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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

2010Open to Public
Inspection**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization		D Employer identification number
	MARION-POLK FOOD SHARE, INC.		94-3034161
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number
	1660 SALEM INDUSTRIAL DRIVE NE		(503) 581-3855
	City or town, state or country, and ZIP + 4		G Gross receipts \$
	SALEM, OR 97301-0374		11,778,106.
	F Name and address of principal officer: RON HAYS SAME AS C ABOVE		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)
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527			H(c) Group exemption number ▶
J Website: WWW.MARIONPOLKFOODSHARE.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			L Year of formation 1987 M State of legal domicile OR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LEADING THE FIGHT TO END HUNGER IN MARION AND POLK COUNTIES, BECAUSE NO ONE SHOULD BE HUNGRY.		
	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)	18	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	18	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	45	
	6 Total number of volunteers (estimate if necessary)	5535	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,413,911.	Current Year 11,725,236.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,708.	16,361.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,062.	19,776.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,449,681.	11,761,373.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,207,303.	9,091,270.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,495,252.	1,562,490.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 563,850.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	669,173.	864,288.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,371,728.	11,518,048.
	19 Revenue less expenses. Subtract line 18 from line 12	77,953.	243,325.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,979,176.
21 Total liabilities (Part X, line 26)		199,371.	195,266.
22 Net assets or fund balances. Subtract line 21 from line 20		4,779,805.	5,134,220.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	RON HAYS, PRESIDENT/CEO	2-7-2012			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	CHARLES A. SWANK		2/7/12		
	Firm's name ▶ GROVE, MUELLER & SWANK, P.C.	Firm's EIN ▶			
	Firm's address ▶ 475 COTTAGE STREET NE, SUITE 200 SALEM, OR 97301	Phone no. (503) 581-7788			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED MAR 07 2012

G/b

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

LEADING THE FIGHT TO END HUNGER IN MARION AND POLK COUNTIES, BECAUSE NO ONE SHOULD BE HUNGRY.

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 \$ 10,573,260. including grants of \$ 9,091,270.) (Revenue \$ 3,029.)
 SINCE 1987, MARION-POLK FOOD SHARE HAS BEEN LEADING THE FIGHT TO END HUNGER AS THE REGIONAL FOOD BANK SERVING MARION AND POLK COUNTIES. WE PROVIDE CENTRALIZED FOOD COLLECTION AND DISTRIBUTION SERVICES FOR A 97-MEMBER AGENCY NETWORK. MORE THAN 7.6 MILLION POUNDS OF FOOD WERE DISTRIBUTED DURING THE YEAR ENDED JUNE 30, 2011 TO STRUGGLING INDIVIDUALS AND FAMILIES THROUGH 88,742 EMERGENCY FOOD BOXES AND 671,286 ONSITE MEALS. TO ADDRESS ROOT CAUSES OF HUNGER, MPFS PARTNERS WITH NUMEROUS COMMUNITY ORGANIZATIONS TO ENHANCE EDUCATION AND LIFE-SKILLS TRAINING AIMED AT IMPROVING PEOPLE'S ABILITIES TO HELP THEMSELVES. WE HAVE A ROBUST COMMUNITY GARDENS PROGRAM, A GROWING COMMUNITY KITCHEN PROGRAM, AN ACTIVE WOMEN ENDING HUNGER AUXILIARY AND NUMEROUS INITIATIVES TO SUPPORT JOB SKILLS BUILDING.

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 10,573,260.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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 X	
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	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
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	X
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	X
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	X
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	X
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	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
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	X
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	X
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 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	☐ Yes ☒ 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	X
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	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
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. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who are independent		
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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?		X
10b 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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, 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?		X
16b 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?		

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 Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RYAN LOVETT - (503) 581-3855**
1660 SALEM INDUSTRIAL DRIVE NE, SALEM, OR 97301-0374

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
GARY WALLSTROM CHAIR	1.00	X		X				0.	0.	0.
DENNIS YOUNG VICE CHAIR	1.00	X		X				0.	0.	0.
MIKE GARRISON SECRETARY	1.00	X		X				0.	0.	0.
JIM GREEN TREASURER	1.00	X		X				0.	0.	0.
CONRAD STIEBER BOARD MEMBER	1.00	X						0.	0.	0.
LINDA ALSTAD BOARD MEMBER	1.00	X						0.	0.	0.
FRANCES LARA ALVARADO BOARD MEMBER	1.00	X						0.	0.	0.
WARREN BEDNARZ BOARD MEMBER	1.00	X						0.	0.	0.
JOHN BURT BOARD MEMBER	1.00	X						0.	0.	0.
DEBRA CHARLTON BOARD MEMBER	1.00	X						0.	0.	0.
MIKE COLLIER BOARD MEMBER	1.00	X						0.	0.	0.
GEORGE HAPP BOARD MEMBER	1.00	X						0.	0.	0.
DEAN LARSEN BOARD MEMBER	1.00	X						0.	0.	0.
BERNADETTE MELE BOARD MEMBER	1.00	X						0.	0.	0.
ESTHER PUENTES BOARD MEMBER	1.00	X						0.	0.	0.
CARLA STEWART BOARD MEMBER	1.00	X						0.	0.	0.
ALEX BEAMER BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
EILEEN ZIELINSKI BOARD MEMBER	1.00	X						0.	0.	0.
TOM MCGIRR BOARD MEMBER (THRU 5/11)	1.00	X						0.	0.	0.
RON HAYS PRES/CHIEF EXEC OFFICER	40.00			X				83,711.	0.	18,860.
1b Sub-total								83,711.	0.	18,860.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								83,711.	0.	18,860.

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 **0**

- 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
- 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
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

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. **NONE**

(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		0

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	1 a	Federated campaigns	1a	1,891.			
	b	Membership dues	1b				
	c	Fundraising events	1c	26,800.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,633,703.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10062842.			
	g	Noncash contributions included in lines 1a-1f \$		8,762,447.			
	h	Total. Add lines 1a-1f		11725236.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,453.			6,453.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)		9,908.			
	d	Net gain or (loss)		9,908.			9,908.
	8 a	Gross income from fundraising events (not including \$ 26,800. of contributions reported on line 1c). See Part IV, line 18	a	33,480.			
	b	Less: direct expenses	b	16,733.			
	c	Net income or (loss) from fundraising events		16,747.			16,747.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	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					
11 a	OTHER REVENUE	900099	3,029.	3,029.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		3,029.				
12	Total revenue. See instructions		11761373.	3,029.	0.	33,108.	

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	9,091,270.	9,091,270.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	106,557.	42,623.	31,967.	31,967.
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	1,006,253.	651,003.	127,749.	227,501.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	58,861.	20,627.	30,816.	7,418.
9 Other employee benefits	273,205.	216,298.	18,909.	37,998.
10 Payroll taxes	117,614.	58,762.	38,123.	20,729.
11 Fees for services (non-employees):				
a Management				
b Legal	960.		960.	
c Accounting	22,500.		22,500.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	5,634.		5,634.	
g Other	42,327.	17,241.	22,490.	2,596.
12 Advertising and promotion	37,795.	1,400.	1,330.	35,065.
13 Office expenses	246,724.	90,567.	23,179.	132,978.
14 Information technology	53,340.	20,121.	15,411.	17,808.
15 Royalties				
16 Occupancy	79,716.	73,912.	3,329.	2,475.
17 Travel	65,438.	63,077.	573.	1,788.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,510.	2,830.	4,606.	13,074.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	229,244.	206,323.	13,751.	9,170.
23 Insurance	30,838.	13,483.	17,355.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a VOLUNTEER EXPENSES	22,718.	3,623.	527.	18,568.
b MEMBERSHIP	3,633.	100.	1,729.	1,804.
c OTHER FUNDRAISING EXPENSES	2,911.			2,911.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	11,518,048.	10,573,260.	380,938.	563,850.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). 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	250.	1	695.
	2 Savings and temporary cash investments	1,074,567.	2	920,313.
	3 Pledges and grants receivable, net	49,031.	3	84,162.
	4 Accounts receivable, net		4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	756,499.	8	744,466.
	9 Prepaid expenses and deferred charges	38,721.	9	29,925.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,623,920.		
	b Less: accumulated depreciation	10b 825,618.		
	11 Investments - publicly traded securities	2,468,182.	10c	2,798,302.
	12 Investments - other securities. See Part IV, line 11	591,926.	11	751,623.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,979,176.	15	5,329,486.	
Liabilities	17 Accounts payable and accrued expenses	181,663.	16	179,266.
	18 Grants payable		17	
	19 Deferred revenue	17,708.	18	16,000.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities. Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	199,371.	25	195,266.
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	4,611,008.	26	4,707,615.
	28 Temporarily restricted net assets	70,794.	27	326,605.
	29 Permanently restricted net assets	98,003.	28	100,000.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	4,779,805.	32	5,134,220.
	34 Total liabilities and net assets/fund balances	4,979,176.	33	5,329,486.

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,761,373.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,518,048.
3	Revenue less expenses. Subtract line 2 from line 1	3	243,325.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,779,805.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	111,090.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,134,220.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

- 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?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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 separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2010)

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1544949.	8084252.	8828881.	10413911.	11725236.	40597229.
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	1544949.	8084252.	8828881.	10413911.	11725236.	40597229.
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						40597229.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1544949.	8084252.	8828881.	10413911.	11725236.	40597229.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,143.	23,440.	21,348.	15,708.	6,453.	98,092.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				1,950.	3,029.	4,979.
11 Total support. Add lines 7 through 10						40700300.
12 Gross receipts from related activities, etc. (see instructions)					12	553,241.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.75	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.60	%
16a 33 1/3% support test - 2010. 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 - 2009. If the organization did not check a 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 - 2010. 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 - 2009. 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 ☐			

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ☐

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

MARION-POLK FOOD SHARE, INC.

Employer identification number

94-3034161

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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 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 the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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	591,926.	463,510.	572,578.		
b Contributions					
c Net investment earnings, gains, and losses	159,697.	128,416.	<109,068.>		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	751,623.	591,926.	463,510.		

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

- a Board designated or quasi-endowment ► 86.70 %
b Permanent endowment ► 13.30 %
c Term endowment ► _____ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,142,201.	506,659.	2,635,542.
c Leasehold improvements				
d Equipment		481,719.	318,959.	162,760.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,798,302.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,761,373.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,518,048.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	243,325.
4	Net unrealized gains (losses) on investments	4	111,090.
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 through 8	9	111,090.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	354,415.

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	11,889,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	111,090.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	17,483.
e	Add lines 2a through 2d	2e	128,573.
3	Subtract line 2e from line 1	3	11,761,373.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,761,373.

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

1	Total expenses and losses per audited financial statements	1	11,535,531.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	17,483.
e	Add lines 2a through 2d	2e	17,483.
3	Subtract line 2e from line 1	3	11,518,048.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,518,048.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE TRUE ENDOWMENT HAS NAMED FUNDS. SOME ARE FOR

BUILDING AND MAINTENANCE AND THE REST IS UNRESTRICTED. WE ONLY USE

DISTRIBUTIONS, NO PRINCIPAL RECOVERIES ARE EXPECTED. QUASI IS

UNRESTRICTED BUT NO PULLING OF FUNDS IS EXPECTED.

PART X, LINE 2: THE ORGANIZATION FOLLOWS THE PROVISIONS ACCOUNTING

STANDARDS CODIFICATION (ASC) 740 "ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES". THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS ARE

Part XIV Supplemental Information (continued)

SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES UNTIL THE
EXPIRATION OF THE RELATED STATUTES OF LIMITATIONS ON THOSE TAX RETURNS.
IN GENERAL, THE FEDERAL AND STATE INCOME TAX RETURNS HAVE A THREE YEAR
STATUTE OF LIMITATIONS. THE ORGANIZATION WOULD RECOGNIZE ACCRUED INTEREST
AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX PROVISIONS, IF ANY, AS PART OF
THE INCOME TAX PROVISION.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

<u>SPECIAL EVENT - DIRECT EXPENSES</u>	<u>16,733.</u>
<u>NONCASH DONATION ADJUSTMENT</u>	<u>750.</u>
TOTAL TO SCHEDULE D, PART XII, LINE 2D	17,483.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

<u>SPECIAL EVENT - DIRECT EXPENSES</u>	<u>16,733.</u>
<u>NONCASH DONATION ADJUSTMENT</u>	<u>750.</u>
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	17,483.

Department of the Treasury
Internal Revenue Service

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

2010

Open To Public Inspection

Name of the organization

MARION-POLK FOOD SHARE, INC.

Employer identification number
94-3034161

Part 1

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 email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** 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 services?

☐ **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.

[illegible]

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 CHEF'S NITE OUT	(b) Event #2 EMPTY BOWLS	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	44,980.	15,300.		60,280.
2 Less: Charitable contributions	11,500.	15,300.		26,800.
3 Gross income (line 1 minus line 2)	33,480.			33,480.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	16,480.	253.		16,733.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(16,733)
11 Net income summary. Combine line 3, column (d), and line 10				16,747.

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.

	(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 Noncash 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 line 1, column d, and line 7				

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? _____

☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

☐ Yes ☐ No

b If "Yes," explain: _____

- | | | | |
|-----------|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers? | ☐ Yes | ☐ No |
| 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? | ☐ 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? ☐ Yes ☐ No

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 of the third party:

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? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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

2010

Open to Public
Inspection

Name of the organization

MARION-POLK FOOD SHARE, INC.

Employer identification number
94-3034161

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
ARCHES/MWVCAA 1164 MADISON ST NE SALEM, OR 97301	23-7056987	501(C)(3)	0.	61,904.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
AUMSVILLE COMMUNITY FOOD BANK PO BOX 167 AUMSVILLE, OR 97325	93-0557935	501(C)(3)	0.	63,895.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
AWARE FOOD BANK PO BOX 551 WOODBURN, OR 97071	23-7312454	501(C)(3)	0.	820,134.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
BRIDGEWAY RECOVERY SERVICES, INC. PO BOX 17818 SALEM, OR 97305	23-7222369	501(C)(3)	0.	25,421.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER
BROOKS ASSEMBLY OF GOD 9165 PORTLAND RD NE BROOKS, OR 97305	93-0853138	501(C)(3)	0.	62,625.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
CAPITAL PARK WESLEYAN CHURCH FOOD PANTRY - 425 20TH ST SE - KEIZER, OR 97302	93-0562924	501(C)(3)	0.	173,427.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER

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

3 Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CAVAZOS CENTER 220 15TH ST SE SALEM, OR 97302	93-0903773	501(C)(3)	0.	19,894.	DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$ COST	DONATED FOOD	TO PREVENT HUNGER
COMMUNITY RECEIVING HOME/CATHOLIC COMMUNITY SVCS - PO BOX 20400 - SALEM, OR 97307-0400	93-0903773	501(C)(3)	0.	50,799.	DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$ COST	DONATED FOOD	TO PREVENT HUNGER
CHRISTIAN CENTER COMMUNITY HOME/CATHOLIC COMMUNITY SVCS - PO BOX 20400 - SALEM, OR 97307-0400	93-0903773	501(C)(3)	0.	17,105.	DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$ COST	DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER
CHRISTIAN CENTER OF SALEM FOOD PANTRY - 1850 45TH AVE NE - SALEM, OR 97305	93-0412489	501(C)(3)	0.	57,407.	DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$ COST	DONATED FOOD	TO PREVENT HUNGER
COMMUNITY OF CHRIST CHURCH/GOOD SAMARITAN FOOD PANTRY - 4570 CENTER ST NE - SALEM, OR 97305	93-1042194	501(C)(3)	0.	24,845.	DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$ COST	DONATED FOOD	TO PREVENT HUNGER
DALLAS EMERGENCY FOOD BANK INC. 322 MAIN ST DALLAS, OR 97338	93-0843261	501(C)(3)	0.	359,295.	DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER
ELLA CURRAN FOOD BANK 840 N. MAIN ST INDEPENDENCE, OR 97381	93-0797524	501(C)(3)	0.	94,241.	DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$ COST	DONATED FOOD	TO PREVENT HUNGER
EAST/WEST ENGLEWOOD SENIOR MOBILE 3140 TESS AVE NE SALEM, OR 97303	93-0562924	501(C)(3)	0.	25,377.	DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$ COST	DONATED FOOD	TO PREVENT HUNGER
FIRST CHRISTIAN CHURCH 402 N. FIRST ST. SILVERTON, OR 97381 LHA	93-0549197	501(C)(3)	0.	47,508.	DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$ COST	DONATED FOOD	TO PREVENT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GRAND RONDE COMMUNITY RS CTR PO BOX 551 GRAND RONDE, OR 97347	93-1265867	501(C)(3)	0.	242,432. DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$		DONATED FOOD	TO PREVENT HUNGER
HIGHLAND COMMUNITY HOME/CATHOLIC COMMUNITY SVCS - PO BOX 20400 - SALEM, OR 97307-0400	93-0903773	501(C)(3)	0.	40,087. DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$		DONATED FOOD	TO PREVENT HUNGER
HELP & HOPE TO OTHERS (H20) PO BOX 1163 DALLAS, OR 97338	93-1127258	501(C)(3)	0.	139,393. DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$		DONATED FOOD	TO PREVENT HUNGER
HOAP/NORTHWEST HUMAN SERVICES 681 CENTER ST NE SALEM, OR 97301	93-0605570	501(C)(3)	0.	23,376. DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$		DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER
HOST SHELTER/NORTHWEST HUMAN SERVICES - 681 CENTER ST NE - SALEM, OR 97301	93-0605570	501(C)(3)	0.	19,911. DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$		DONATED FOOD	TO PREVENT HUNGER
HOST TRANSITION/NORTHWEST HUMAN SERVICES - 681 CENTER ST NE - SALEM, OR 97301	93-0605570	501(C)(3)	0.	13,506. DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$		DONATED FOOD	TO PREVENT HUNGER
HOUSE OF ZION 1430 E. CLEVELAND ST WOODBURN, OR 97071	93-0871543	501(C)(3)	0.	125,399. DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$		DONATED FOOD	TO PREVENT HUNGER
JAMES 2 COMMUNITY KITCHEN 565 SE LACREOLE DR DALLAS, OR 97338	26-4033875	501(C)(3)	0.	33,037. DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$		DONATED FOOD	TO PREVENT HUNGER
JASON LEE UNITED METHODIST FOOD BANK - PO BOX 6061 - SALEM, OR 97304	93-0406417	501(C)(3)	0.	145,678. DONATED FOOD \$ \$1.50/LB; PURCHASED FOOD \$		DONATED FOOD	TO PREVENT HUNGER

Schedule I (Form 990)

LHA

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
KEIZER COMMUNITY FOOD BANK 4505 RIVER RD N KEIZER, OR 97303	93-0514483	501(C)(3)	0.	349,757.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER
KEIZER COMMUNITY HOME/CATHOLIC COMMUNITY SVCS - PO BOX 20400 - SALEM, OR 97307-0400	93-0903773	501(C)(3)	0.	12,113.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
KINGWOOD BIBLE 1125 ELM ST NW SALEM, OR 97304	93-3602671	501(C)(3)	0.	17,325.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MANO-A-MANO FAMILY RESOURCE CENTER 3850 PORTLAND RD NE SALEM, OR 97301	93-0992858	501(C)(3)	0.	36,229.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MANO-A-MANO FAMILY RESOURCE CENTER SC - 2921 SADDLE CLUB RD, STE 9 - SALEM, OR 97301	93-0992858	501(C)(3)	0.	14,159.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MEHAMA COMMUNITY CHURCH/JOSEPH STOREHOUSE OF HOPE - PO BOX 40 - MEHAMA, OR 97384	93-0747026	501(C)(3)	0.	110,510.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MILL CITY/GATES COMMUNITY CENTER PO BOX 426 MILL CITY, OR 97360	93-1139198	501(C)(3)	0.	62,399.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MISSION BENEDICT FOOD BANK 925 S. MAIN ST MT. ANGEL, OR 97362	93-0387331	501(C)(3)	0.	91,602.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER
MONMOUTH CHRISTIAN CHURCH/HELPING HANDS - 959 CHURCH ST W - MONMOUTH, OR 97361 LHA	93-0419360	501(C)(3)	0.	65,069.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MT. ANGEL COMMUNITY CENTER PO BOX 910 MT. ANGEL, OR 97362	93-0760842	501(C)(3)	500.		DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ 10,604.COST	DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER
NEW HARVEST CHURCH 4290 PORTLAND RD NE SALEM, OR 97301	20-0692421	501(C)(3)	0.	101,465.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ 101,465.COST	DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER
NEW LIFE COMMUNITY CHURCH PO BOX 4136 SALEM, OR 97302	93-1246546	501(C)(3)	0.	107,733.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ 107,733.COST	DONATED FOOD	TO PREVENT HUNGER
NORTHGATE COMMUNITY CHURCH 3193 SILVERTON RD NE SALEM, OR 97305	58-0904463	501(C)(3)	0.	50,892.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ 50,892.COST	DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER
OREGON CHILD DEVELOPMENT CENTER PO BOX 263 WOODBURN, OR 97071	91-0591240	501(C)(3)	0.	7,532.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ 7,532.COST	DONATED FOOD	TO PREVENT HUNGER
PAULINE MEMORIAL/AME ZION CHURCH 3593 SUNNYVIEW RD SALEM, OR 97303	93-1037528	501(C)(3)	0.	74,299.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ 74,299.COST	DONATED FOOD	TO PREVENT HUNGER
PEOPLE'S CHURCH 4500 LANCASTER DR NE SALEM, OR 97305	93-0513504	501(C)(3)	0.	139,625.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ 139,625.COST	DONATED FOOD	TO PREVENT HUNGER
PRECIOUS CHILDREN/SALEM EVANGELICAL CHURCH - 455 LOCUST ST NE - SALEM, OR 97303	93-0569204	501(C)(3)	0.	159,802.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ 159,802.COST	DONATED FOOD	TO PREVENT HUNGER
QUEEN OF PEACE/TABLE OF PLENTY 4227 LONE OAK RD SE SALEM, OR 97302	93-0513650	501(C)(3)	0.	181,179.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ 181,179.COST	DONATED FOOD	TO PREVENT HUNGER

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ROBERT LINDSEY TOWERS/CITY OF SALEM HOUSING AUTHORITY - 360 CHURCH ST SE - SALEM, OR 97302	93-0582087	501(C)(3)	0.	17,048.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
LIFE CHURCH PO BOX 5350 SALEM, OR 97304	93-0843519	501(C)(3)	0.	90,792.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SABLE HOUSE PO BOX 808 DALLAS, OR 97338	93-1122800	501(C)(3)	0.	5,647.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER
SACRED HEART/GERVAIS 680 ELM ST GERVAIS, OR 97026	93-0459186	501(C)(3)	0.	183,966.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER
SAFE HAVEN/NW HUMAN SERVICES 681 CENTER ST NE SALEM, OR 97301	93-0605570	501(C)(3)	0.	7,611.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER
SALEM OUTREACH SHELTER/YMCA 2933 CENTER ST NE SALEM, OR 97301	95-7209070	501(C)(3)	0.	20,052.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER
SCOTTS MILLS COMMUNITY CENTER FOOD PANTRY - PO BOX 196 - SCOTTS MILLS, OR 97375	93-0850377	501(C)(3)	0.	63,296.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER
SEVENTH DAY ADVENTIST-DALLAS 589 SW BIRCH ST DALLAS, OR 97338	93-0856473	501(C)(3)	0.	117,788.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SEVENTH DAY ADVENTIST-FALLS CITY PO BOX 430 FALLS CITY, OR 97344	93-0440796	501(C)(3)	0.	35,047.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

LHA

Schedule I (Form 990)

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SEVENTH DAY ADVENTIST COMMUNITY RESOURCE CENTER - 1860 SUMMER ST NE - SALEM, OR 97301	93-0441769	501(C)(3)	0.	90,314.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SPANISH SEVENTH DAY ADVENTIST/SALEM - 4625 CORDON RD NE - SALEM, OR 97305	26-4389184	501(C)(3)	0.	166,778.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER
SHARED BLESSINGS/WESTGATE ASSEMBLY OF GOD - PO BOX 5990 - SALEM, OR 97304	93-0579568	501(C)(3)	0.	186,912.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER
SILVER CREEK FELLOWSHIP/MISSION OF HOPE - PO BOX 626 - SILVERTON, OR 97381	93-0966117	501(C)(3)	597.	433,578.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER
SILVERTON AREA COMMUNITY AID PO BOX 1305 SILVERTON, OR 97381	93-0884237	501(C)(3)	500.	87,876.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SILVERTON HARVESTERS PO BOX 115 SCOTTS MILLS, OR 97375	93-1048105	501(C)(3)	0.	40,605.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SIMONKA PLACE WOMEN & CHILDREN MISSION/UNION GOSPEL MISSION - PO BOX 431 - SALEM, OR 97301	93-0457267	501(C)(3)	0.	8,062.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SOLID ROCK CHURCH 3535 WARD DR NE SALEM, OR 97305	93-0886109	501(C)(3)	0.	79,805.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SOUTH SALEM COMMUNITY HOME/CATHOLIC COMMUNITY SVCS - PO BOX 20400 - SALEM, OR 97307-0400	93-0903773	501(C)(3)	0.	43,355.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SOUTH SALEM FRIENDS CHURCH 1140 BAXTER RD SE SALEM, OR 97306	93-6014035	501(C)(3)	0.	34,095.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
ST. JOSEPH SHELTER 925 S. MAIN ST MT. ANGEL, OR 97362	93-0387331	501(C)(3)	0.	46,535.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER
ST. LUKE'S/SOCIETY OF ST. VINCENT DE PAUL - PO BOX 418 - DONALD, OR 97020	93-0762880	501(C)(3)	0.	98,600.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
ST. VINCENT DE PAUL PO BOX 7864 SALEM, OR 97301	93-0464194	501(C)(3)	0.	843,876.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER
STATON COMMUNITY FOOD BANK 155 2ND ST STATON, OR 97383	93-0805665	501(C)(3)	0.	88,744.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
STEPPING OUT MINISTRIES 650 LOCUST ST NE SALEM, OR 97301	93-1165279	501(C)(3)	0.	103,621.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER
THE SALVATION ARMY LODGE PO BOX 7047 SALEM, OR 97301	91-1156347	501(C)(3)	0.	90,947.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
TRINITY UNITED METHODIST CHURCH 590 ELMA AVE SE SALEM, OR 97301	93-0454789	501(C)(3)	0.	304,802.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
THE SALVATION ARMY FOOD BANK PO BOX 7047 SALEM, OR 97301	93-1156347	501(C)(3)	0.	303,055.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

LHA

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
		TURNER CHRISTIAN CHURCH FOOD BANK 7871 MARION RD SE TURNER, OR 97392	93-0508312	501(C)(3)	0.	38,514.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
		UNION GOSPEL MISSION/MEN'S MISSION PO BOX 431 SALEM, OR 97301	93-0457267	501(C)(3)	0.	82,922.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
		WEST SALEM UNITED METHODIST CHURCH FOOD PANTRY - 1219 3RD ST NW - SALEM, OR 97304	93-0682265	501(C)(3)	0.	79,585.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD; EQUIPMENT	TO PREVENT HUNGER
		WILLAMETTE ACADEMY YOUTH PROGRAM 900 STATE ST SALEM, OR 97301	93-0385972	501(C)(3)	0.	18,012.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
		WOODBURN FAMILY LEARNING CENTER 1440 NEWBERG WOODBURN, OR 97071	93-0585997	501(C)(3)	0.	58,267.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
		WOODBURN COMMUNITY HOME/CATHOLIC COMMUNITY SVCS - PO BOX 20400 - SALEM, OR 97307-0400	93-0903773	501(C)(3)	0.	17,914.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
		WOODBURN SPANISH SEVENTH DAY ADVENTIST FOOD PANTRY - PO BOX 603 - WOODBURN, OR 97071	93-4224170	501(C)(3)	0.	139,669.	DONATED FOOD @ \$1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

LHA

Schedule I (Form 990)

(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

Part IV

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

SCHEDULE I, PART I, LINE 2: GOVERNMENT GRANTS ARE TYPICALLY ON A REIMBURSEMENT BASIS. MPFS WORKS WITH NETWORK PARTNERS (ALL 501C3 ORGANIZATIONS) IN ADVANCE TO OUTLINE A PLAN AND BUDGET TO SATISFY DONOR INTENT. QUARTERLY REPORTS ARE REVIEWED BY MPFS TO TRACK PROGRESS AND ENSURE COMPLIANCE (WHICH INCLUDES CIVIL RIGHTS). DOCUMENTATION WITH REQUESTS FOR REIMBURSEMENT FOR EXPENSES ARE SUBMITTED MONTHLY OR QUARTERLY AND DOCUMENTATION IS MAINTAINED FOR REVIEW AND AUDIT. ANNUAL MONITORING OF SUB-RECIPIENT ENTITIES IS PERFORMED. MPFS MONITORS PROGRAM OPERATIONS TO ENSURE FUNDS ARE ADMINISTERED IN ACCORDANCE WITH FEDERAL AND STATE

Part IV Supplemental Information

REQUIREMENTS AND PRIVATE DONOR INTENT. IF DEFICIENCIES ARE IDENTIFIED
THROUGH THE MONITORING, MPFS REVIEWS A PLAN FOR CORRECTIVE ACTION.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

OMB No 1545-0047

2010

Open To Public Inspection

MARION-POLK FOOD SHARE, INC.

Employer identification number
94-3034161

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$ _____

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

[illegible][illegible]

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

[illegible]**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PAULA MCGIRR - EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: WAGES AND BENEFITS PAID

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

MARION-POLK FOOD SHARE, INC.

Employer identification number

94-3034161

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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				
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	1,115	8,759,736.	SEE SCHEDULE O
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (PLANTS, SEEDS)	X	5	2,711.	DONOR DETERMINED
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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

30a		X
31	X	
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

MARION-POLK FOOD SHARE, INC.

Employer identification number
94-3034161

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT FORM 990 IS REVIEWED IN
DETAIL BY THE FINANCE COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, DIRECTORS AND KEY
EMPLOYEES ARE REQUIRED TO COMPLETE A FAMILY & BUSINESS RELATIONSHIPS
CERTIFICATION FORM ANNUALLY DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF KEY EMPLOYEES AND
OFFICERS IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD BY REVIEWING
SALARY SURVEYS AND SETTING OFFICER SALARIES COMMENSURATE TO THE LEVEL OF
SIMILAR AGENCIES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST AND FINANCIAL INFORMATION IS AVAILABLE ON THE ORGANIZATION'S
WEBSITE. PUBLIC DISCLOSURE INFORMATION IS ALSO AVAILABLE ON GUIDESTAR AND
THE WEBSITE FOR THE NATIONAL CENTER FOR CHARITABLE STATISTICS.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 111,090.

FORM 990, PART XI, LINE 2C: THE BOARD OF DIRECTORS INCLUDES A FINANCE
COMMITTEE WHICH IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT OF THE
FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Name of the organization

MARION-POLK FOOD SHARE, INC.

Employer identification number

94-3034161

SCHEDULE M -

DONATED FOOD INVENTORIES ARE STATED AT \$1.50 PER POUND AS OF JUNE 30, 2011, AS CALCULATED BY FEEDING AMERICA AND ADOPTED BY THE BOARD OF DIRECTORS AS A FIXED PRICE PER POUND RATE. PURCHASED FOOD IS STATED AT COST. AS OF JUNE 30, 2011, THE INVENTORY OF USDA COMMODITIES WAS VALUED AT \$46,304, AS ESTIMATED BY USDA AND THE STATE OF OREGON.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **4562**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Depreciation and Amortization 990**
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2010Attachment
Sequence No **67**

MARION-POLK FOOD SHARE, INC.

FORM 990 PAGE 10

94-3034161

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	500,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	
15	Property subject to section 168(f)(1) election	
16	Other depreciation (including ACRS)	134,171.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	☐

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	134,171.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	

016251 12-21-10 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L			
		%			S/L			
		%			S/L			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2010 tax year:

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43 Amortization of costs that began before your 2010 tax year

43

633.

44 Total. Add amounts in column (f). See the instructions for where to report

44

633.

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	LEASEHOLD IMPROVEMENTS							
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS							
					0.	0.	0.	0.
	OFFICE EQUIPMENT							
3(D)	OFFICE EQUIP-87							
	010187SL	7.00	16		5,046.		5,046.	0.
4(D)	OFFICE EQUIP-88							
	010188SL	7.00	16		403.		403.	0.
5(D)	OFFICE EQUIP-89							
	010189SL	7.00	16		135.		135.	0.
6(D)	TELEPHONE SYSTEM							
	010187SL	7.00	16		1,300.		1,300.	0.
7(D)	OPEN SYSTEMS-SOFTWARE							
	110290SL	5.00	16		5,630.		5,630.	0.
8(D)	LASER PRINTER							
	081491SL	5.00	16		1,269.		1,269.	0.
9(D)	OFFICE CABINETS							
	080192SL	7.00	16		950.		950.	0.
10(D)	REFINISH DESK							
	081593SL	7.00	16		570.		570.	0.
11(D)	2 TELEPHONES							
	063095SL	7.00	16		540.		540.	0.
12(D)	PAGE MAKER							
	063095SL	7.00	16		600.		600.	0.
13(D)	3 DESKS W/HUTCHES							
	063096SL	5.00	16		1,230.		1,230.	0.
14(D)	3 LASER PRINTERS							
	010197SL	5.00	16		1,198.		1,198.	0.
15(D)	1 CABINET							
	060197SL	7.00	16		1,765.		1,765.	0.
16(D)	LASER JET PRINTER							
	063098SL	5.00	16		799.		799.	0.
17(D)	NETWORK SOFTWARE							
	063098SL	3.00	16		600.		600.	0.
18(D)	LASER PRINTER							
	063098SL	5.00	16		1,200.		1,200.	0.
19(D)	NETWORK BACKUP HARDWARE							
	063098SL	5.00	16		662.		662.	0.
20(D)	NETWORK HARDWARE							
	063098SL	5.00	16		1,380.		1,380.	0.
21(D)	OSAS SOFTWARE UPGRADE							
	010199SL	3.00	16		1,020.		1,020.	0.
22(D)	EPSON LASER PRINTER							
	010199SL	5.00	16		270.		270.	0.
23(D)	DESK							
	010199SL	7.00	16		417.		417.	0.
24(D)	PAGEMAKER UPGRADE							
	010199SL	3.00	16		117.		117.	0.
25(D)	PICNIC TABLE							
	010199SL	7.00	16		140.		140.	0.
26(D)	OVERHEAD PROJECTOR							
	010199SL	7.00	16		82.		82.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
27	(D)PHONE SYSTEM							
	010199SL		7.00 16		7,165.		7,165.	0.
28	(D)OFFICE 97 SOFTWARE							
	010199SL		3.00 16		180.		180.	0.
29	(D)DESK JET PRINTER							
	010199SL		5.00 16		400.		400.	0.
30	(D)Y2K INSPECTION							
	010199SL		3.00 16		605.		605.	0.
31	(D)VER 6 ALPHA 4 PROGRAM							
	010100SL		3.00 16		140.		140.	0.
32	(D)4X6 OPTIMA BOARD							
	010100SL		7.00 16		140.		140.	0.
33	(D)2 TELEPHONE/VOICEMAIL							
	010100SL		7.00 16		405.		405.	0.
34	(D)6' TABLE							
	010100SL		7.00 16		150.		150.	0.
35	(D)PRINTER WORKSTATION							
	010100SL		5.00 16		70.		70.	0.
36	(D)TASK CHAIR							
	010100SL		7.00 16		60.		60.	0.
37	(D)6 BELLINI CHAIRS							
	010100SL		7.00 16		450.		450.	0.
38	(D)DESK W/RETURN							
	010100SL		7.00 16		380.		380.	0.
39	(D)OFFICE TABLE							
	010100SL		7.00 16		50.		50.	0.
40	(D)WINDOW BLINDS							
	010100SL		7.00 16		126.		126.	0.
41	(D)FRAME FOR POSTER							
	010100SL		7.00 16		68.		68.	0.
55	(D)END TABLE							
	010101SL		7.00 16		125.		125.	0.
56	(D)CASSETTE RECORDER							
	010101SL		5.00 16		60.		60.	0.
57	(D)CANNON COPIER							
	010101SL		5.00 16		12,970.		12,970.	0.
58	(D)CELLULAR PHONE							
	010101SL		7.00 16		115.		112.	0.
59	(D)SAFE							
	010101SL		7.00 16		230.		230.	0.
60	(D)FILE CABINET							
	010101SL		7.00 16		90.		90.	0.
62	(D)RETAIL DEBIT SYSTEM							
	010101SL		5.00 16		450.		450.	0.
63	(D)OSAS SOFTWARE UPGRADE							
	120401SL		5.00 16		1,800.		1,800.	0.
64	(D)CASIO LABEL MAKER							
	013002SL		5.00 16		26.		26.	0.
65	(D)LABEL MAKER							
	031302SL		5.00 16		28.		28.	0.
66	(D)2 VERNARDO CIRCULAR FANS							
	051302SL		7.00 16		140.		140.	0.
67	(D)12 FOLDING CHAIRS							
	051302SL		7.00 16		227.		224.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
68	(D) YARD POWER BLOWER							
	061102SL		7.00	16	160.		160.	0.
69	(D) MICRO RECORDER							
	061102SL		5.00	16	70.		70.	0.
72	(D) NTBK BROTHERS FAX MACHINE							
	123101SL		5.00	16	400.		400.	0.
73	(D) WINDOWS 2000 SERVER							
	070102SL		5.00	16	4,694.		4,694.	0.
74	(D) 1-XP PROGRAM DISC AND 10 LICENSES							
	080102SL		3.00	16	335.		335.	0.
75	(D) 10-XP LICENSES							
	090102SL		3.00	16	250.		250.	0.
76	(D) 1-FLATBED SCANNER W/NEG COPY OPTION							
	100102SL		5.00	16	200.		200.	0.
77	(D) DELUX 9 CALENDAR CREATOR PROGRAM							
	110102SL		3.00	16	50.		50.	0.
79	(D) 17" COMPUTER MONITOR AND MOUSE							
	120102SL		5.00	16	147.		147.	0.
80	(D) 2 OFFICE CHAIRS							
	120102SL		7.00	16	200.		200.	0.
81	(D) 10 SLOTS OF MEMORY 128 MB							
	010103SL		5.00	16	237.		237.	0.
82	(D) 2 NECKBOARD HEADSET							
	010103SL		5.00	16	26.		26.	0.
83	(D) ANNUAL OSAS MAINTENANCE UPGRADE							
	010103SL		3.00	16	1,800.		1,800.	0.
84	(D) PAPER SHREDDER - FISCAL							
	020103SL		5.00	16	200.		200.	0.
85	(D) OSAS INSTALLATION OF XP							
	030103SL		3.00	16	930.		930.	0.
86	(D) 19" COMPUTER MONITOR							
	040103SL		5.00	16	227.		227.	0.
87	(D) LASER JET HP 4300N PRINTER							
	050103SL		5.00	16	999.		999.	0.
88	(D) 17" MONITOR							
	050103SL		5.00	16	177.		177.	0.
89	(D) 2 DRAWER FILE CABINET							
	050103SL		5.00	16	100.		100.	0.
90	(D) OLYMPUS C-50 DIGITAL CAMERA							
	060103SL		5.00	16	550.		550.	0.
91	(D) BAG FOR CAMERA							
	060103SL		5.00	16	15.		15.	0.
92	(D) 128 MB PICTURE CHIP CARD							
	060103SL		5.00	16	80.		80.	0.
93	(D) EASEL FOR PRESENTATIONS							
	060103SL		7.00	16	300.		300.	0.
94	(D) COMPUTER CART - MAIN OFFICE							
	030103SL		7.00	16	100.		100.	0.
102	(D) COMPUTER MONITOR							
	092903SL		5.00	16	300.		300.	0.
103	(D) COMPUTER KEYBOARD							
	092903SL		5.00	16	15.		15.	0.
104	(D) 2 UPSTAIRS CHAIRS							
	093003SL		7.00	16	171.		162.	9.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
107	(D) CONFETTI SHREDDER							
	103003SL	7.00	16		348.		333.	15.
108	(D) MEETING EASEL							
	103003SL	7.00	16		100.		94.	6.
109	(D) CALCULATOR- FISCAL							
	103003SL	7.00	16		103.		100.	3.
110	(D) 2 COMPUTERS							
	112403SL	5.00	16		783.		783.	0.
111	(D) BROTHER PRINTER							
	121203SL	5.00	16		699.		699.	0.
112	(D) 2 MULTI-LINE PHONES							
	123003SL	5.00	16		410.		410.	0.
113	(D) OSAS DIRICT DEPOSIT MODULE							
	032904SL	3.00	16		1,359.		1,359.	0.
114	(D) SYMANTEC ANTI-VIRUS SOFTWARE							
	040104SL	3.00	16		85.		85.	0.
116	(D) CONFETTI SHREDDER- FISCAL							
	050404SL	7.00	16		200.		179.	21.
118	(D) COMPUTER							
	061104SL	5.00	16		485.		485.	0.
119	(D) DESK- FISCAL							
	061104SL	7.00	16		400.		347.	53.
120	(D) PRINTER UTILITY STAND- FISCAL							
	061104SL	7.00	16		140.		122.	18.
121	(D) KEYBOARD HIDEWAY- FISCAL							
	061104SL	7.00	16		155.		134.	21.
122	(D) DESK- FISCAL							
	061104SL	7.00	16		400.		347.	53.
123	(D) VERTICAL FILING CABINET							
	061104SL	7.00	16		130.		116.	14.
124	(D) KEYBOARD							
	061204SL	7.00	16		15.		12.	3.
1267	DESKS							
	063004SL	7.00	16					0.
1276	CAPTAIN CHAIRS							
	063004SL	7.00	16					0.
132	(D) BLACKBAUD VOLUNTEER MODULE							
	092704SL	5.00	16		2,668.		2,668.	0.
135	(D) BLINDS							
	060505SL	7.00	16		1,083.		788.	295.
138	(D) DELL COMPUTERS/3 COMPLETE PACKAGES							
	063006SL	5.00	16		3,185.		2,548.	637.
151	(D) DONOR SOFTWARE - 3 YEARS							
	083106SL	3.00	16		3,995.		3,995.	0.
153	(D) 15 FAX MACHINES							
	011207SL	5.00	16		1,500.		1,050.	450.
155	(D) 2 COMPLETE DELL COMPUTERS							
	050307SL	5.00	16		2,360.		1,495.	865.
1562	DELL SERVERS							
	050307SL	5.00	16		5,438.		3,445.	1,088.
157	(D) A/C - T-BAR CEILING							
	060707SL	7.00	16		2,900.		1,277.	1,623.
159	(D) A/C - SERVER OFFICE							
	062007SL	7.00	16		2,497.		1,071.	1,426.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
162	(D) 3 COMPUTER STATIONS							
	022707	SL	5.00	16	3,539.		2,360.	1,179.
163	BLACKBAUD-SOFTWARE, SERVICE, MAINTENANCE							
	123106	SL	3.00	16	11,152.		11,152.	0.
164	(D) TRAVERSE-4 USER UPGRADE							
	123106	SL	3.00	16	20,460.		20,460.	0.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT							
					133,295.	0.	124,605.	7,779.
	VEHICLES							
43	VEHICLE-89							
	010189	SL	5.00	16	17,635.		14,108.	0.
70	2002 INTERNATIONAL REFER VAN							
	070101	SL	5.00	16	75,331.		75,331.	0.
71	TRUCK ACCESSORIES							
	070101	SL	5.00	16	2,143.		2,143.	0.
105	1986 TOYOTA CAMRY							
	100303	SL	5.00	16				0.
133	ISUZU VAN							
	050505	SL	5.00	16	4,200.		4,200.	0.
168	REFRIGERATOR TRUCK							
	101007	SL	5.00	16	100,289.		55,159.	20,058.
	* 990 PAGE 10 TOTAL - VEHICLES							
					199,598.	0.	150,941.	20,058.
	WAREHOUSE							
45	(D) EQUIP 88							
	010188	SL	7.00	16	3,099.		2,658.	0.
46	(D) ROL-LIFT PALLET TRUCK							
	031591	SL	7.00	16	420.		420.	0.
47	(D) PALLET TRUCK							
	060192	SL	7.00	16	3,100.		3,100.	0.
48	(D) HEATERS							
	010199	SL	20.00	16	3,000.		1,725.	1,275.
49	(D) 2 PALLET JACKS							
	010100	SL	7.00	16	800.		800.	0.
50	(D) ELECTRIC PALLET JACK							
	010100	SL	7.00	16	3,300.		3,300.	0.
51	(D) PALLET PULLY							
	010100	SL	7.00	16	56.		56.	0.
52	(D) ELECTRONIC SCALE							
	010100	SL	7.00	16	2,195.		2,195.	0.
53	(D) 3 FLEX TOTES							
	010100	SL	7.00	16	340.		340.	0.
54	(D) OVERHEAD DOOR							
	010100	SL	7.00	16	2,000.		2,000.	0.
78	(D) FLAT RACK CART FOR FREEZER SHOPPING							
	110102	SL	7.00	16	50.		50.	0.
96	HYSTER FORK LIFT							
	063004	SL	7.00	16	26,386.		22,614.	3,769.
97	KINKO'S COLOR COPIER							
	063004	SL	5.00	16				0.
98	CONVEYOR BELT SYSTEM							
	063004	SL	7.00	16				0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
99	MANUAL PALLET JACK- NEW BLDG							
	063004	SL	7.00	16				0.
100	(D) SPRAY NOZZLE							
	080104	SL	5.00	16	8.		8.	0.
101	(D) CORDLESS DRILL							
	091203	SL	5.00	16	20.		20.	0.
106	(D) MAGNETIC BROOM							
	100903	SL	7.00	16	65.		61.	4.
115	(D) SPRAY NOZZLE							
	041404	SL	7.00	16	5.		5.	0.
117	(D) TARPS							
	052604	SL	7.00	16	36.		30.	6.
125	(D) 2 HOSES- WAREHOUSE							
	062904	SL	7.00	16	20.		20.	0.
131	(D) ELECTRIC PALLET JACK							
	090104	SL	7.00	16	4,300.		3,582.	718.
134	SHRINK WRAP MACHINE							
	060505	SL	7.00	16	6,045.		4,392.	864.
136	FUEL MASTER & OTHER BIODIESEL EQUIPMENT							
	063006	SL	7.00	16	6,704.		3,832.	958.
137	(D) SHED FOR BIO-DIESEL							
	063006	SL	7.00	16	2,946.		1,684.	1,262.
139	(D) STEEL TABLES - 10							
	063006	SL	7.00	16	2,000.		1,144.	856.
152	(D) JUNGHEINRICH ELECTRIC PALLET JACK							
	122906	SL	7.00	16	4,484.		2,243.	2,241.
154	(D) DOCKLEVELER							
	031407	SL	7.00	16	4,931.		2,347.	2,584.
	* 990 PAGE 10 TOTAL - WAREHOUSE							
					76,310.	0.	58,626.	14,537.
	FREEZERS/COOLERS							
	* 990 PAGE 10 TOTAL - FREEZERS/COOLERS							
					0.	0.	0.	0.
	BUILDING							
95	BUILDING COSTS							
	063003	VAR	0.00	16	43,113.			0.
128	BUILDING							
	063004	SL	39.00	16	1,669,408.		256,830.	42,805.
129	CLOSING COSTS							
	110703		240M	43	12,666.		4,220.	633.
130	BUILDING IMPROVEMENTS							
	011005	SL	39.00	16	568,123.		80,119.	14,567.
140	RACKING SYSTEM							
	070105	SL	7.00	16	9,480.		6,770.	1,354.
141	(D) BAKERY SHELVES							
	070105	SL	7.00	16	3,055.		2,180.	875.
142	(D) STAFF ENTRY AWNING							
	063006	SL	7.00	16	1,358.		776.	582.
143	CABINETS							
	093005	SL	7.00	16	6,131.		4,161.	876.
144	ADDITIONAL SECURITY SYSTEM							
	110105	SL	7.00	16	3,899.		2,599.	557.

[illegible]

016261
05-01-10

- Current year section 179 (D) - Asset disposed

49.7

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization	Employer identification number
	MARION-POLK FOOD SHARE, INC.	94-3034161
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions	
	1660 SALEM INDUSTRIAL DRIVE NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SALEM, OR 97301-0374	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RYAN LOVETT

- The books are in the care of ► **1660 SALEM INDUSTRIAL DRIVE NE - SALEM, OR 97301-0374**
Telephone No ► **(503) 581-3855** FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)