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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 **and ending** JUN 30, 2012

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

C Name of organization
MARION-POLK FOOD SHARE, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1660 SALEM INDUSTRIAL DRIVE NE

City or town, state or country, and ZIP + 4
SALEM, OR 97301-0374

F Name and address of principal officer: JIM GREEN
SAME AS C ABOVE

D Employer identification number
94-3034161

E Telephone number
(503)581-3855

G Gross receipts $ 12,955,920.

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

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

H(c) Group exemption number ▶

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

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

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)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	47
6	Total number of volunteers (estimate if necessary)	6	2300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,725,236.	12,904,774.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,361.	5,966.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,776.	23,361.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,761,373.	12,934,101.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,091,270.	9,607,567.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,562,490.	1,598,317.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 616,875.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	864,288.	897,563.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,518,048.	12,103,447.
19	Revenue less expenses. Subtract line 18 from line 12	243,325.	830,654.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,329,486.	6,267,180.
21	Total liabilities (Part X, line 26)	195,266.	331,770.
22	Net assets or fund balances. Subtract line 21 from line 20	5,134,220.	5,935,410.

RECEIVED
APR 3 2013
OGDEN, UT

SCANNED APR 29 2013

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 3/21/13

▶ JIM GREEN, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: CHARLES A. SWANK	Preparer's signature	Date 3/6/13	Check ☐ if self-employed	PTIN P00150622
Firm's name ▶ GROVE, MUELLER & SWANK, P.C.			Firm's EIN ▶ 93-0874157	
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

90/16 10

Part III Statement of Program Service Accomplishments

Check 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses $ 11,138,463. including grants of $ 9,607,567.) (Revenue $ 1,957.)
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 98-MEMBER AGENCY NETWORK. MORE THAN 8.2 MILLION POUNDS OF FOOD WERE DISTRIBUTED DURING THE YEAR ENDED JUNE 30, 2012 TO STRUGGLING INDIVIDUALS AND FAMILIES THROUGH 108,248 EMERGENCY FOOD BOXES AND 710,872 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** ▶ 11,138,463.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	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? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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? *If "Yes," complete Schedule D, Part VI*	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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? *If "Yes," complete Schedule F, Parts II and IV*	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? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part 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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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*	35b		X
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? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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	1a	12		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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	2a	47		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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?	13a			
	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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 [X]

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	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

THE ORGANIZATION - (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 Contractors

Check 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) GARY WALLSTROM CHAIR	1.00	X		X				0.	0.	0.
(2) ALEX BEAMER VICE CHAIR	1.00	X		X				0.	0.	0.
(3) MIKE GARRISON SECRETARY	1.00	X		X				0.	0.	0.
(4) JIM GREEN TREASURER	1.00	X		X				0.	0.	0.
(5) CONRAD STIEBER BOARD MEMBER	1.00	X						0.	0.	0.
(6) LINDA ALSTAD BOARD MEMBER	1.00	X						0.	0.	0.
(7) FRANCES LARA ALVARADO BOARD MEMBER	1.00	X						0.	0.	0.
(8) WARREN BEDNARZ BOARD MEMBER	1.00	X						0.	0.	0.
(9) JOHN BURT BOARD MEMBER	1.00	X						0.	0.	0.
(10) MIKE COLLIER BOARD MEMBER	1.00	X						0.	0.	0.
(11) GEORGE HAPP BOARD MEMBER	1.00	X						0.	0.	0.
(12) BERNADETTE MELE BOARD MEMBER	1.00	X						0.	0.	0.
(13) MIKE MOSER BOARD MEMBER	1.00	X						0.	0.	0.
(14) ESTHER PUENTES BOARD MEMBER	1.00	X						0.	0.	0.
(15) CARLA STEWART BOARD MEMBER	1.00	X						0.	0.	0.
(16) DENNIS YOUNG BOARD MEMBER	1.00	X						0.	0.	0.
(17) EILEEN ZIELINSKI 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) RON HAYS PRES/CHIEF EXEC OFFICER	40.00			X				85,899.	0.	20,308.
1b Sub-total						▶		85,899.	0.	20,308.
c Total from continuation sheets to Part VII, Section A						▶		0.	0.	0.
d Total (add lines 1b and 1c)						▶		85,899.	0.	20,308.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
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*		X
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*		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of 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	1a Federated campaigns	1a 4,343.				
	b Membership dues	1b				
	c Fundraising events	1c 33,725.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 833,193.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 12033513.				
	g Noncash contributions included in lines 1a-1f: $ 10,082,535.					
	h **Total.** Add lines 1a-1f	▶	12904774.			
Program Service Revenue		Business Code				
	2a					
	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)	▶	10,719.			10,719.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents	325.				
	b Less: rental expenses	0.				
	c Rental income or (loss)	325.				
	d Net rental income or (loss)	▶	325.			325.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	2,200.				
	b Less: cost or other basis and sales expenses	4,753. / 2,200.				
	c Gain or (loss)	<4,753.> / 0.				
	d Net gain or (loss)	▶	<4,753.>			<4,753.>
	8a Gross income from fundraising events (not including $ 33,725. of contributions reported on line 1c). See Part IV, line 18	a 35,945.				
	b Less: direct expenses	b 14,866.				
	c Net income or (loss) from fundraising events	▶	21,079.			21,079.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a 693.				
	b Less: cost of goods sold	b 0.				
	c Net income or (loss) from sales of inventory	▶	693.	693.		
	Miscellaneous Revenue	Business Code				
	11a OTHER REVENUE	900099	1,264.	1,264.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	1,264.			
	12 **Total revenue.** See instructions	▶	12934101.	1,957.	0.	27,370.

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).

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

	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 United States See Part IV, line 21	9,607,567.	9,607,567.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	107,320.	42,928.	32,196.	32,196.
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	1,040,636.	687,789.	108,963.	243,884.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	34,002.	24,733.	3,537.	5,732.
9	Other employee benefits	290,220.	243,004.	6,839.	40,377.
10	Payroll taxes	126,139.	51,150.	55,909.	19,080.
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	27,500.		27,500.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	6,438.		6,438.	
g	Other	72,081.	25,332.	31,502.	15,247.
12	Advertising and promotion	57,656.	4,666.	800.	52,190.
13	Office expenses	280,431.	104,543.	23,625.	152,263.
14	Information technology	53,918.	26,568.	10,238.	17,112.
15	Royalties				
16	Occupancy	101,441.	91,390.	4,259.	5,792.
17	Travel	61,595.	58,096.	1,064.	2,435.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,459.	4,147.	3,841.	9,471.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	164,904.	148,414.	9,894.	6,596.
23	Insurance	31,534.	13,121.	18,413.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	VOLUNTEER EXPENSES	16,294.	4,165.	1,091.	11,038.
b	MEMBERSHIP	4,782.	850.	2,000.	1,932.
c	OTHER FUNDRAISING EXPEN	1,530.			1,530.
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	12,103,447.	11,138,463.	348,109.	616,875.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		695.	1	1,097.
	2	Savings and temporary cash investments		920,313.	2	890,086.
	3	Pledges and grants receivable, net		84,162.	3	170,403.
	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		744,466.	8	1,475,789.
	9	Prepaid expenses and deferred charges		29,925.	9	57,683.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,964,842.			
	b	Less: accumulated depreciation	10b 990,522.	2,798,302.	10c	2,974,320.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		751,623.	12	697,802.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,329,486.	16	6,267,180.
Liabilities	17	Accounts payable and accrued expenses		179,266.	17	291,230.
	18	Grants payable			18	
	19	Deferred revenue		16,000.	19	40,540.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		195,266.	26	331,770.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,707,615.	27	5,368,275.
	28	Temporarily restricted net assets		326,605.	28	461,135.
	29	Permanently restricted net assets		100,000.	29	106,000.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,134,220.	33	5,935,410.
	34	Total liabilities and net assets/fund balances		5,329,486.	34	6,267,180.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,934,101.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,103,447.
3	Revenue less expenses. Subtract line 2 from line 1	3	830,654.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,134,220.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<29,464.>
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	5,935,410.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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.	2c	X	
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: [X] 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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
MARION-POLK FOOD SHARE, INC.	94-3034161

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Part II Support Schedule for Organizations Described in 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8084252.	8828881.	10413911.	11725236.	12904774.	51957054.
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	8084252.	8828881.	10413911.	11725236.	12904774.	51957054.
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						51957054.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8084252.	8828881.	10413911.	11725236.	12904774.	51957054.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,440.	21,348.	15,708.	6,453.	11,044.	77,993.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	15,445.	16,617.	18,112.	16,747.	21,079.	88,000.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			1,950.	3,029.	1,264.	6,243.
11 **Total support.** Add lines 7 through 10						52129290.
12 Gross receipts from related activities, etc. (see instructions)					12	202,098.

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 2011 (line 6, column (f) divided by line 11, column (f))	14	99.67 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.75 %

16a **33 1/3% support test - 2011.** 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 - 2010.** 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 - 2011.** 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 - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	751,623.	591,926.	463,510.	572,578.	
b	Contributions	6,000.				
c	Net investment earnings, gains, and losses	<24,028.>	159,697.	128,416.	<109,068.>	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	29,551.				
f	Administrative expenses	6,242.				
g	End of year balance	697,802.	751,623.	591,926.	463,510.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 84.70 %
b Permanent endowment ▶ 15.30 %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,142,202.	606,508.	2,535,694.
c Leasehold improvements		129,967.		129,967.
d Equipment		286,545.	113,716.	172,829.
e Other		406,128.	270,298.	135,830.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	2,974,320.

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) OREGON COMMUNITY		
(B) FOUNDATION	697,802.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	697,802.	

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) Book value
(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	12,934,101.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,103,447.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	830,654.
4	Net unrealized gains (losses) on investments	4	<29,464.>
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	<29,464.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	801,190.

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

1	*Total revenue, gains, and other support per audited financial statements*			1	12,919,503.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	<29,464.>		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	14,866.		
e	Add lines **2a** through **2d**			2e	<14,598.>
3	Subtract line **2e** from line **1**			3	12,934,101.
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	12,934,101.

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

1	Total expenses and losses per audited financial statements			1	12,118,313.
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	14,866.		
e	Add lines **2a** through **2d**			2e	14,866.
3	Subtract line **2e** from line **1**			3	12,103,447.
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	12,103,447.

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:

SPECIAL EVENT - DIRECT EXPENSES 14,866.

NONCASH DONATION ADJUSTMENT

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT - DIRECT EXPENSES 14,866.

NONCASH DONATION ADJUSTMENT

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization
MARION-POLK FOOD SHARE, INC.

Employer identification number
94-3034161

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

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

a ☐ Mail solicitations
b ☐ Internet and 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.

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

3 List all states in which the organization is registered or licensed to solicit 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 (event type)	(b) Event #2 EMPTY BOWLS (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	53,945.	15,725.		69,670.
	2 Less: Charitable contributions	18,000.	15,725.		33,725.
	3 Gross income (line 1 minus line 2)	35,945.			35,945.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,205.	661.		14,866.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(14,866.)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	21,079.

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

2011

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? [X] 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.	42,817.	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.	593,548.	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.	61,165.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
BROOKS ASSEMBLY OF GOD 9165 PORTLAND RD NE BROOKS, OR 97305	93-0853138	501(C)(3)	0.	63,682.	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.	11,578.	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.	156,562.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 81.

3 Enter total number of other organizations listed in the line 1 table ▶

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
CATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM, OR 97302	93-0903773	501(C)(3)	0.	83,401.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
CAVAZOS CENTER 220 15TH ST SE SALEM, OR 97302	93-0903773	501(C)(3)	0.	25,755.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
CHRISTIAN CENTER OF SALEM FOOD PANTRY - 1850 45TH AVE NE - SALEM, OR 97305	93-0412489	501(C)(3)	0.	65,520.	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.	261,990.	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.	356,831.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
DALLAS SEVENTH DAY ADVENTIST 589 SW BIRCH ST DALLAS, OR 97338	93-0856473	501(C)(3)	0.	132,773.	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.	11,376.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
ELLA CURRAN FOOD BANK 840 N. MAIN ST INDEPENDENCE, OR 97381	93-0797524	501(C)(3)	0.	112,157.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
FALLS CITY SEVENTH DAY ADVENTIST PO BOX 430 FALLS CITY, OR 97344	93-0440796	501(C)(3)	0.	32,561.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
FIRST CHRISTIAN CHURCH 402 N. FIRST ST. SILVERTON, OR 97381	93-0549197	501(C)(3)	0.	58,401.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
GRAND RONDE COMMUNITY RS CTR PO BOX 551 GRAND RONDE, OR 97347	93-1265867	501(C)(3)	0.	244,880.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HELP & HOPE TO OTHERS (H20) PO BOX 1163 DALLAS, OR 97338	93-1127258	501(C)(3)	0.	24,741.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOAP/NORTHWEST HUMAN SERVICES 681 CENTER ST NE SALEM, OR 97301	93-0605570	501(C)(3)	0.	9,277.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOME YOUTH & RESOURCE CENTER/MWVCAA - 625 UNION ST NE - SALEM, OR 97301	93-1128811	501(C)(3)	0.	10,780.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOST TRANSITION/NORTHWEST HUMAN SERVICES - 681 CENTER ST NE - SALEM, OR 97301	93-0605570	501(C)(3)	0.	21,863.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOST SHELTER/NORTHWEST HUMAN SERVICES - 681 CENTER ST NE - SALEM, OR 97301	93-0605570	501(C)(3)	0.	8,496.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOUSE OF ZION 1430 E. CLEVELAND ST WOODBURN, OR 97071	93-0871543	501(C)(3)	0.	139,447.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
JAMES 2 COMMUNITY KITCHEN 565 SE LACREOLE DR DALLAS, OR 97338	26-4033875	501(C)(3)	0.	46,074.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
JASON LEE UNITED METHODIST FOOD BANK - PO BOX 6061 - SALEM, OR 97304	93-0406417	501(C)(3)	0.	156,542.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
KEIZER COMMUNITY FOOD BANK 4505 RIVER RD N KEIZER, OR 97303	93-0514483	501(C)(3)	0.	394,478.	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.	41,595.	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.	133,235.	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.	305,582.	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.	48,579.	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.	41,025.	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.	69,908.	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.	100,037.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
MONMOUTH CHRISTIAN CHURCH/HELPING HANDS - 959 CHURCH ST W - MONMOUTH, OR 97361	93-0419360	501(C)(3)	0.	73,793.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MT. ANGEL COMMUNITY CENTER PO BOX 910 MT. ANGEL, OR 97362	93-0760842	501(C)(3)	0.	14,145.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NEW HARVEST CHURCH 4290 PORTLAND RD NE SALEM, OR 97301	20-0692421	501(C)(3)	0.	95,678.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NEW LIFE COMMUNITY CHURCH PO BOX 4136 SALEM, OR 97302	93-1246546	501(C)(3)	0.	124,242.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NORTHGATE COMMUNITY CHURCH 3193 SILVERTON RD NE SALEM, OR 97305	58-0904463	501(C)(3)	0.	98,902.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NWHS CRISIS & INFORMATION HOTLINE 355 BELMONT ST NE SALEM, OR 97301	93-0738493	501(C)(3)	0.	5,172.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
OREGON CHILD DEVELOPMENT CENTER PO BOX 263 WOODBURN, OR 97071	91-0591240	501(C)(3)	0.	21,581.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
PAULINE MEMORIAL/AME ZION CHURCH 3593 SUNNYVIEW RD SALEM, OR 97303	93-1037528	501(C)(3)	0.	153,316.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
PEOPLE'S CHURCH 4500 LANCASTER DR NE SALEM, OR 97305	93-0513504	501(C)(3)	0.	142,664.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
PRECIOUS CHILDREN/SALEM EVANGELICAL CHURCH - 455 LOCUST ST NE - SALEM, OR 97303	93-0569204	501(C)(3)	0.	166,404.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ 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.	178,861.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
ROBERT LINDSEY TOWERS/CITY OF SALEM HOUSING AUTHORITY - 360 CHURCH ST SE - SALEM, OR 97302	93-0582087	501(C)(3)	0.	8,109.	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.	7,319.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SACRED HEART/GERVAIS 680 ELM ST GERVAIS, OR 97026	93-0459186	501(C)(3)	0.	189,807.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SAFE HAVEN/NW HUMAN SERVICES 681 CENTER ST NE SALEM, OR 97301	93-0605570	501(C)(3)	0.	9,670.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SALEM OUTREACH SHELTER/YWCA 2933 CENTER ST NE SALEM, OR 97301	95-7209070	501(C)(3)	0.	25,249.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SCOTTS MILLS COMMUNITY CENTER FOOD PANTRY - PO BOX 196 - SCOTTS MILLS, OR 97375	93-0850377	501(C)(3)	0.	68,227.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SEVENTH DAY ADVENTIST COMMUNITY RESOURCE CENTER - 1860 SUMMER ST NE - SALEM, OR 97301	93-0441769	501(C)(3)	1,625.	86,798.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
SPANISH SEVENTH DAY ADVENTIST/SALEM - 4625 CORDON RD NE - SALEM, OR 97305	26-4389184	501(C)(3)	0.	235,750.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SHARED BLESSINGS/WESTGATE ASSEMBLY OF GOD - PO BOX 5990 - SALEM, OR 97304	93-0579568	501(C)(3)	0.	348,719.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SILVERTON AREA COMMUNITY AID PO BOX 1305 SILVERTON, OR 97381	93-0884237	501(C)(3)	0.	117,323.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SILVER CREEK FELLOWSHIP/MISSION OF HOPE - PO BOX 626 - SILVERTON, OR 97381	93-0966117	501(C)(3)	1,950.	664,323.	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.	76,020.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SOUTH SALEM FRIENDS CHURCH 1140 BAXTER RD SE SALEM, OR 97306	93-6014035	501(C)(3)	0.	31,939.	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.	44,376.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
ST. LUKE'S/SOCIETY OF ST. VINCENT DE PAUL - PO BOX 418 - DONALD, OR 97020	93-0762880	501(C)(3)	0.	132,812.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
ST. MONICA YOUNG MOTHER HOME PO BOX 20400 SALEM, OR 97302	93-1069694	501(C)(3)	0.	8,957.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
ST. TERESA YOUNG MOTHER HOME PO BOX 20400 SALEM, OR 97302	93-1069694	501(C)(3)	0.	10,928.	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.	640,682.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
STAYTON COMMUNITY FOOD BANK 155 2ND ST STAYTON, OR 97383	93-0805665	501(C)(3)	0.	82,859.	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.	97,330.	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.	233,015.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
THE SALVATION ARMY LODGE PO BOX 7047 SALEM, OR 97301	91-1156347	501(C)(3)	0.	96,931.	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.	305,492.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
TURNER CHRISTIAN CHURCH FOOD BANK 7871 MARION RD SE TURNER, OR 97392	93-0508312	501(C)(3)	0.	38,713.	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.	38,388.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
SIMONKA PLACE WOMEN & CHILDREN MISSION/UNION GOSPEL MISSION - PO BOX 431 - SALEM, OR 97301	93-0457267	501(C)(3)	0.	13,502.	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.	101,822.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
WILLAMETTE ACADEMY YOUTH PROGRAM 900 STATE ST SALEM, OR 97301	93-0386972	501(C)(3)	0.	11,253.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
WILLAMETTE VALLEY HOSPICE AFTER HOUR BOX - 1015 3RD ST NW - SALEM, OR 97304	93-0738493	501(C)(3)	0.	5,915.	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.	72,028.	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.	141,370.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SOUTH EAST NEIGHBORHOOD COMMUNITY CENTER - 425 19TH ST SE - SALEM, OR 97301	93-0562924	501(C)(3)	0.	9,522.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOPE ON WHEELS 4455 SILVERTON RD NE SALEM, OR 97305	20-8183145	501(C)(3)	0.	24,844.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
CITY VIBE 3094 GEHLAR RD NW SALEM, OR 97304	94-3209636	501(C)(3)	0.	25,006.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
FAMILY BUILDING BLOCKS 2425 LANCASTER DR NE SALEM, OR 97305	93-0562924	501(C)(3)	0.	14,213.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
EARLY COLLEGE HIGH SCHOOL 4071 WINEMA PL NE, BLDG 50 SALEM, OR 97305	93-0831467	501(C)(3)	0.	7,647.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NEW HOPE FOURSQUARE CHURCH 4963 SWEGLE RD NE SALEM, OR 97305	95-1684062	501(C)(3)	188.	45,680.	DONATED FOOD @ $1.50/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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.

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

2011

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	X	1	2,200.	MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	1,981.	MARKET VALUE
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	785	10,043,755.	SEE SCHEDULE O
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (WARMING CARTS)	X	1	17,432.	DONOR VALUE
26	Other ▶ (PLANTS, SEEDS)	X	32	12,047.	DONOR VALUE
27	Other ▶ (OTHER MISCELL)	X	15	5,120.	DONOR VALUE
28	Other ▶ ( )				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

2011

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 LOSSES ON INVESTMENTS: -29,464.

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, 2012, AND ADOPTED BY THE BOARD OF DIRECTORS AS A FIXED PRICE PER POUND RATE.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
MARION-POLK FOOD SHARE, INC.

Employer identification number
94-3034161

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
CORE FOOD RESOURCE TRUST - 27-2773359 1660 SALEM INDUSTRIAL DRIVE NE SALEM, OR 97301-0374	TO PROVIDE FOOD TO HUNGER RELIEF ORGANIZATIONS	OREGON	501(C)(3)	LINE 9	N/A		X

Part III ***Identification of Related Organizations Taxable as a Partnership*** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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.		Yes	No
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	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Sale of assets to related organization(s)	1f		X
g Purchase of assets from related organization(s)	1g		X
h Exchange of assets with related organization(s)	1h		X
i Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X	
n Sharing of paid employees with related organization(s)	1n		X
o Reimbursement paid to related organization(s) for expenses	1o		X
p Reimbursement paid by related organization(s) for expenses	1p		X
q Other transfer of cash or property to related organization(s)	1q		X
r Other transfer of cash or property from related organization(s)	1r		X

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 VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) orgs? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

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

Form **8868**
(Rev January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- 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 or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return See instructions	MARION-POLK FOOD SHARE, INC.	[X] 94-3034161
	Number, street, and room or suite no. If a P.O. box, see instructions. 1660 SALEM INDUSTRIAL DRIVE NE	Social security number (SSN) [ ]
	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) . . [0 1]

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	01	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

- The books are in the care of ▶ RYAN LOVETT 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, 2013, to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2011, and ending JUN 30, 2012.

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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return See instructions	MARION-POLK FOOD SHARE, INC.	[X] 94-3034161
	Number, street, and room or suite no. If a P.O box, see instructions. 1660 SALEM INDUSTRIAL DRIVE NE	Social security number (SSN) [ ]
	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) [0 1]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ RYAN LOVETT 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.

4 I request an additional 3-month extension of time until MAY 15, 2013.

5 For calendar year _____, or other tax year beginning JUL 1, 2011, and ending JUN 30, 2012.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a	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.	8a	$	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 and any amount paid previously with Form 8868.	8b	$	0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ CPA Date ▶ 9-12-13

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