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

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

4a	(Code) (Expenses \$ 13,310,456 including grants of \$ 10,563,085) (Revenue \$)
	FOOD FOR LANE COUNTY ADMINISTERS INNOVATIVE PROGRAMS THAT RESPOND TO THE IMMEDIATE CRISIS OF HUNGER AND HELP INDIVIDUALS AND FAMILIES ADDRESS CHRONIC FOOD INSECURITY THROUGH SELF-SUFFICIENCY AND EDUCATION WE DISTRIBUTED 7.8 MILLION POUNDS OF FOOD THROUGH OUR 124 PARTNER AGENCIES IN 2012-2013 THE LARGEST PROGRAM, THE EMERGENCY FOOD BOX PROGRAM, SERVED A TOTAL OF 68,752 INDIVIDUALS IN LANE COUNTY WE ALSO RECRUITED, TRAINED AND MOBILIZED THOUSANDS OF COMMUNITY VOLUNTEERS WHO DONATED 69,402 HOURS TO THIS HUNGER RELIEF EFFORT

[illegible][illegible]

4d	Other program services (Describe in Schedule O)			
	(Expenses \$	including grants of \$	) (Revenue \$	)

4e	Total program service expenses	13,310,456
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Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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	No
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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
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 Yes	
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 Yes	
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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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 and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
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)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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.	2	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c			
2a		195	
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a		Yes	
7b		Yes	
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9 Sponsoring organizations maintaining donor advised funds.			
9a			
9b			
10 Section 501(c)(7) organizations. Enter			
10a			
10b			
11 Section 501(c)(12) organizations. Enter			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a			No
14b			

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
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	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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	Yes
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	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
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	No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
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	
FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR (541) 343-2822		

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) KATRINA LUTHER DIRECTOR	1 00	X						0	0	0
(2) ROBIN BROWN-WOOD DIRECTOR	1 00	X						0	0	0
(3) ERIK VOS TREASURER	1 00	X		X				0	0	0
(4) ANDREA ORTIZ DIRECTOR	1 00	X						0	0	0
(5) DAVID SCHUMAN VICE CHAIR	1 00	X		X				0	0	0
(6) MICHAEL DRENNAN DIRECTOR	1 00	X						0	0	0
(7) DEANNE UNRUH PAST CHAIR	1 00	X						0	0	0
(8) AMANDA NOBEL FLANNERY DIRECTOR	1 00	X						0	0	0
(9) CHUCK HAUCK DIRECTOR	1 00	X						0	0	0
(10) SHELDON RUBIN SECRETARY	1 00	X		X				0	0	0
(11) SCOTT KITCHEL CHAIR	1 00	X		X				0	0	0
(12) MEGAN WUEST DIRECTOR	1 00	X						0	0	0
(13) BRAD BLACK DIRECTOR	1 00	X						0	0	0
(14) STEPHEN MALLERY DIRECTOR	1 00	X						0	0	0
(15) GARY POWELL DIRECTOR	1 00	X						0	0	0
(16) BEVERLEE HUGHES EXECUTIVE DI	40 00			X				84,272	0	8,817
(17) TAUNA STEPHENS FINANCIAL DI	40 00			X				52,379	0	7,682

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							136,651			16,499

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: **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 ►

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	210,086				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,493,122				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,691,860				
	g	Noncash contributions included in lines 1a-1f \$		10,303,833				
	h	Total. Add lines 1a-1f		13,395,068				
Program Service Revenue	2a	PROGRAM INCOME	Business Code	109,304		109,304		
	b	RENTAL INCOME		11,830		11,830		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		121,134				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	26,343			26,343	
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			14,745					
b		Less cost or other basis and sales expenses						
c		Gain or (loss)	14,745					
d		Net gain or (loss)	14,745	14,745				
8a		Gross income from fundraising events (not including \$ 210,086 of contributions reported on line 1c) See Part IV, line 18	a	311,930				
			b	Less direct expenses	172,930			
			c	Net income or (loss) from fundraising events . .	139,000			
9a	Gross income from gaming activities See Part IV, line 19	a						
		b	Less direct expenses					
		c	Net income or (loss) from gaming activities . .					
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold					
		c	Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS		39,402			39,402		
		b						
		c						
		d	All other revenue					
		e	Total. Add lines 11a-11d	39,402				
12	Total revenue. See Instructions		13,735,692	14,745		186,879		

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)

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	9,344,569	9,344,569		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,218,516	1,218,516		
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	155,471	9,429	127,519	18,523
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	1,811,294	1,412,971	113,785	284,538
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,406	34,972		7,434
9 Other employee benefits	287,542	225,661	11,836	50,045
10 Payroll taxes	223,693	174,349	20,886	28,458
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	19,333	15,803	1,589	1,941
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	43,260	11,490	29,295	2,475
12 Advertising and promotion	97,482			97,482
13 Office expenses	38,015	27,463	6,190	4,362
14 Information technology				
15 Royalties				
16 Occupancy	103,644	87,978	6,067	9,599
17 Travel	54,545	45,108	7,327	2,110
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	125,885	92,210	18,917	14,758
23 Insurance	20,434	16,371	1,580	2,483
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 FOOD PURCHASES	272,945	272,945		
b PROGRAM SUPPLIES AND SERV	120,476	117,850	1,351	1,275
c DELIVERY AND VEHICLE EXPE	81,057	80,819	92	146
d EQUIPMENT, RENTALS, LEASE	64,046	51,632	6,216	6,198
e All other expenses	92,776	70,320	9,450	13,006
25 Total functional expenses. Add lines 1 through 24e	14,217,389	13,310,456	362,100	544,833
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

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

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			525	1	525
	2	Savings and temporary cash investments			1,584,585	2	521,724
	3	Pledges and grants receivable, net			261,377	3	91,195
	4	Accounts receivable, net			3,843	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other 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) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			989,047	8	692,849
	9	Prepaid expenses and deferred charges			2,199	9	10,027
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,185,106			
	b	Less accumulated depreciation	10b	1,495,175	2,706,865	10c	2,689,931
	11	Investments—publicly traded securities			49,808	11	979,210
	12	Investments—other securities See Part IV, line 11			1,042,295	12	1,301,191
	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)			6,640,544	16	6,286,652	
Liabilities	17	Accounts payable and accrued expenses			171,696	17	157,343
	18	Grants payable				18	
	19	Deferred revenue			4,128	19	15,908
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other 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			175,824	26	173,251
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			5,236,773	27	5,178,819
	28	Temporarily restricted net assets			1,183,823	28	889,408
	29	Permanently restricted net assets			44,124	29	45,174
	Organizations that do not follow SFAS 117 (ASC 958), 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			6,464,720	33	6,113,401
	34	Total liabilities and net assets/fund balances			6,640,544	34	6,286,652

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,735,692
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,217,389
3	Revenue less expenses Subtract line 2 from line 1	3	-481,697
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,464,720
5	Net unrealized gains (losses) on investments	5	130,378
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,113,401

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization FOOD FOR LANE COUNTY	Employer identification number 93-0888347
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches 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 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated

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?

h

☐

Provide the following information about the supported organization(s)

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

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,650,302	11,904,522	12,715,578	14,441,346	13,395,068	64,106,816
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,650,302	11,904,522	12,715,578	14,441,346	13,395,068	64,106,816
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						64,106,816

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	11,650,302	11,904,522	12,715,578	14,441,346	13,395,068	64,106,816
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,458	19,838	37,633	18,987	26,343	126,259
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	10,190	5,663	10,034	61,155	160,536	247,578
11 Total support (Add lines 7 through 10)						64,480,653
12 Gross receipts from related activities, etc (see instructions)					12	311,930
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99 420 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	99 620 %
16a 33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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 IIISupport 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization FOOD FOR LANE COUNTY	Employer identification number 93-0888347
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes☐ No	

Part II

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

1

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

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

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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 XIII, 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 XIII, 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 XIII
- 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 XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,092,103	677,789	294,953	46,743	
b Contributions	154,585	436,871	329,088	253,000	
c Net investment earnings, gains, and losses	147,246	4,615	5	-3,075	
d Grants or scholarships	26,750		3,030		
e Other expenditures for facilities and programs				3,030	
f Administrative expenses	15,130	8,242	4,118	185	
g End of year balance	1,352,054	1,092,103	677,789	293,453	

2

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

a

Board designated or quasi-endowment ▶ 96 240 %

b

Permanent endowment ▶ 3 760 %

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐

4

Describe in Part XIII 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		290,492		290,492
b Buildings		3,115,795	942,767	2,173,028
c Leasehold improvements		15,779	2,104	13,675
d Equipment		763,040	550,304	212,736
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				2,689,931

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

1	Total revenue, gains, and other support per audited financial statements	1	14,063,595
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	130,378
b	Donated services and use of facilities	2b	24,595
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	172,930
e	Add lines 2a through 2d	2e	327,903
3	Subtract line 2e from line 1	3	13,735,692
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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	13,735,692

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

1	Total expenses and losses per audited financial statements	1	14,414,914
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	24,595
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	172,930
e	Add lines 2a through 2d	2e	197,525
3	Subtract line 2e from line 1	3	14,217,389
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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	14,217,389

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

Identifier	Return Reference	Explanation
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	SPECIAL EVENT EXPENSES - ADD BACK TO REVENUES 172,930
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENTS EXPENSES 172,930

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	(b) Event #2	(c) Other events	(d) Total events
		EMPTY BOWLS (event type)	CHEFS NIGHT OUT (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	418,051	103,965	522,016
	2	Less Contributions . . .	209,186	900	210,086
	3	Gross income (line 1 minus line 2)	208,865	103,065	311,930
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	8,566		8,566
	7	Food and beverages .	3,761	1,096	4,857
	8	Entertainment	450		450
	9	Other direct expenses .	135,754	23,303	159,057
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(172,930)
	11	Net income summary Combine line 3, column (d), and line 10 ▶			139,000

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			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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 _____

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 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).

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
FOOD FOR LANE COUNTY

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

2012

Open to Public
Inspection

Employer identification number
93-0888347

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

105

3

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

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
(1) FOOD	363849		1,218,516 FMV		FOOD

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

Software ID:

Software Version:

EIN: 93-0888347

Name: FOOD FOR LANE COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHEL FOOD PANTRY (BETHESDA LUTHER4445 ROYAL AVENUE EUGENE,OR 97402	93-0358654	3		202,969	FMV-INDSTR	FOOD	EMERGENCY FOOD
CATHOLIC COMMUNITY SERVICES-EUGENE1464 W 6TH AVENUE EUGENE,OR 97401	93-0409105	3		846,333	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC COMMUNITY SERVICES-SPRINGFIELD,OR 974771025 G STREET	93-0409105	3	2,000	976,979	FMV-INDSTR	FOOD	EMERGENCY FOOD
CENTER POINT SCHOOL 1790 W 11TH AVE EUGENE,OR 97402	93-0605174	3		5,247	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO LATINO AMERICANO944 W 5TH AVENUE EUGENE,OR 97402	93-0638731	3		6,231	FMV-INDSTR	FOOD	EMERGENCY FOOD
COBURG FOOD PANTRY-METHODIST CHURCH 91352 N COBURG ROAD EUGENE,OR 97408	93-0844887	3		33,724	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOOD FOR CRESWELL565 OREGON AVENUE CRESWELL, OR 97426	46-0468527	3		125,081	FMV-INDSTR	FOOD	EMERGENCY FOOD
COMMUNITY FOOD FOR CRESWELL RURAL565 OREGON AVENUE CRESWELL, OR 97426	46-0468527	3		51,748	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SHARINGPO BOX 351 COTTAGE GROVE,OR 97424	93-0848793	3		425,945	FMV-INDSTR	FOOD	EMERGENCY FOOD
COMMUNITY SHARING RURAL DELIVERY1340 BIRCH COTTAGE GROVE,OR 97424	93-0848793	3		161,210	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COTTAGE GROVE GLEANERS1239 E ADAMS COTTAGE GROVE,OR 97424	71-0919896	3		54,015	FMV-INDSTR	FOOD	EMERGENCY FOOD
CROSSFIRE FIELD OF DREAMS (CHURCH)942 28TH STREET SPRINGFIELD,OR 97477	93-0721017	3		61,449	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSFIRE HANDS OF HOPE PANTRY942 28TH STREET SPRINGFIELD,OR 97477	93-0721017	3		269,249	FMV-INDSTR	FOOD	EMERGENCY FOOD
CROW-APPLEGATE RURAL DELIVERY25735 CROW ROAD CROW,OR 97401	93-0763431	3		31,376	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAILY BREAD89780 NORTH GAME FARM ROAD EUGENE,OR 97408		3		356,473	FMV-INDSTR	FOOD	EMERGENCY FOOD
DEXTER FOOD PANTRY (ST HENRYCATHO38925 DEXTER ROAD DEXTER,OR 97431		3		153,115	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEXTER RURAL DELIVERY 38925 DEXTER ROAD DEXTER, OR 97431		3		9,025	FMV-INDSTR	FOOD	EMERGENCY FOOD
ECM STUDENT PANTRY 1329 E 19TH AVE EUGENE, OR 97403		3		19,281	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERALD COMMUNITY FOOD PANTRY1275 POLK ST EUGENE,OR 97402	93-0549914	3		74,590	FMV-INDSTR	FOOD	EMERGENCY FOOD
FAITH CENTER FOOD PANTRY1410 W 13TH AVENUE EUGENE,OR 97402	93-0588948	3		84,809	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HOUSING PROGRAM969 HWY 99 N EUGENE,OR 97402	93-7115003	3		8,899	FMV-INDSTR	FOOD	EMERGENCY FOOD
FATHER'S HOUSE THE1171 FAIRFIELD AVE EUGENE,OR 97402	26-0130848	3		7,622	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FATHER'S HOUSE GENERATION NOWTHE 1171 FAIRFIELD AVE EUGENE,OR 97402	26-0130848	3		10,747	FMV-INDSTR	FOOD	EMERGENCY FOOD
FERN RIDGE CONNECTION - GLEANERSPO BOX 1526 VENETA,OR 97487	93-0848735	3		116,338	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FFLC-EMERGENCY RESPONSE770 BAILEY HILL RD EUGENE,OR 97402	93-0888347	3		65,328	FMV-INDSTR	FOOD	EMERGENCY FOOD
FIRST CHRISTIAN CHURCH 1166 OAK ST EUGENE,OR 97401	93-0419358	3	1,000	33,953	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORENCE FOOD SHARE O BOX 2514 FLORENCE,OR 97439	45-0586900	3		317,770	FMV-INDSTR	FOOD	EMERGENCY FOOD
FLORENCE FOOD SHARE RURAL DELIVERY2190 SPRUCE STREET FLORENCE,OR 97439	93-1053932	3		34,568	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE PEOPLE-OASIS MINISTRIES2717 STARK STREET EUGENE,OR 97404	93-1306231	3		12,704	FMV-INDSTR	FOOD	EMERGENCY FOOD
GLEANERS - MID LANE 88419 TERRITORIAL HWY VENETA,OR 97487	93-0848735	3		58,280	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOD'S FOOD BOX- ALVADORE27373 8TH STREET ALVADORE,OR 97409	93-0558824	3		61,922	FMV-INDSTR	FOOD	EMERGENCY FOOD
GOD'S FOOD BOX- ALVADORE - RURAL DEL 27373 8TH STREET ALVADORE,OR 97409	93-0558824	3		13,768	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOD'S STOREHOUSEP O BOX 98 HARRISBURG,OR 97446	93-1078299	3		95,334	FMV-INDSTR	FOOD	EMERGENCY FOOD
GOLDSON GRANGE23479 HWY 36 CHESHIRE,OR 97419	93-0243395	3		57,618	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDSON GRANGE RURAL DELIVERY23479 HWY 36 BLACHLY,OR 97419	93-0243395	3		10,091	FMV-INDSTR	FOOD	EMERGENCY FOOD
HELPING HAND (ASSEMBLY OF GOD CHURC92027 MARCOLA ROAD MARCOLA,OR 97454	93-0822058	3		89,802	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILL TOP FOOD PANTRY 25735 CROW ROAD EUGENE,OR 97402	93-0763431	3		130,166	FMV-INDSTR	FOOD	EMERGENCY FOOD
HOSEA YOUTH SERVICES 834 MONROE STREET EUGENE,OR 97402	93-6097252	3		18,042	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSEPHINE COUNTY FOOD SHARE317 NW B ST GRANTS PASS,OR 97526	31-1661916	3		77,851	FMV-INDSTR	FOOD	EMERGENCY FOOD
JUNCTION CITY LOCAL AID265 W 6TH STREET JUNCTION CITY,OR 97448	93-1294436	3	2,000	154,501	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LARRY COLLINS MEMORIAL PANTRY255 MAXWELL ROAD EUGENE,OR 97404	93-0730352	3		43,323	FMV-INDSTR	FOOD	EMERGENCY FOOD
LEABURG COMMUNITY CUPBOARD89055 WHITEWATER RD SPRINGFIELD,OR 97478		3	469	34,536	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINN BENTON FOOD SHARE545 SW SECOND SUITE A CORVALLIS,OR 97333	93-1099406	3		84,167	FMV-INDSTR	FOOD	EMERGENCY FOOD
LOOKING GLASS PATHWAYS PROGRAM2655 MLK BLVD EUGENE,OR 97401	93-0605174	3		39,459	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOOKING GLASS-PRD PROGRAM2656 MLK BLVD EUGENE,OR 97401	93-0605174	3		20,220	FMV-INDSTR	FOOD	EMERGENCY FOOD
LOOKING GLASS - STATION 7 EMERGENCY 2485 ROOSEVELT BVLD EUGENE,OR 97402	93-0605174	3		12,846	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWELL FOOD PANTRY (FALL CREEK CHRI72 EAST 2ND STREET LOWELL, OR 97452	59-3831352	3	659	117,900	FMV-INDSTR	FOOD	EMERGENCY FOOD
LOWELL FOOD PANTRY RURAL DELIVERY72 EAST 2ND STREET LOWELL, OR 97452	94-3034161	3		43,781	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADE ACADEMY1175 G STREET SPRINGFIELD,OR 97477	93-0504196	3		14,156	FMV-INDSTR	FOOD	EMERGENCY FOOD
MAINSTREAM HOUSING 325 A STREET SPRINGFIELD,OR 97477		3		5,682	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAPLETON FOOD SHARE 11794 MAPLE AVE MAPLETON,OR 97453	93-0821848	3		87,501	FMV-INDSTR	FOOD	EMERGENCY FOOD
MCKENZIE RIVER GROUP (BLUE RIVER LI51187 BLUE RIVER DR BLUE RIVER,OR 97413	94-3060866	3		75,689	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID LANE LOVE PROJECT PO BOX 1137 VENETA,OR 97487	93-0848735	3		370,261	FMV-INDSTR	FOOD	EMERGENCY FOOD
NETWORK CHARTER SCHOOL 45 W BROADWAY SUITE 201 EUGENE,OR 97401	81-0561521	3		18,514	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIFE CHURCH2080 19TH ST SPRINGFIELD,OR 97477	93-0473173	3	469	7,014	FMV-INDSTR	FOOD	EMERGENCY FOOD
NEW ROADS941 W 7TH AVE EUGENE,OR 97402	93-0605174	3		33,810	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKRIDGE FOOD PANTRY- UWCD CP O BOX 677 OAKRIDGE, OR 97463	93-1105185	3		420,934	FMV-INDSTR	FOOD	EMERGENCY FOOD
OAKRIDGE FOODBOX AGENCY RURAL DELI 47674 SCHOOL STREET OAKRIDGE, OR 97463	93-1105185	3		180,197	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON FOOD BANKPO BOX 55370 PORTLAND,OR 97238	93-0785786	3		48,428	FMV-INDSTR	FOOD	EMERGENCY FOOD
OREGON SUPPORTED LIVING PRGM1250 CHARNELTON EUGENE,OR 97401	94-3074344	3		11,241	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RELIEF NURSERY1720 W 25TH AVE EUGENE,OR 97405	93-0784800	3		20,426	FMV-INDSTR	FOOD	EMERGENCY FOOD
SALVATION ARMY-EUGENE640 W 7TH AVENUE EUGENE,OR 97440	94-1156347	3		234,531	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY- SPRINGFIELDPO BOX 1472 SPRINGFIELD,OR 97477	94-1156347	3	469	100,767	FMV-INDSTR	FOOD	EMERGENCY FOOD
SHELTERCARE - BRETHREN HOUSING1062 MAIN STREET SPRINGFIELD,OR 97477	23-7115003	3		37,785	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTERCARE - ROYAL AVENUE PROGRAMPO BOX 23338 EUGENE,OR 97402	23-7115003	3		15,145	FMV-INDSTR	FOOD	EMERGENCY FOOD
SHELTERCARE - SAFE HAVENPO BOX 23338 EUGENE,OR 97402	93-7115003	3		9,651	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEPHERD'S HANDP O BOX 69 JUNCTION CITY,OR 97448	51-0437757	3		9,736	FMV-INDSTR	FOOD	EMERGENCY FOOD
SOARING HOPEPO BOX 72411 SPRINGFIELD,OR 97477	93-0409105	3	137	31,097	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

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ST JOHN BOSCO HOUSE 4488 KNOOP AVENUE EUGENE,OR 97402	93-1252152	3	1,119	5,266	FMV-INDSTR	FOOD	EMERGENCY FOOD
ST MARY'S KITCHEN1062 CHARNELTON EUGENE,OR 97401	93-0421473	3		9,151	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL SOCIETY OF LANEPO BOX 24608 EUGENE,OR 97402	93-0454786	3		1,041,088	FMV-INDSTR	FOOD	EMERGENCY FOOD
SVDP - EGAN MEMORIAL WARMING CNTR (2515 MARTIN LUTHERKING JR BLVD EUGENE,OR 97401	93-0454786	3		14,270	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SVDP - FIRST PLACE FAMILY DEV CENT1994 AMAZON PKWY EUGENE,OR 97402	93-0454786	3		40,227	FMV-INDSTR	FOOD	EMERGENCY FOOD
SVDP - INTERFAITH EMERGENCY SHELTER2890 CHAD DR EUGENE,OR 97408	93-0454786	3		11,946	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SVDP - SERVICE STATION 450 B HWY 99 NORTH EUGENE,OR 97402	93-0454786	3		155,960	FMV-INDSTR	FOOD	EMERGENCY FOOD
SVDP - TURKEY DRIVE 2890 CHAD DR EUGENE,OR 97408	93-0454789	3		29,469	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TLC COMMUNITY KITCHEN (TRINITY LUTH675 S 7TH COTTAGE GROVE,OR 97424	23-7051226	3		9,697	FMV-INDSTR	FOOD	EMERGENCY FOOD
TRIANGLE LAKE FOOD BOX 91000 NELSON MTN ROAD DEADWOOD,OR 97430	42-1603478	3		75,224	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIANGLE LAKE RURAL DELIVERY18498 HWY 36 BLACHLY,OR 97412	43-1603478	3		56,712	FMV-INDSTR	FOOD	EMERGENCY FOOD
VALLEY UNITED METHODIST CHURCH POBOX 337 VENETA,OR 97487	93-0704999	3		8,430	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLAMETTE FAMILY TREATMENT687 CHESHIRE AVE EUGENE,OR 97401	93-0569684	3	469	19,533	FMV-INDSTR	FOOD	EMERGENCY FOOD
WILLAMETTE FAMILY TREATMENT-CARLTON687 CHESHIRE AVE EUGENE,OR 97401	93-0569684	3		28,637	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMENSPACE SHELTERP O BOX 50127 EUGENE,OR 97405	93-0692905	3		21,218	FMV-INDSTR	FOOD	EMERGENCY FOOD
WOMENSPACE ADVOCACY CENTERPO BOX 50127 EUGENE,OR 97405	93-0692906	3		14,866	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH MOVE72A CENTENNIAL LOOP SUITE 150 EUGENE,OR 97401	93-1114601	3		10,997	FMV-INDSTR	FOOD	EMERGENCY FOOD

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

2012

Open to Public Inspection

Name of the organization
FOOD FOR LANE COUNTY

Employer identification number
93-0888347

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	35,794	
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	3	10,178,391	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
OTHER				
25 Other ► (GOODS)	X	4	89,648	
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

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

32a

No

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

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

Cat No 51227J

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization FOOD FOR LANE COUNTY	Employer identification number 93-0888347
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	FOOD FOR LANE COUNTY IS A PRIVATE, NONPROFIT FOOD BANK DEDICATED TO ALLEVIATING HUNGER BY CREATING ACCESS TO FOOD WE ACCOMPLISH THIS BY SOLICITING, COLLECTING, RESCUING, GROWING, PREPARING AND PACKAGING FOOD FOR DISTRIBUTION TO A NETWORK OF SOCIAL SERVICE AGENCIES AND PROGRAMS, AND THROUGH PUBLIC AWARENESS, EDUCATION AND COMMUNITY ADVOCACY WE DISTRIBUTE PRODUCTS TO FOOD PANTRIES, MEAL SITES, SHELTERS, AFFORDABLE HOUSING SITES, AND NON-EMERGENCY PROGRAMS
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS REPACKAGE RESCUED FOOD, SORT & CLEAN DONATED PRODUCE AND CANNED FOOD FROM FOOD DRIVES, PREPARE LUNCHES FOR KIDS IN THE SUMMER, PERFORM A VARIETY OF GARDEN ACTIVITIES, PREPARE AND SERVE MEALS IN OUR DINING ROOM, DELIVER FOOD BOXES TO SENIORS, PROVIDE OFFICE ASSISTANCE, AND ASSIST WITH MAJOR FUND RAISING EVENTS
ANY SIGNIFICANT NEW PROGRAM SERVICES NOT LISTED ON A PRIOR RETURN	FORM 990, PAGE 2, PART III, LINE 2	FOOD FOR LANE COUNTY EXPANDED ITS BROWN BAG PROGRAM THAT SERVES SENIORS FROM 50 TO 221 RECIPIENTS ALSO DURING THIS YEAR, NUTRITION EDUCATION AND PRODUCE DISTRIBUTION PROGRAMS WERE ADDED
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE CPA WILL REVIEW THE RETURN WITH THE BUDGET & FINANCE COMMITTEE, THE TREASURER WILL THEN GIVE A REPORT TO THE FULL BOARD AT THEIR NEXT MEETING THE 990 WILL THEN BE APPROVED BY THE BOARD OF DIRECTORS BEFORE IT IS FILED
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS ARE PROVIDED A BOARD MEMBER NOTEBOOK THAT CONTAINS FFLC'S BOARD AGREEMENT WHICH INCLUDES A CONFLICT OF INTEREST POLICY EACH YEAR, WE REVIEW AND UPDATE THE ENTIRE BOARD AGREEMENT AND EVERY BOARD MEMBERS SIGNS AN ANNUAL ACKNOWLEDGEMENT OF RECEIPT AND AGREEMENT TO COMPLY FORM
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE EXECUTIVE DIRECTOR IS BASED ON A CASCADE EMPLOYERS ASSOCIATION WAGE STUDY ,THEN DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE MANAGEMENT TEAM CREATED A PAY GRADE & WAGE INCREASE SCHEDULE WHICH COVERS 11 STEPS OR GRADES THESE VALUES ARE COMPILED FROM WAGE DATA SURVEYS FROM CASCADE EMPLOYERS ASSN ALL EMPLOYEES INCLUDING THE FINANCE DIRECTOR ARE NOW COMPENSATED USING THIS SCHEDULE
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	ALL DOCUMENTS ARE AVAILABLE UPON REQUEST
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	SPECIAL EVENT EXPENSES - ADD BACK TO REVENUES 172,930 SPECIAL EVENTS EXPENSES -172,930