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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
MARION-POLK FOOD SHARE INC

Doing Business As

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

City or town, state or country, and ZIP + 4
SALEM, OR 973010374

D Employer identification number
94-3034161

E Telephone number
(503) 581-3855

G Gross receipts $ 13,098,498

F Name and address of principal officer
RICK GAUPO
1660 SALEM INDUSTRIAL DRIVE NE
SALEM, OR 973010374

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW MARIONPOLKFOODSHARE ORG

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

L Year of formation 1987

M State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
LEADING THE FIGHT TO END HUNGER IN MARION AND POLK COUNTIES, BECAUSE NO ONE SHOULD BE HUNGRY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	45
6	Total number of volunteers (estimate if necessary)	**6**	2,300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,904,774	12,995,366
9	Program service revenue (Part VIII, line 2g)	0	25,674
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,966	22,838
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,361	-15,259
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,934,101	13,028,619
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,607,567	10,089,268
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,598,317	1,639,008
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶589,205		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	897,563	1,136,337
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,103,447	12,864,613
19	Revenue less expenses Subtract line 18 from line 12	830,654	164,006

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,267,180	6,352,193
21	Total liabilities (Part X, line 26)	331,770	197,530
22	Net assets or fund balances Subtract line 21 from line 20	5,935,410	6,154,663

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2014-05-14
Signature of officer | Date

RICK GAUPO EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHARLES A SWANK CPA				P00150622

Firm's name ▶ GROVE MUELLER & SWANK PC | Firm's EIN ▶ 93-0874157

Firm's address ▶ 475 COTTAGE STREET NE SUITE 200
SALEM, OR 97301 | Phone no (503) 581-7788

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 11,874,771 including grants of $ 10,089,268) (Revenue $ 16,419)

SINCE 1987, MARION-POLK FOOD SHARE HAS BEEN LEADING THE FIGHT TO END HUNGER AS THE REGIONAL FOOD BANK SERVING MARION AND POLK COUNTIES WE PROVIDE CENTRALIZED FOOD COLLECTION AND DISTRIBUTION SERVICES FOR A 97-MEMBER AGENCY NETWORK ABOUT 7 4 MILLION POUNDS OF FOOD WERE DISTRIBUTED DURING THE YEAR ENDED JUNE 30, 2013 TO STRUGGLING INDIVIDUALS AND FAMILIES THROUGH 113,279 EMERGENCY FOOD BOXES AND 640,019 ONSITE MEALS RECOGNIZING THAT IT TAKES MORE THAN EMERGENCY FOOD TO END HUNGER, WE ALSO ADDRESS THE ROOT CAUSES OF HUNGER THROUGH INITIATIVES THAT EDUCATE AND BUILD SKILLS FOR GREATER SELF-SUFFICIENCY MAJOR INITIATIVES INCLUDE OUR COMMUNITY KITCHEN, BETTER BURGER PROJECT AND COMMUNITY GARDENS AND FARMING

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 11,874,771

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	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 . .	1a	10		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	45		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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	**1a** 16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 16		
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 ▶ THE ORGANIZATION 1660 SALEM INDUSTRIAL DRIVE NE SALEM, OR (503) 581-3855

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) GARY WALLSTROM THRU DEC 2012 CHAIR	1 00	X		X				0	0	0
(2) ALEX BEAMER VICE CHAIR	1 00	X		X				0	0	0
(3) MIKE GARRISON SECRETARY (DEC 12)/CHAIR (JAN 2013)	1 00	X		X				0	0	0
(4) ESTHER PUENTES BOARD MEMBER/SECRETARY (JAN 2013)	1 00	X		X				0	0	0
(5) JIM GREEN TREASURER	1 00	X		X				0	0	0
(6) CONRAD STIEBER BOARD MEMBER	1 00	X						0	0	0
(7) LINDA ALSTAD BOARD MEMBER	1 00	X						0	0	0
(8) FRANCES LARA ALVARADO BOARD MEMBER	1 00	X						0	0	0
(9) WARREN BEDNARZ BOARD MEMBER	1 00	X						0	0	0
(10) JOHN BURT BOARD MEMBER	1 00	X						0	0	0
(11) DEBRA CHARLTON THRU DEC 2012 BOARD MEMBER	1 00	X						0	0	0
(12) MIKE COLLIER BOARD MEMBER	1 00	X						0	0	0
(13) ABISHA DUNIVIN BOARD MEMBER	1 00	X						0	0	0
(14) GEORGE HAPP BOARD MEMBER	1 00	X						0	0	0
(15) BERNADETTE MELE BOARD MEMBER	1 00	X						0	0	0
(16) MIKE MOSER BOARD MEMBER	1 00	X						0	0	0
(17) CARLA STEWART BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
(18) DENNIS YOUNG BOARD MEMBER	1 00	X						0	0	0
(19) EILEEN ZIELINSKI BOARD MEMBER	1 00	X						0	0	0
(20) RON HAYS THRU FEB 2013 PRES/CHIEF EXEC OFFICER	40 00			X				97,114	0	21,658
(21) RICK GAUPO AS OF FEB 2013 EXECUTIVE DIRECTOR	40 00			X				0	0	0

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	97,114	0	21,658

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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 3,524				
	b	Membership dues	1b				
	c	Fundraising events	1c 48,220				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 1,270,719				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 11,672,903				
	g	Noncash contributions included in lines 1a-1f $	9,996,631				
	h	**Total.** Add lines 1a-1f	▶	12,995,366			
Program Service Revenue			Business Code				
	2a	SALE OF EXCESS FARM PR	424000	15,045			15,045
	b	CLASS FEES	611430	5,967	5,967		
	c	CATERING	722320	4,662	4,662		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	25,674			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	10,541			10,541
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents	841				
	b	Less rental expenses	0				
	c	Rental income or (loss)	841				
	d	Net rental income or (loss)	▶	841			841
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	23,443				
	b	Less cost or other basis and sales expenses	11,146				
	c	Gain or (loss)	12,297				
	d	Net gain or (loss)	▶	12,297			12,297
Other Revenue	8a	Gross income from fundraising events (not including $ 48,220 of contributions reported on line 1c) See Part IV, line 18	a 35,241				
	b	Less direct expenses	b 57,131				
	c	Net income or (loss) from fundraising events	▶	-21,890			-21,890
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a 7,056				
	b	Less cost of goods sold	b 1,602				
	c	Net income or (loss) from sales of inventory	▶	5,454	5,454		
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	900099	336	336		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	336			
	12	**Total revenue.** See Instructions	▶	13,028,619	16,419	0	16,834

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	10,089,268	10,089,268		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	131,603	52,641	39,481	39,481
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	1,065,615	652,446	163,471	249,698
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,100	24,492	8,623	11,985
9 Other employee benefits	308,346	257,326	8,786	42,234
10 Payroll taxes	88,344	51,485	15,521	21,338
11 Fees for services (non-employees)				
a Management				
b Legal	930		930	
c Accounting	28,500		28,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	6,287		6,287	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	112,298	90,946	20,118	1,234
12 Advertising and promotion	38,715	6,583	45	32,087
13 Office expenses	351,282	193,202	25,311	132,769
14 Information technology	65,859	30,371	12,641	22,847
15 Royalties . .				
16 Occupancy	123,130	115,527	5,258	2,345
17 Travel	77,245	71,566	909	4,770
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,549	2,866	2,377	11,306
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	204,787	187,462	10,395	6,930
23 Insurance	60,460	8,909	51,551	
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 PROGRAM SUPPLIES	36,614	36,614		
b OTHER EXPENSES	10,313	759	433	9,121
c VOLUNTEER EXPENSES	3,368	2,308		1,060
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	12,864,613	11,874,771	400,637	589,205
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,097	1	388
	2	Savings and temporary cash investments		890,086	2	681,415
	3	Pledges and grants receivable, net		170,403	3	59,019
	4	Accounts receivable, net			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		1,475,789	8	1,628,776
	9	Prepaid expenses and deferred charges		57,683	9	66,485
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,349,131			
	b	Less accumulated depreciation	10b 1,188,605	2,974,320	10c	3,160,526
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		697,802	12	755,584
	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)		6,267,180	16	6,352,193
Liabilities	17	Accounts payable and accrued expenses		291,230	17	176,325
	18	Grants payable			18	
	19	Deferred revenue		40,540	19	21,205
	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		331,770	26	197,530
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		5,368,275	27	5,653,439
	28	Temporarily restricted net assets		461,135	28	388,184
	29	Permanently restricted net assets		106,000	29	113,040
		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		5,935,410	33	6,154,663
	34	Total liabilities and net assets/fund balances		6,267,180	34	6,352,193

Part XI Reconcilliation 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	13,028,619
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,864,613
3	Revenue less expenses Subtract line 2 from line 1	3	164,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,935,410
5	Net unrealized gains (losses) on investments	5	55,247
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,154,663

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?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MARION-POLK FOOD SHARE INC

Employer identification number
94-3034161

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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 ")	8,828,881	10,413,911	11,725,236	12,904,774	12,995,366	56,868,168
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	8,828,881	10,413,911	11,725,236	12,904,774	12,995,366	56,868,168
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						56,868,168

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	8,828,881	10,413,911	11,725,236	12,904,774	12,995,366	56,868,168
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,348	15,708	6,453	11,044	11,382	65,935
9 Net income from unrelated business activities, whether or not the business is regularly carried on	16,617	18,112	16,747	21,079		72,555
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		1,950	3,029	1,264	336	6,579
11 **Total support** (Add lines 7 through 10)						57,013,237

12 Gross receipts from related activities, etc (see instructions)	12	67,733

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	99 750 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	99 670 %

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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MARION-POLK FOOD SHARE INC

Employer identification number
94-3034161

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part 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	697,802	751,623	591,926	463,510	572,578
b	Contributions	7,040	6,000			
c	Net investment earnings, gains, and losses	75,054	-24,028	159,697	128,416	-109,068
d	Grants or scholarships					
e	Other expenditures for facilities and programs	18,146	29,551			
f	Administrative expenses	6,166	6,242			
g	End of year balance	755,584	697,802	751,623	591,926	463,510

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

- a Board designated or quasi-endowment ▶ 83 600 %
- b Permanent endowment ▶ 16 400 %
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		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		6,101		6,101
b Buildings		3,368,616	700,061	2,668,555
c Leasehold improvements				
d Equipment		544,705	175,519	369,186
e Other		429,709	313,025	116,684
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,160,526

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OREGON COMMUNITY FOUNDATION	755,584	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	755,584	

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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	13,180,880
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	55,247		
b	Donated services and use of facilities	2b	39,944		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	58,733		
e	Add lines **2a** through **2d**			2e	153,924
3	Subtract line **2e** from line **1**			3	13,026,956
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	1,663		
c	Add lines **4a** and **4b**			4c	1,663
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	13,028,619

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

1	Total expenses and losses per audited financial statements			1	12,961,627
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	39,944		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	58,733		
e	Add lines **2a** through **2d**			2e	98,677
3	Subtract line **2e** from line **1**			3	12,862,950
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	1,663		
c	Add lines **4a** and **4b**			4c	1,663
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	12,864,613

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE TRUE ENDOWMENT HAS NAMED FUNDS SOME ARE FOR BUILDING AND MAINTENANCE AND THE REST IS UNRESTRICTED WE ONLY USE DISTRIBUTIONS, NO PRINCIPAL RECOVERIES ARE EXPECTED QUASI IS UNRESTRICTED BUT NO PULLING OF FUNDS IS EXPECTED
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ORGANIZATION FOLLOWS THE PROVISIONS ACCOUNTING STANDARDS CODIFICATION (ASC) 740 "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES " THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES UNTIL THE EXPIRATION OF THE RELATED STATUTES OF LIMITATIONS ON THOSE TAX RETURNS IN GENERAL, THE FEDERAL AND STATE INCOME TAX RETURNS HAVE A THREE YEAR STATUTE OF LIMITATIONS THE ORGANIZATION WOULD RECOGNIZE ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX PROVISIONS, IF ANY, AS PART OF THE INCOME TAX PROVISION
PART XI, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT - DIRECT EXPENSES 57,131 COST OF SALES 1,602
PART XI, LINE 4B - OTHER ADJUSTMENTS		NONCASH DONATION ADJUSTMENT 1,663
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT - DIRECT EXPENSES 57,131 COST OF SALES 1,602
PART XII, LINE 4B - OTHER ADJUSTMENTS		NONCASH DONATION ADJUSTMENT 1,663

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MARION-POLK FOOD SHARE INC

Employer identification number
94-3034161

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

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

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

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

		(a) Event #1 CHEF'S NITE OUT (event type)	(b) Event #2 LATIN MUSIC FESTIVAL (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	54,080	29,381		83,461
	2 Less Contributions	24,250	23,970		48,220
	3 Gross income (line 1 minus line 2)	29,830	5,411		35,241
Direct Expenses	4 Cash prizes	605			605
	5 Noncash prizes				
	6 Rent/facility costs	6,261			6,261
	7 Food and beverages				
	8 Entertainment	200	31,000		31,200
	9 Other direct expenses	5,490	13,575		19,065
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(57,131)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-21,890

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

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

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

Name of the organization
MARION-POLK FOOD SHARE INC

Employer identification number
94-3034161

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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 . . . . . ▶ 91

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 94-3034161
Name: MARION-POLK FOOD SHARE INC

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
ARCHESMWVCAA1164 MADISON ST NE SALEM,OR 97301	23-7056987	501(C)(3)		55,556	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
AWARE FOOD BANKPO BOX 551 WOODBURN,OR 97071	23-7312454	501(C)(3)		527,242	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER

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
AUMSVILLE COMMUNITY FOOD BANKPO BOX 167 AUMSVILLE,OR 97325	93-0557935	501(C)(3)		47,986	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
BROOKS ASSEMBLY OF GOD9165 PORTLAND RD NE BROOKS,OR 97305	93-0853138	501(C)(3)		59,058	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
BRIDGEWAY RECOVERY SERVICES INCPO BOX 17818 SALEM,OR 97305	23-7222369	501(C)(3)		7,177	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
CAPITAL PARK WESLEYAN CHURCH FOOD PANTRY 425 20TH ST SE KEIZER,OR 97302	93-0562924	501(C)(3)		142,447	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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 SERVICESPO BOX 20400 SALEM,OR 97302	93-0903773	501(C)(3)		11,004	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
CAVAZOS CENTER220 15TH ST SE SALEM,OR 97302	93-0903773	501(C)(3)		23,563	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
CHRISTIAN CENTER OF SALEM FOOD PANTRY1850 45TH AVE NE SALEM,OR 97305	93-0412489	501(C)(3)		90,322	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
CITY VIBE3094 GEHLAR RD NW SALEM,OR 97304	94-3209636	501(C)(3)		32,103	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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 OF CHRIST CHURCHGOOD SAMARITAN FOOD PANTRY 4570 CENTER ST NE SALEM,OR 97305	93-1042194	501(C)(3)		213,674	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
DALLAS EMERGENCY FOOD BANK INC322 MAIN ST DALLAS,OR 97338	93-0843261	501(C)(3)		288,342	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
DALLAS SEVENTH DAY ADVENTIST589 SW BIRCH ST DALLAS,OR 97338	93-0856473	501(C)(3)		135,363	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
EARLY COLLEGE HIGH SCHOOL4071 WINEMA PL NE BLDG 50 SALEM,OR 97305	93-0831467	501(C)(3)		7,322	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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

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EASTER SEALSHEALTHY START290 MOYER LANE NW SALEM,OR 97304	93-0386885	501(C)(3)		6,259	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
ELLA CURRAN FOOD BANK 840 N MAIN ST INDEPENDENCE,OR 97381	93-0797524	501(C)(3)		102,345	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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FALLS CITY SEVENTH DAY ADVENTISTPO BOX 430 FALLS CITY,OR 97344	93-0440796	501(C)(3)		31,380	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
FAMILY BUILDING BLOCKS 2425 LANCASTER DR NE SALEM,OR 97305	93-0562924	501(C)(3)		19,746	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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FIRST CHRISTIAN CHURCH 402 N FIRST ST SILVERTON,OR 97381	93-0549197	501(C)(3)		46,211	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
GRAND RONDE COMMUNITY RS CTRPO BOX 551 GRAND RONDE,OR 97347	93-1265867	501(C)(3)		316,823	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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HELP & HOPE TO OTHERS (H20)PO BOX 1163 DALLAS,OR 97338	93-1127258	501(C)(3)		10,939	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HIGHLAND COMMUNITY HOME CO CCCSPO BOX 20400 SALEM,OR 97302	93-0903773	501(C)(3)		9,405	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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HOAPNORTHWEST HUMAN SERVICES681 CENTER ST NE SALEM,OR 97301	93-0605570	501(C)(3)		16,481	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOME YOUTH & RESOURCE CENTERMWVCAA625 UNION ST NE SALEM,OR 97301	93-1128811	501(C)(3)		12,219	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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HOPE ON WHEELS4455 SILVERTON RD NE SALEM,OR 97305	20-8183145	501(C)(3)		25,149	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOST TRANSITIONNORTHWEST HUMAN SERVICES681 CENTER ST NE SALEM,OR 97301	93-0605570	501(C)(3)		6,251	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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HOST SHELTERNORTHWEST HUMAN SERVICES681 CENTER ST NE SALEM,OR 97301	93-0605570	501(C)(3)		20,087	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOUSE OF ZION1430 E CLEVELAND ST WOODBURN,OR 97071	93-0871543	501(C)(3)		181,797	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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JAMES 2 COMMUNITY KITCHEN565 SE LACREOLE DR DALLAS,OR 97338	26-4033875	501(C)(3)		54,715	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
JASON LEE UNITED METHODIST FOOD BANK PO BOX 6061 SALEM,OR 97304	93-0406417	501(C)(3)		160,674	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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KEIZER COMMUNITY FOOD BANK4505 RIVER RD N KEIZER,OR 97303	93-0514483	501(C)(3)		431,084	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
KINGWOOD BIBLE1125 ELM ST NW SALEM,OR 97304	93-3602671	501(C)(3)		56,612	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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LIFE CHURCHPO BOX 5350 SALEM,OR 97304	93-0843519	501(C)(3)		143,912	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER
MANO-A-MANO FAMILY RESOURCE CENTER3850 PORTLAND RD NE SALEM,OR 97301	93-0992858	501(C)(3)		72,347	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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MANO-A-MANO FAMILY RESOURCE CENTER SC 2921 SADDLE CLUB RD STE 9 SALEM,OR 97301	93-0992858	501(C)(3)		51,148	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MEHAMA COMMUNITY CHURCHJOSEPH STOREHOUSE OF HOPEPO BOX 40 MEHAMA,OR 97384	93-0747026	501(C)(3)	6,000	348,196	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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MILL CITYGATES COMMUNITY CENTERPO BOX 426 MILL CITY,OR 97360	93-1139198	501(C)(3)		56,215	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MILL CREEK CO CCCSPO BOX 20400 SALEM,OR 97302	93-0903773	501(C)(3)		23,512	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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MISSION BENEDICT FOOD BANK925 S MAIN ST MT ANGEL,OR 97362	93-0387331	501(C)(3)		101,717	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER
MONMOUTH CHRISTIAN CHURCHHELPING HANDS 959 CHURCH ST W MONMOUTH,OR 97361	93-0419360	501(C)(3)		68,753	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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MOTHER LOFTON'S KITCHENPO BOX 18627 SALEM,OR 973058627	80-0498122	501(C)(3)		51,797	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MT ANGEL COMMUNITY CENTERPO BOX 910 MT ANGEL,OR 97362	93-0760842	501(C)(3)		17,897	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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NEW HARVEST CHURCH 4290 PORTLAND RD NE SALEM,OR 97301	20-0692421	501(C)(3)		123,540	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NEW HOPE FOURSQUARE CHURCH4963 SWEGLE RD NE SALEM,OR 97305	95-1684062	501(C)(3)		330,550	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER

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NEW LIFE COMMUNITY CHURCHPO BOX 4136 SALEM,OR 97302	93-1246546	501(C)(3)		130,468	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NORTH SALEM DEPT OF HUMAN SERVICES4074 WINEMA PL NE STE 100 SALEM,OR 97305	55-5555555	501(C)(3)		6,675	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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NORTHGATE COMMUNITY CHURCH3193 SILVERTON RD NE SALEM,OR 97305	58-0904463	501(C)(3)		90,769	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NWHS CRISIS & INFORMATION HOTLINE 355 BELMONT ST NE SALEM,OR 97301	93-0738493	501(C)(3)		6,108	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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OREGON CHILD DEVELOPMENT CENTERPO BOX 263 WOODBURN,OR 97071	91-0591240	501(C)(3)		7,081	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
PAULINE MEMORIALAME ZION CHURCH3593 SUNNYVIEW RD SALEM,OR 97303	93-1037528	501(C)(3)		128,073	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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PEOPLE'S CHURCH4500 LANCASTER DR NE SALEM,OR 97305	93-0513504	501(C)(3)		161,355	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
PIONEER HOME CO CCCS PO BOX 20400 SALEM,OR 97302	93-1069694	501(C)(3)		15,955	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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PRECIOUS CHILDRENSALEM EVANGELICAL CHURCH455 LOCUST ST NE SALEM,OR 97303	93-0569204	501(C)(3)		218,080	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
QUEEN OF PEACETABLE OF PLENTY4227 LONE OAK RD SE SALEM,OR 97302	93-0513650	501(C)(3)		183,682	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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RESTORATION HOUSE650 LOCUST ST NE SALEM,OR 97301	93-0457267	501(C)(3)		49,179	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SABLE HOUSEPO BOX 808 DALLAS,OR 97338	93-1122800	501(C)(3)		6,497	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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SACRED HEARTGERVAIS 680 ELM ST GERVAIS,OR 97026	93-0459186	501(C)(3)		146,636	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SAFE HAVENNW HUMAN SERVICES681 CENTER ST NE SALEM,OR 97301	93-0605570	501(C)(3)		9,444	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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SALEM OUTREACH SHELTERYWCA2933 CENTER ST NE SALEM,OR 97301	95-7209070	501(C)(3)		18,476	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SALEM SCHOOLS FOUNDATION DBA SALEM KEIZER EDUCATION FOUNDATION233 COMMERCIAL ST NE SALEM,OR 97301	93-0831467	501(C)(3)	12,500		CASH		TO PREVENT HUNGER

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SCOTTS MILLS COMMUNITY CENTER FOOD PANTRYPO BOX 196 SCOTTS MILLS,OR 97375	93-0850377	501(C)(3)		47,529	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SEVENTH DAY ADVENTIST COMMUNITY RESOURCE CENTER1860 SUMMER ST NE SALEM,OR 97301	93-0441769	501(C)(3)		80,834	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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SPANISH SEVENTH DAY ADVENTISTSALEM4625 CORDON RD NE SALEM,OR 97305	26-4389184	501(C)(3)		261,844	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SHARED BLESSINGSWESTGATE ASSEMBLY OF GODPO BOX 5990 SALEM,OR 97304	93-0579568	501(C)(3)		455,873	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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SILVERTON AREA COMMUNITY AIDPO BOX 1305 SILVERTON,OR 97381	93-0884237	501(C)(3)		91,386	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SIMONKA PLACE WOMEN & CHILDREN MISSIONUNION GOSPEL MISSIONPO BOX 431 SALEM,OR 97301	93-0457267	501(C)(3)		14,182	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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SILVER CREEK FELLOWSHIPMISSION OF HOPEPO BOX 626 SILVERTON,OR 97381	93-0966117	501(C)(3)	278	642,544	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER
SOLID ROCK CHURCH3535 WARD DR NE SALEM,OR 97305	93-0886109	501(C)(3)		86,894	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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SOUTH EAST NEIGHBORHOOD COMMUNITY CENTER425 19TH ST SE SALEM,OR 97301	93-0562924	501(C)(3)		9,470	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SOUTH SALEM FRIENDS CHURCH1140 BAXTER RD SE SALEM,OR 97306	93-6014035	501(C)(3)		40,668	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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ST JOSEPH SHELTER925 S MAIN ST MT ANGEL,OR 97362	93-0387331	501(C)(3)		29,319	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
ST LUKE'SSOCIETY OF ST VINCENT DE PAULPO BOX 418 DONALD,OR 97020	93-0762880	501(C)(3)		99,938	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD, EQUIPMENT	TO PREVENT HUNGER

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ST TERESA YOUNG MOTHER HOMEPO BOX 20400 SALEM,OR 97302	93-1069694	501(C)(3)		9,710	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
ST VINCENT DE PAULPO BOX 7864 SALEM,OR 97301	93-0464194	501(C)(3)		728,556	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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(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
STAYTON COMMUNITY FOOD BANK155 2ND ST STAYTON,OR 97383	93-0805665	501(C)(3)		89,400	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
THE SALVATION ARMY FOOD BANKPO BOX 7047 SALEM,OR 97301	93-1156347	501(C)(3)		222,885	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
THE SALVATION ARMY LODGEPO BOX 7047 SALEM,OR 97301	91-1156347	501(C)(3)		63,319	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
TRINITY UNITED METHODIST CHURCH590 ELMA AVE SE SALEM,OR 97301	93-0454789	501(C)(3)		364,398	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
TURNER CHRISTIAN CHURCH FOOD BANK7871 MARION RD SE TURNER,OR 97392	93-0508312	501(C)(3)		53,643	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
UNION GOSPEL MISSIONMEN'S MISSION PO BOX 431 SALEM,OR 97301	93-0457267	501(C)(3)		55,136	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
WEST SALEM UNITED METHODIST CHURCH FOOD PANTRY1219 3RD ST NW SALEM,OR 97304	93-0682265	501(C)(3)		84,471	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
WILLAMETTE ACADEMY YOUTH PROGRAM900 STATE ST SALEM,OR 97301	93-0386972	501(C)(3)		16,591	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
WOODBURN FAMILY LEARNING CENTER1440 NEWBERG WOODBURN,OR 97071	93-0585997	501(C)(3)		46,408	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
WOODBURN SPANISH SEVENTH DAY ADVENTIST FOOD PANTRYPO BOX 603 WOODBURN,OR 97071	93-4224170	501(C)(3)		95,404	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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
WOODMANSEE HOME CO CCCSPO BOX 20400 SALEM,OR 97305	93-0903773	501(C)(3)		8,461	DONATED FOOD @ $1 50/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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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
MARION-POLK FOOD SHARE INC

Employer identification number
94-3034161

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	2	1,663	MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	838	9,916,664	SEE SCHEDULE O
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (PLANTS, SEEDS AND STARTS)	X	79	75,082	DONOR VALUE
26	Other ▶ (GIFT CERTIFICATES)	X	13	605	DONOR VALUE
27	Other ▶ (OTHER MISCELLANEOUS DONATIONS)	X	13	1,792	DONOR VALUE
28	Other ▶ (EQUIPMENT)	X	2	825	DONOR VALUE

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	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			

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
MARION-POLK FOOD SHARE INC

Employer identification number
94-3034161

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE DRAFT FORM 990 IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A FAMILY & BUSINESS REL ATIONSHIPS CERTIFICATION FORM ANNUALLY DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF KEY EMPLOYEES AND OFFICERS IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD BY REVIEWING SALARY SURVEYS AND SETTING OFFICER SALARIES COMMENSURATE TO THE LEVEL OF SIMILAR AGENCIES
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE P UBLIC UPON REQUEST AND FINANCIAL INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE P UBLIC DISCLOSURE INFORMATION IS ALSO AVAILABLE ON GUIDESTAR AND THE WEBSITE FOR THE NATION AL CENTER FOR CHARITABLE STATISTICS
		FORM 990, PART XI, LINE 2C THE BOARD OF DIRECTORS INCLUDES A FINANCE COMMITTEE WHICH IS R ESPONSIBLE FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDE PENDENT ACCOUNTANT
		SCHEDULE M - DONATED FOOD INVENTORIES ARE STATED AT $1 29 PER POUND AS OF JUNE 30, 2013, A ND ADOPTED BY THE BOARD OF DIRECTORS AS A FIXED PRICE PER POUND RATE

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MARION-POLK FOOD SHARE INC

Employer identification number
94-3034161

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) CORE FOOD RESOURCE TRUST 1660 SALEM INDUSTRIAL DRIVE NE SALEM, OR 973010374 27-2773359	TO PROVIDE FOOD TO HUNGER RELIEF ORGANIZATIONS	OR	501(C)(3)	LINE 9	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 94-3034161
Name: MARION-POLK FOOD SHARE INC

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

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