHER THE OBJECTS AND PURPOSES OF FOOD FOR LANE COUNTY
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	EMPTY BOWLS SPECIAL EVENT REVENUES 92,390 CHEF'S NIGHT OUT SPECIAL EVENT REVENUES 29,594 CHEF'S NIGHT OUT SPECIAL EVENTS EXPENSES -29,594 EMPTY BOWLS SPECIAL EVENTS EXPENSES -92,390
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	EMPTY BOWLS SPECIAL EVENT REVENUES 92,390 CHEF'S NIGHT OUT SPECIAL EVENT REVENUES 29,594
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	CHEF'S NIGHT OUT SPECIAL EVENTS EXPENSES 29,594 EMPTY BOWLS SPECIAL EVENTS EXPENSES 92,390

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
FOOD FOR LANE COUNTY

Employer identification number
93-0888347

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

OR

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 EMPTY BOWLS (event type)	(b) Event #2 CHEFS NIGHT OUT (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	265,640	96,184		361,824
	2 Less Charitable contributions	87,797			87,797
	3 Gross income (line 1 minus line 2)	177,843	96,184		274,027
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs		11,246		11,246
	7 Food and beverages	13,735	403		14,138
	8 Entertainment				
	9 Other direct expenses	78,654	17,946		96,600
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				121,984
	11 Net income summary Combine lines 3, column d, and line 10 ▶				152,043

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FOOD FOR LANE COUNTY

Employer identification number
93-0888347

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 65

3 Enter total number of other organizations . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD	35949		243,312	FMV	FOOD
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	EACH PARTNER AGENCY MUST USE THE MONEY FOR THE PURPOSE STATED IN THEIR GRANT APPLICATION WE REVIEW ALL SUBMITTED RECEIPTS FOR COMPATIBILITY WITH THE ORIGINAL INTENT OF THE GRANT ANY CHANGES OR REIVSIONS TO THE APPLICATION MUST BE PRE-APPROVED BY THE PROGRAMS & SERVICES DIRECTOR

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 93-0888347
Name: FOOD FOR LANE COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BETHEL FOOD PANTRY (BETHESDA LUTHER4445 ROYAL AVENUE EUGENE,OR 97402	93-0358654	3		16,165	FMV	FOOD	EMERGENCY FOOD
CATHOLIC COMMUNITY SERVICES-EUGENE1464 W 6TH AVENUE EUGENE,OR 97401	93-0409105	3		957,241	FMV	FOOD	EMERGENCY FOOD
CATHOLIC COMMUNITY SERVICES-SPRINGF1025 G STREET SPRINGFIELD,OR 97477	93-0409105	3		1,133,185	FMV	FOOD	EMERGENCY FOOD
CENTRO LATINO - URBAN PRODUCE944 W 5TH AVENUE EUGENE,OR 97402	93-0638731	3		5,807	FMV	FOOD	EMERGENCY FOOD
CENTRO LATINO AMERICANO944 W 5TH AVENUE EUGENE,OR 97402	93-0638731	3		8,574	FMV	FOOD	EMERGENCY FOOD
COBURG FOOD PANTRY-METHODIST CHURCH 91352 N COBURG ROAD EUGENE,OR 97408	93-0844887	3		43,592	FMV	FOOD	EMERGENCY FOOD
COMMUNITY FOOD FOR CRESWELL565 OREGON AVENUE CRESWELL,OR 97426	46-0468527	3		131,876	FMV	FOOD	EMERGENCY FOOD
COMMUNITY FOOD FOR CRESWELL RURAL565 OREGON AVENUE CRESWELL,OR 97426	46-0468527	3		90,803	FMV	FOOD	EMERGENCY FOOD
COMMUNITY SHARINGPO BOX 351 COTTAGE GROVE,OR 97424	93-0848793	3		317,521	FMV	FOOD	EMERGENCY FOOD
COMMUNITY SHARING RURAL DELIVERY1340 BIRCH COTTAGE GROVE,OR 97424	93-0848793	3		96,875	FMV	FOOD	EMERGENCY FOOD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSFIRE FIELD OF DREAMS (CHURCH)942 28TH STREET SPRINGFIELD,OR 97477	93-0721017	3		70,299	FMV	FOOD	EMERGENCY FOOD
DAILY BREAD89780 NORTH GAME FARM ROAD EUGENE,OR 97408		3		255,036	FMV	FOOD	EMERGENCY FOOD
DEXTER FOOD PANTRY (ST HENRYCATHO38925 DEXTER ROAD DEXTER,OR 97431		3		160,628	FMV	FOOD	EMERGENCY FOOD
DEXTER RURAL DELIVERY 38925 DEXTER ROAD DEXTER,OR 97431		3		48,740	FMV	FOOD	EMERGENCY FOOD
EMERALD ADVENTIST COMMUNITY SERVICE90 LAWERENCE STREET EUGENE,OR 97401	93-0549914	3		261,905	FMV	FOOD	EMERGENCY FOOD
FAIRFIELD NAZARENE CHURCH BROWN BA1052 FAIRFIELD EUGENE,OR 97402	93-0572700	3		8,640	FMV	FOOD	EMERGENCY FOOD
FAITH CENTER FOOD PANTRY1410 W 13TH AVENUE EUGENE,OR 97402	93-0588948	3		71,860	FMV	FOOD	EMERGENCY FOOD
SHELTER CARE-FAMILY SHELTER HOUSE969 HWY 99 N EUGENE,OR 97402	93-7115003	3		9,006	FMV	FOOD	EMERGENCY FOOD
FERN RIDGE CONNECTION GLEANERS (MIDPO BOIX1301 VENETA,OR 97487		3		103,844	FMV	FOOD	EMERGENCY FOOD
FLORENCE FOOD SHAREP O BOX 2514 FLORENCE,OR 97439	45-0586900	3		374,828	FMV	FOOD	EMERGENCY FOOD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORENCE FOOD SHARE RURAL DELIVERY2190 SPRUCE STREET FLORENCE,OR 97439	93-1053932	3		26,048	FMV	FOOD	EMERGENCY FOOD
FREE PEOPLE-OASIS MINISTRIES2717 STARK STREET EUGENE,OR 97404	93-1306231	3		19,245	FMV	FOOD	EMERGENCY FOOD
GOD'S FOOD BOX-ALVADORE27373 8TH STREET ALVADORE,OR 97409	93-0558824	3		63,549	FMV	FOOD	EMERGENCY FOOD
GOD'S STOREHOUSEP O BOX 98 HARRISBURG,OR 97446	93-1078299	3		111,260	FMV	FOOD	EMERGENCY FOOD
GOLDSON GRANGE23479 HWY 36 CHESHIRE,OR 97419	93-0243395	3		51,564	FMV	FOOD	EMERGENCY FOOD
GOLDSON GRANGE RURAL DELIVERY23479 HWY 36 BLACHLY,OR 97419	93-0243395	3		12,638	FMV	FOOD	EMERGENCY FOOD
HELPING HAND (ASSEMBLY OF GOD CHURC92027 MARCOLA ROAD MARCOLA,OR 97454	93-0822058	3		96,907	FMV	FOOD	EMERGENCY FOOD
HILL TOP FOOD PANTRY 25735 CROW ROAD EUGENE,OR 97402	93-0763431	3		119,346	FMV	FOOD	EMERGENCY FOOD
HOSEA YOUTH SERVICES 834 MONROE STREET EUGENE,OR 97402	93-6097252	3		15,626	FMV	FOOD	EMERGENCY FOOD
JUNCTION CITY LOCAL AID265 W 6TH STREET JUNCTION CITY,OR 97448	93-1294436	3		223,574	FMV	FOOD	EMERGENCY FOOD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LARRY COLLINS MEMORIAL PANTRY255 MAXWELL ROAD EUGENE,OR 97404	93-0730352	3		62,797	FMV	FOOD	EMERGENCY FOOD
LINN BENTON FOOD SHARE 545 SW SECOND SUITE A CORVALLIS,OR 97333	93-1099406	3		66,129	FMV	FOOD	EMERGENCY FOOD
LOOKING GLASS-PATHWAYS GIRLS2655 MARTINLUTHER KING JR BLVD EUGENE,OR 97401	93-0605174	3		7,730	FMV	FOOD	EMERGENCY FOOD
LOOKING GLASS - NEW ROADS941 WEST 7TH AVENUE EUGENE,OR 97402	93-0605174	3		26,211	FMV	FOOD	EMERGENCY FOOD
LOOKING GLASS - STATION 72485 ROOSEVELT EUGENE,OR 97402	93-0605174	3		19,971	FMV	FOOD	EMERGENCY FOOD
LOWELL FOOD PANTRY (FALL CREEK CHRI72 EAST 2ND STREET LOWELL,OR 97452	59-3831352	3		78,330	FMV	FOOD	EMERGENCY FOOD
LOWELL FOOD PANTRY RURAL DELIVERY72 EAST 2ND STREET LOWELL,OR 97438	94-3034161	3		46,917	FMV	FOOD	EMERGENCY FOOD
MARION POLK FOOD SHARE1660 SALEM INDUSTRIAL DRIVE NE SALEM,OR 97301	94-3034161	3		48,560	FMV	FOOD	EMERGENCY FOOD
MCKENZIE RIVER GROUP (BLUE RIVER LI	94-3060866			42,543	FMV	FOOD	EMERGENCY FOOD
MID LANE LOVE PROJECT PO BOX 1137 VENETA,OR 97487	93-0848735	3		317,737	FMV	FOOD	EMERGENCY FOOD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OAKRIDGE FOOD PANTRY-UWCDCP O BOX 677 OAKRIDGE,OR 97463	93-1105185	3		399,679	FMV	FOOD	EMERGENCY FOOD
OAKRIDGE FOODBOX AGENCY RURAL DELI47674 SCHOOL STREET OAKRIDGE,OR 97463	93-1105185	3		149,243	FMV	FOOD	EMERGENCY FOOD
OLIVE PLAZA BROWN BAG 1133 OLIVE STREET EUGENE,OR 97401	93-0697042	3		22,274	FMV	FOOD	EMERGENCY FOOD
OREGON SUPPORTED LIVING PRGM1250 CHARNELTON EUGENE,OR 97401	94-3074344	3		15,066	FMV	FOOD	EMERGENCY FOOD
PEARL BUCK CENTER3690 W 1ST AVENUE EUGENE,OR 97402	93-0584827	3		6,542	FMV	FOOD	EMERGENCY FOOD
ROYAL AVENUE SHELTER - SHELTER CAREPO BOX 23338 EUGENE,OR 97402	23-7115003	3		21,116	FMV	FOOD	EMERGENCY FOOD
SALVATION ARMY-EUGENE 640 W 7TH AVENUE EUGENE,OR 97440	94-1156347	3		215,452	FMV	FOOD	EMERGENCY FOOD
SALVATION ARMY-SPRINGFIELDPO BOX 1472 SPRINGFIELD,OR 97477	94-1156347	3		136,543	FMV	FOOD	EMERGENCY FOOD
ST VINCENT DE PAUL SOCIETY OF LANEPO BOX 24608 EUGENE,OR 97402	93-0454786	3		1,160,259	FMV	FOOD	EMERGENCY FOOD
SVDP- - SERVICE STATION 450 B HWY 99 NORTH EUGENE,OR 97402	93-0454786	3		192,438	FMV	FOOD	EMERGENCY FOOD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SVDP -EGAN MEMORIAL WARMING CNTR (32515 MARTIN LUTHERKING JR BLVD EUGENE,OR 97401	93-0454786	3		11,003	FMV	FOOD	EMERGENCY FOOD
SVDP - INTERFAITH EMERGENCY SHELTER1995 AMAZON PKWY EUGENE,OR 97405	93-0454786	3		10,362	FMV	FOOD	EMERGENCY FOOD
SVDP - FIRST PLACE FAMILY CENTER1995 AMAZON PKWY EUGENE,OR 97405	93-0454786	3		28,563	FMV	FOOD	EMERGENCY FOOD
SHELTERCARE - BRETHREN HOUSING1062 MAIN STREET SPRINGFIELD,OR 97477	23-7115003	3		12,210	FMV	FOOD	EMERGENCY FOOD
SHEPHERD'S HANDP O BOX 69 JUNCTION CITY,OR 97448	51-0437757	3		6,529	FMV	FOOD	EMERGENCY FOOD
SPRINGFIELD CHURCH COMM DINNER1761 E STREET SPRINGFIELD,OR 97477	44-0552034	3		47,335	FMV	FOOD	EMERGENCY FOOD
ST MARY'S KITCHEN1062 CHARNELTON EUGENE,OR 97401	93-0421473	3		10,917	FMV	FOOD	EMERGENCY FOOD
STREET MINISTRY40 IRVINGTON DRIVE EUGENE,OR 97404	93-1148241	3		42,173	FMV	FOOD	EMERGENCY FOOD
TLC COMMUNITY KITCHEN (TRINITY LUTH675 S 7TH COTTAGE GROVE,OR 97424	23-7051226	3		12,619	FMV	FOOD	EMERGENCY FOOD
TRIANGLE LAKE FOOD BOX 91000 NELSON MTN ROAD DEADWOOD,OR 97430	42-1603478	3		97,414	FMV	FOOD	EMERGENCY FOOD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRIANGLE LAKE RURAL DELIVERY18498 HWY 36 BLACHLY,OR 97412	43-1603478	3		60,023	FMV	FOOD	EMERGENCY FOOD
TRIANGLE LAKE SUMMER FOOD18498 HWY 36 BLACHLY,OR 97412	42-1603479	3		5,207	FMV	FOOD	EMERGENCY FOOD
WILLAMETTE FAMILY TREATMENT687 CHESHIRE EUGENE,OR 97402	93-0569684	3		20,088	FMV	FOOD	EMERGENCY FOOD
WILLIAM WARE-JEFFERSONHALFWAY910 JEFFERSON EUGENE,OR 97401	23-7067121	3		5,376	FMV	FOOD	EMERGENCY FOOD
WOMENSPACEP O BOX 50127 EUGENE,OR 97405	93-0692905	3		46,606	FMV	FOOD	EMERGENCY FOOD

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FOOD FOR LANE COUNTY

Employer identification number
93-0888347

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	1	34,898	
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	2	8,639,831	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MISCELLANEOUS)	X	119	38,834	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FOOD FOR LANE COUNTY

Employer identification number
93-0888347

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	FOOD FOR LANE COUNTY WORKS TO ALLEVIATE HUNGER BY CREATING ACCESS TO FOOD THIS IS ACCOMPLISHED BY SOLICITING, COLLECTING, RESCUING, GROWING, PREPARING AND PACKAGING FOOD FOR DISTRIBUTION THROUGH A NETWORK OF SOCIAL SERVICE AGENCIES AND PROGRAMS, AND THROUGH PUBLIC AWARENESS, EDUCATION AND COMMUNITY ADVOCACY CREATIVE SOLUTIONS TO HUNGER AND ITS ROOT CAUSE ARE FOUND, INCLUDING PROGRAMS THAT HELP PEOPLE HELP THEMSELVES
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS HELP REPACKAGE RESCUED FOOD, SORT & CLEAN DONATED PRODUCE, PREPARE LUNCHES FOR KIDS IN THE SUMMER, VARIETY OF GARDEN ACTIVITIES, SERVE MEALS & CLEAN IN OUR DINING ROOM THEY ALSO ASSIST WITH FOOD DISTRIBUTION & BASIC WAREHOUSE PROVIDE OFFICE ASSISTANCE WITH MAJOR FUND RAISING EVENTS
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	WE RESCUED AND PACKAGED 978,571POUNDS OF PREPARED FOOD IN OUR KITCHEN AND HARVESTED 170,000 POUNDS OF FRESH, ORGANIC PRODUCE FROM OUR THREE COMMUNITY GARDENS WE ALSO RECRUITED, TRAINED AND MOBILIZED THOUSANDS OF COMMUNITY VOLUNTEERS WHO DONATED OVER 66,900 HOURS TO THIS HUNGER RELIEF EFFORT
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE RETURN WILL BE REVIEWED AT THE BUDGET & FINANCE COMMITTEE MEETING BY THE COMMITTEE MEMBERS AND THE TREASURER WILL THEN GIVE A REPORT TO THE BOARD AT THEIR NEXT MEETING THE 990 WILL THEN BE APPROVED BY THE BOARD OF DIRECTORS BEFORE IT IS FILED
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS ARE PROVIDED A BOARD MEMBER NOTEBOOK THAT CONTAINS FFLC'S CONFLICT OF INTEREST POLICY IN ADDITION, AT LEAST ANNUALLY THE BOARD CHAIR REMINDS THE MEMBERS OF THE POLICY
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY A CEA WAGE STUDY, THEN DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE 990 IS AVAILABLE ON FFLC'S WEBSITE OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST
ADDITIONAL INFORMATION	SCHEDULE O	FFLC RECEIVED APPROXIMATELY 66,900 HOURS OF VOLUNTEER TIME DURING THE YEAR

Additional Data

Software ID:
Software Version:
EIN: 93-0888347
Name: FOOD FOR LANE COUNTY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JULIE RUSBY DIRECTOR	1 00	X						0	0	0
MICHAEL WELLS DIRECTOR	1 00	X						0	0	0
JON TEXTER DIRECTOR	1 00	X						0	0	0
JAMIE LOUIE-SMITH VICE CHAIR	1 00	X		X				0	0	0
DAVID SHUMAN DIRECTOR	1 00	X						0	0	0
MICHAEL DRENNAN CHAIR	1 00	X		X				0	0	0
DEANNE UNRUH SECRETARY	1 00	X		X				0	0	0
AMANDA NOBEL FLANNERY TREASURER	1 00	X		X				0	0	0
SASHA KADEY DIRECTOR	1 00	X						0	0	0
CHUCK HAUK DIRECTOR	1 00	X						0	0	0
SHELDON RUBIN DIRECTOR	1 00	X						0	0	0
SCOTT KITCHEL DIRECTOR	1 00	X						0	0	0
MEGAN WUEST DIRECTOR	1 00	X						0	0	0
BRAD BLACK DIRECTOR	1 00	X						0	0	0
DENISE GRIEWISCH PRIOR EXEC	40 00			X				78,210	0	2,707
BEVERLEE HUGHES EXECUTIVE DI	40 00			X				60,534	0	9,432
TAUNA STEPHENS ACCTG MANAG	40 00			X				47,125	0	8,290

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD PURCHASES	424,516	424,516		
PROGRAM SUPPLIES AND SERV	111,283	109,809	695	779
EQUIPMENT, RENTALS, AND L	66,078	56,169	6,808	3,101
DELIVERY AND VEHICLE EXPE	62,214	61,966	118	130
REPAIRS AND MAINTENANCE	36,252	30,604	2,934	2,714