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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 province, country, and ZIP or foreign postal code
SALEM, OR 973010374

D Employer identification number
94-3034161

E Telephone number
(503) 581-3855

G Gross receipts $ 12,684,942

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 subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW MARIONPOLKFOODSHARE ORG

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

L Year of formation 1987

M State of legal domicile OR

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	64
6	Total number of volunteers (estimate if necessary)	**6**	1,909
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	30,323
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-67,852

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	11,608,629	11,992,599
9	Program service revenue (Part VIII, line 2g)	282,189	514,917
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,354	20,183
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	130,103	65,884
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,032,275	12,593,583
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,092,116	8,795,065
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)	1,807,465	2,251,356
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶851,425		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,381,716	1,520,563
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,281,297	12,566,984
19	Revenue less expenses Subtract line 18 from line 12	-249,022	26,599
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	6,583,292	6,510,798
21	Total liabilities (Part X, line 26)	273,896	249,160
22	Net assets or fund balances Subtract line 21 from line 20	6,309,396	6,261,638

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

****** 2017-02-13
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
RYAN T PASQUARELLA CPA	RYAN T PASQUARELLA CPA			P01304274

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 or note to any line 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 $ 11,231,226 including grants of $ 8,795,065) (Revenue $ 563,093)

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 NETWORK OF MORE THAN 100 NONPROFIT, HUNGER-RELIEF PARTNER PROGRAMS ABOUT 8 2 MILLION POUNDS OF FOOD WERE DISTRIBUTED DURING THE YEAR ENDED JUNE 30, 2016 TO FOOD INSECURE INDIVIDUALS AND FAMILIES THROUGH 108,157 EMERGENCY FOOD BOXES AND 541,778 ONSITE MEALS WE OPERATE A MEALS ON WHEELS PROGRAM TO PROVIDE HOME-DELIVERED AND COMMUNITY MEALS TO SENIORS AND ADULTS WITH DISABILITIES IN SALEM AND KEIZER, AND WE OPERATE A FOOD PANTRY UNDER CONTRACT WITH THE CONFEDERATED TRIBES OF GRAND RONDE TO SERVE TRIBAL AND NON-TRIBAL INDIVIDUALS WHO NEED EMERGENCY FOOD IN THE RURAL GRAND RONDE AREA 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 COMMUNITY GARDENS AND FARMING, NUTRITION EDUCATION AND WORK EXPERIENCE PROGRAMS

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 ▶** 11,231,226

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a*	**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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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**	Yes	
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**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	9		
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**	64		
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**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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**		Yes	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring 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 or note to any line 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	14		
	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	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
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		No
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		No
	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, address, and telephone number of the person who possesses the organization's books and records ▶ THE ORGANIZATION 1660 SALEM INDUSTRIAL DRIVE NE SALEM, OR 973010374 (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 or note to any line 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) ALEX BEAMER CHAIR	1 00	X		X				0	0	0
(2) MIKE GARRISON BOARD MEMBER	1 00	X						0	0	0
(3) ESTHER PUENTES SECRETARY	1 00	X		X				0	0	0
(4) JIM GREEN TREASURER	1 00	X		X				0	0	0
(5) FRANCES LARA ALVARADO BOARD MEMBER	1 00	X						0	0	0
(6) WARREN BEDNARZ BOARD MEMBER	1 00	X						0	0	0
(7) JOHN BURT BOARD MEMBER	1 00	X						0	0	0
(8) COURTNEY KNOX BUSCH BOARD MEMBER	1 00	X						0	0	0
(9) GEORGE HAPP BOARD MEMBER	1 00	X						0	0	0
(10) BERNADETTE MELE BOARD MEMBER	1 00	X						0	0	0
(11) CHERYL WELLS VICE CHAIR	1 00	X		X				0	0	0
(12) DICK YATES BOARD MEMBER	1 00	X						0	0	0
(13) BRENDA TUOMI BOARD MEMBER	1 00	X						0	0	0
(14) EILEEN ZIELINSKI BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
(15) JULIE HUCKESTEIN BOARD MEMBER	1 00	X						0	0	0
(16) RICK GAUPO EXECUTIVE DIRECTOR	40 00			X				97,539	0	27,255

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	97,539	0	27,255

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 or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	67,600			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,312,207			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,612,792			
	g Noncash contributions included in lines 1a-1f $		8,817,571			
	h **Total.** Add lines 1a-1f		11,992,599			
Program Service Revenue		Business Code				
	2a HOME MEAL DELIVERY	624210	391,484	391,484		
	b FOOD BANK OPERATION	624210	91,550	91,550		
	c CATERING	722320	15,259		15,259	
	d FOOD PRODUCT SALES	900099	15,064		15,064	
	e FOOD SUMMIT CONFERENCE	611430	1,500	1,500		
	f All other program service revenue		60	60		
	g **Total.** Add lines 2a-2f		514,917			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,205			16,205
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	979				
	b Less rental expenses	0				
	c Rental income or (loss)	979				
	d Net rental income or (loss)		979			979
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	31,950				
	b Less cost or other basis and sales expenses	27,972				
	c Gain or (loss)	3,978				
	d Net gain or (loss)		3,978			3,978
	8a Gross income from fundraising events (not including $ 67,600 of contributions reported on line 1c) See Part IV, line 18	a 0				
	b Less direct expenses	b 13,594				
	c Net income or (loss) from fundraising events		-13,594			-13,594
	9a Gross income from gaming activities See Part IV, line 19	a 1,500				
	b Less direct expenses	b 750				
	c Net income or (loss) from gaming activities		750	750		
	10a Gross sales of inventory, less returns and allowances	a 119,334				
	b Less cost of goods sold	b 49,043				
	c Net income or (loss) from sales of inventory		70,291	70,291		
	Miscellaneous Revenue	Business Code				
	11a OTHER REVENUE	900099	7,458	7,458		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		7,458			
	12 **Total revenue.** See Instructions		12,593,583	563,093	30,323	7,568

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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	8,795,065	8,795,065		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	124,696	49,878	37,409	37,409
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	1,627,076	991,048	236,625	399,403
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,980	21,124	6,426	5,430
9 Other employee benefits	296,874	199,723	17,824	79,327
10 Payroll taxes	169,730	101,175	26,163	42,392
11 Fees for services (non-employees)				
a Management				
b Legal	71		71	
c Accounting	30,725	1,225	29,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	7,076		7,076	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	132,258	117,299	14,417	542
12 Advertising and promotion	44,849	3,541	1,703	39,605
13 Office expenses	220,373	54,451	13,195	152,727
14 Information technology	77,839	36,448	18,325	23,066
15 Royalties				
16 Occupancy	163,545	149,086	6,795	7,664
17 Travel	132,268	125,394	3,926	2,948
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,011	9,075	4,866	4,070
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	219,521	192,520	13,171	13,830
23 Insurance	32,296		32,296	
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 MEAL DELIVERY EXPENSES	115,311	115,311		
b BETTER BURGER PRODUCTIO	94,090	94,090		
c CATERING EXPENSE	4,086	4,086		
d				
e All other expenses	228,244	170,687	14,545	43,012
25 **Total functional expenses.** Add lines 1 through 24e	12,566,984	11,231,226	484,333	851,425
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 or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,485	1	1,835
	2	Savings and temporary cash investments		1,438,757	2	959,463
	3	Pledges and grants receivable, net		217,595	3	265,829
	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		933,838	8	1,127,308
	9	Prepaid expenses and deferred charges		69,247	9	118,740
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,027,488			
	b	Less accumulated depreciation	10b 1,818,590	3,125,695	10c	3,208,898
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		795,675	12	828,725
	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)		6,583,292	16	6,510,798
Liabilities	17	Accounts payable and accrued expenses		225,255	17	187,220
	18	Grants payable			18	
	19	Deferred revenue		48,641	19	61,940
	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		273,896	26	249,160
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		5,800,423	27	5,800,722
	28	Temporarily restricted net assets		374,573	28	224,981
	29	Permanently restricted net assets		134,400	29	235,935
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		6,309,396	33	6,261,638
	34	Total liabilities and net assets/fund balances		6,583,292	34	6,510,798

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,593,583
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,566,984
3	Revenue less expenses Subtract line 2 from line 1	3	26,599
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,309,396
5	Net unrealized gains (losses) on investments	5	-39,665
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	-34,692
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,261,638

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	12,904,774	12,995,366	12,098,276	11,608,629	11,992,599	61,599,644
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	12,904,774	12,995,366	12,098,276	11,608,629	11,992,599	61,599,644
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)						4,828,001
6 **Public support.** Subtract line 5 from line 4						56,771,643

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	12,904,774	12,995,366	12,098,276	11,608,629	11,992,599	61,599,644
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,044	11,382	13,453	12,489	17,184	65,552
9 Net income from unrelated business activities, whether or not the business is regularly carried on	21,079		17,330			38,409
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,264	336	1,558	119,966	7,458	130,582
11 **Total support.** Add lines 7 through 10						61,834,187

12 Gross receipts from related activities, etc (see instructions)	12	1,043,380

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	91 810 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	93 190 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	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," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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, for escrow or custodial account liability? ☐ 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	795,675	827,935	755,584	697,802	751,623
b	Contributions	101,535	3,634	1,271	7,040	6,000
c	Net investment earnings, gains, and losses	-23,707	5,615	123,972	75,054	-24,028
d	Grants or scholarships					
e	Other expenditures for facilities and programs	37,697	34,356	46,404	18,146	29,551
f	Administrative expenses	7,081	7,153	6,488	6,166	6,242
g	End of year balance	828,725	795,675	827,935	755,584	697,802

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

a Board designated or quasi-endowment ▶ 71 530 %
b Permanent endowment ▶ 28 470 %
c Temporarily restricted endowment ▶

The percentages on 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" on 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.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		6,101		6,101
b Buildings		3,627,454	962,507	2,664,947
c Leasehold improvements				
d Equipment		656,248	438,557	217,691
e Other		737,685	417,526	320,159
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				3,208,898

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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	828,725	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	828,725	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d 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.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. 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. Liability for uncertain tax positions 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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	12,643,454
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-39,665		
b	Donated services and use of facilities	2b	26,149		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	63,387		
e	Add lines **2a** through **2d**			2e	49,871
3	Subtract line **2e** from line **1**			3	12,593,583
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	12,593,583

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	12,691,212
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	26,149		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	98,079		
e	Add lines **2a** through **2d**			2e	124,228
3	Subtract line **2e** from line **1**			3	12,566,984
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	12,566,984

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE TRUE ENDOWMENT HAS NAMED FUNDS SOME ARE FOR BUILDING AND MAINTENANCE AND THE REST IS UNRESTRICTED WE ONLY USE DISTRIBUTIONS, NO PRINCIPAL RECOVERIES ARE EXPECTED QUASI IS UNRESTRICTED BUT NO PULLING OF FUNDS IS EXPECTED

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT - DIRECT EXPENSES 13,594 COST OF SALES 49,043 RAFFLE - DIRECT EXPENSES 750
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT - DIRECT EXPENSES 13,594 COST OF SALES 49,043 BAD DEBT EXPENSE 29,827 RAFFLE - DIRECT EXPENSES 750 PREPAID EVENT EXPENSES 4,865

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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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990*

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total	▶					

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

Part II **Fundraising Events.**
Complete if the organization answered "Yes" on 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.

Revenue / Direct Expenses		(a) Event #1 CHEF'S NITE OUT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	67,600			67,600
	2 Less Contributions	67,600			67,600
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,033			4,033
	7 Food and beverages				
	8 Entertainment	200			200
	9 Other direct expenses	9,361			9,361
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				13,594
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-13,594

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct 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 conducted 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.** 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).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493046034597

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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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 . . . . . ▶ 79

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARCHES MWVCAA 1164 MADISON ST NE SALEM,OR 97301	23-7056987	501(C)(3)		18,663	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
AWARE FOOD BANK PO BOX 551 WOODBURN,OR 97071	23-7312454	501(C)(3)		499,549	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
CAPITAL PARK WESLEYAN CHURCH FOOD PANTRY 425 20TH ST SE SALEM,OR 97302	93-0562924	501(C)(3)		100,020	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CAVAZOS CENTER 220 15TH ST SE SALEM,OR 97302	93-0903773	501(C)(3)		19,832	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
CITY VIBE 3094 GELHAR RD NW SALEM,OR 97304	94-3209636	501(C)(3)		30,692	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
COMMUNITY OF CHRIST CHURCH GOOD SAMARITAN FOOD PANTRY 4570 CENTER ST NE SALEM,OR 97305	93-1042194	501(C)(3)		147,364	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DALLAS EMERGENCY FOOD BANK INC 322 MAIN ST DALLAS,OR 97338	93-0843261	501(C)(3)		208,650	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
DALLAS SEVENTH DAY ADVENTIST 589 SW BIRCH ST DALLAS,OR 97338	93-0856473	501(C)(3)		125,144	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
EARLY COLLEGE HIGH SCHOOL 4071 WINEMA PL NE BLDG 50 SALEM,OR 97305	93-0831467	501(C)(3)		6,719	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ELLA CURRAN FOOD BANK 840 N MAIN ST INDEPENDENCE,OR 97381	93-0797524	501(C)(3)	324	82,093	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
FALLS CITY SEVENTH DAY ADVENTIST PO BOX 430 FALLS CITY,OR 97344	93-0440796	501(C)(3)	65	26,787	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
FAMILY BUILDING BLOCKS PANTRY 2425 LANCASTER DR NE SALEM,OR 97305	93-0562924	501(C)(3)		22,781	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST CHRISTIAN CHURCH 402 N FIRST ST SILVERTON,OR 97381	93-0549197	501(C)(3)		63,765	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HELP & HOPE TO OTHERS (H2O) PO BOX 1163 DALLAS,OR 97338	93-1127258	501(C)(3)		31,306	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HIGHLAND COMMUNITY HOME C/O CATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM,OR 973070400	93-0903773	501(C)(3)		6,524	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOAP NORTHWEST HUMAN SERVICES 681 CENTER ST NE SALEM,OR 97301	93-0605570	501(C)(3)		13,968	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOME YOUTH & RESOURCE CENTER MWVCAA 625 UNION ST NE SALEM,OR 97301	93-1128811	501(C)(3)		12,454	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOPE ON WHEELS 4455 SILVERTON RD NE SALEM,OR 97305	28-1831450	501(C)(3)		15,625	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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HOST SHELTER NORTHWEST HUMAN SERVICES 681 CENTER ST NE SALEM,OR 97301	93-0605570	501(C)(3)		15,455	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOUSE OF ZION FOOD PANTRY 1430 E CLEVELAND ST WOODBURN,OR 97071	93-0871543	501(C)(3)		110,793	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HUNGRY LIKE THE WOLF 345 N MONMOUTH AVE MONMOUTH,OR 97361	93-6033807	501(C)(3)		5,145	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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JAMES 2 COMMUNITY KITCHEN 565 SE LA CREOLE DR DALLAS,OR 97338	26-4033875	501(C)(3)	650	46,392	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
JASON LEE UNITED METHODIST FOOD BANK P O BOX 6061 SALEM,OR 97304	93-0406417	501(C)(3)		151,813	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
KEIZER COMMUNITY FOOD BANK 4505 RIVER RD N KEIZER,OR 97303	93-0514483	501(C)(3)	325	329,924	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KINGWOOD BIBLE 1125 ELM ST NW SALEM,OR 97304	93-3602671	501(C)(3)		41,202	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
LIFE CHURCH PO BOX 5350 SALEM,OR 97304	93-0843519	501(C)(3)		85,555	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MANO-A-MANO FAMILY RESOURCE CENTER 3850 PORTLAND RD NE SALEM,OR 97301	93-0992858	501(C)(3)		110,952	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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MARION FRIENDS CHURCH 5997 STAYTON RD SE TURNER,OR 97392	93-0480595	501(C)(3)		13,764	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MEHAMA COMMUNITY CHURCH JOSEPH STOREHOUSE OF HOPE PO BOX 40 MEHAMA,OR 97384	93-0747026	501(C)(3)	895	241,186	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MILL CITY GATES COMMUNITY CENTER PO BOX 426 MILL CITY,OR 97360	93-1139198	501(C)(3)	300	28,434	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MILL CREEK C/O CATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM,OR 973070400	93-0903773	501(C)(3)		7,029	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MISSION BENEDICT FOOD BANK 925 S MAIN ST MT ANGEL,OR 97362	93-0387331	501(C)(3)		68,757	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MONMOUTH CHRISTIAN CHURCH HELPING HANDS 959 CHURCH ST W MONMOUTH,OR 97361	93-0419360	501(C)(3)		58,602	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOTHER LOFTON'S KITCHEN 865 MEDICAL CENTER DR SALEM,OR 97301	80-0498122	501(C)(3)		59,775	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MT ANGEL COMMUNITY CENTER PO BOX 910 MT ANGEL,OR 97362	93-0760842	501(C)(3)		17,883	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NEW HARVEST CHURCH 4290 PORTLAND RD NE SALEM,OR 97301	20-0692421	501(C)(3)	840	91,160	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HOPE FOURSQUARE CHURCH 4963 SWEGLE RD NE SALEM,OR 97305	95-1684062	501(C)(3)		178,536	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NEW LIFE COMMUNITY CHURCH PO BOX 4136 SALEM,OR 97302	93-1246546	501(C)(3)		98,615	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NORTHGATE COMMUNITY CHURCH 3193 SILVERTON RD NE SALEM,OR 97305	58-0904463	501(C)(3)		88,029	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAULINE MEMORIAL AME ZION CHURCH 3593 SUNNYVIEW RD SALEM,OR 97303	93-1037528	501(C)(3)		134,389	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
PEOPLES CHURCH 4500 LANCASTER DR NE SALEM,OR 97305	93-0513504	501(C)(3)		112,059	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
PIONEER HOME C/O CATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM,OR 973070400	93-1069694	501(C)(3)		24,421	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRECIOUS CHILDREN SALEM EVANGELICAL CHURCH 455 LOCUST ST NE SALEM,OR 97303	93-0569204	501(C)(3)		200,156	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
QUEEN OF PEACE TABLE OF PLENTY 4227 LONE OAK RD SE SALEM,OR 97302	93-0513650	501(C)(3)		133,406	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
RESTORATION HOUSE 650 LOCUST ST NE SALEM,OR 97301	93-0457267	501(C)(3)		31,827	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SABLE HOUSE PO BOX 808 DALLAS,OR 97338	93-1122800	501(C)(3)	250	5,454	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SACRED HEART GERVAIS 680 ELM ST GERVAIS,OR 97026	93-0459186	501(C)(3)		106,965	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SCOTTS MILLS COMMUNITY CENTER FOOD PANTRY PO BOX 196 SCOTTS MILLS,OR 97375	93-0850377	501(C)(3)		31,446	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SEVENTH DAY ADVENTIST COMMUNITY SERVICES 1860 SUMMER ST NE SALEM,OR 97301	93-0441769	501(C)(3)		78,292	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SHARED BLESSING WESTGATE ASSEMBLY OF GOD PO BOX 5990 SALEM,OR 97304	93-0579568	501(C)(3)	250	306,234	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SILVER CREEK MISSION OF HOPE PO BOX 626 SILVERTON,OR 97381	93-0966117	501(C)(3)	300	706,812	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVERTON AREA COMMUNITY AID PO BOX 1305 SILVERTON,OR 97381	93-0884237	501(C)(3)		50,771	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SIMONKA PLACE WOMEN & CHILDREN MISSION UNION GOSPEL MISSIO PO BOX 431 SALEM OR 97301 SALEM,OR 97301	93-0457267	501(C)(3)		19,750	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SOLID ROCK CHURCH 3535 WARD DR NE SALEM,OR 97305	93-0886109	501(C)(3)		71,241	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH EAST NEIGHBORHOOD COMMUNITY CENTER 425 19TH ST SE SALEM,OR 97301	93-0562924	501(C)(3)		10,716	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SOUTH SALEM FRIENDS CHURCH 1140 BAXTER RD SE SALEM,OR 97306	93-6014035	501(C)(3)		35,186	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SPANISH SEVENTH DAY ADVENTIST SALEM 4625 CORDON RD NE SALEM,OR 97305	26-4389184	501(C)(3)		224,503	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH SHELTER 925 S MAIN ST MT ANGEL,OR 97362	93-0387331	501(C)(3)		25,309	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
ST LUKE'S SOCIETY OF ST VINCENT DE PAUL PO BOX 418 DONALD,OR 97020	93-0762880	501(C)(3)		57,293	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
ST TERESA YOUNG MOTHER HOME C/O CATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM,OR 973070400	93-1069694	501(C)(3)		10,262	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL PO BOX 7864 SALEM,OR 97301	93-0464194	501(C)(3)		606,411	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
STAYTON COMMUNITY FOOD BANK 155 2ND ST STAYTON,OR 97383	93-0805665	501(C)(3)		63,408	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
THE SALVATION ARMY PO BOX 7047 SALEM,OR 97301	91-1156347	501(C)(3)	650	323,175	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY UNITED METHODIST CHURCH THE LORD'S CUPBOARD 590 ELMA AVE SE SALEM,OR 97301	93-0454789	501(C)(3)		314,839	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
TURNER CHRISTIAN CHURCH FOOD BANK 7871 MARION RD SE TURNER,OR 97392	93-0508312	501(C)(3)		31,736	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
UNION GOSPEL MISSION MEN'S MISSION PO BOX 431 SALEM,OR 97301	93-0457267	501(C)(3)		40,059	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SALEM UNITED METHODIST CHURCH FOOD PANTRY 1219 3RD ST NW SALEM,OR 97304	93-0682265	501(C)(3)		80,962	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
WOODBURN COMMUNITY HOME CCS C/O CATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM,OR 973070400	93-0903773	501(C)(3)		14,418	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
WOODBURN FAMILY LEARNING CENTER CHILD CARE 1440 NEWBERG SALEM,OR 97071	93-0585997	501(C)(3)		59,407	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODBURN SPANISH SEVENTH DAY ADVENTIST PO BOX 603 SALEM,OR 97071	93-4224170	501(C)(3)		148,167	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
AFTER SCHOOL ACTIVITIES PROGRAM 303 N CHURCH ST SILVERTON,OR 97381	41-1568278	501(C)(3)		7,045	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
EASTWEST ENGLEWOOD SENIOR MOBILESALEM HOUSING AUTHORITY 3140 TESS AVE NE SALEM,OR 97303	93-0562924			19,881	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISKAM MEK H MEK HAWS 9675 GRAND RONDE RD GRAND RONDE,OR 97347	93-1265867	501(C)(3)		255,674	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MANO A MANO FAMILY RESOURCE CENTER SC 2921 SADDLE CLUB RD SUITE 9 SALEM,OR 97301	93-0992858	501(C)(3)		31,702	DONATED FOOD @ $1 06/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)		5,771	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OREGON CHILD DEVELOPMENT CENTER INDEPENDENCESALEM PO BOX 263 WOODBURN,OR 97071	93-0591240	501(C)(3)		26,775	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
ROBERT LINDSEY TOWERSCITY OF SALEM HOUSING AUTHORITY 360 CHURCH ST SE SALEM,OR 97302	93-0582087			13,427	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	FOOD DONATION	TO PREVENT HUNGER
ST BRIGID YOUNG MOTHER HOMECATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM,OR 973070400	93-0903773	501(C)(3)		7,449	DONATED FOOD @ $1 06/LB, PURCHASED FOOD @ COST	FOOD DONATION	TO PREVENT HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOODMANSEE HOMECATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM,OR 973070400	93-0903773	501(C)(3)		12,176	DONATED FOOD @ $1 06/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.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

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	X		360	DONOR VALUE
6 Cars and other vehicles	X	1	6,600	DONOR VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	16,092	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	672	8,773,383	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	7	11,945	DONOR VALUE
26 Other ▶ (EQUIPMENT)	X	6	8,165	DONOR VALUE
27 Other ▶ (GIFT CERTIFICATES)	X	12	567	DONOR VALUE
28 Other ▶ (OTHER MISCELLANEOUS DONATIONS)	X	725	459	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 through 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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.**

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.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION CHANGED ITS BY LAWS TO REFLECT AN INCREASE IN MAXIMUM NUMBER OF BOARD MEMBERS TO 25, TO EXPAND MEETINGS TO INCLUDE ELECTRONIC COMMUNICATION, TO DISCUSS COMPOSITION OF COMMITTEES EXERCISING BOARD FUNCTIONS, TO DETAIL QUORUM AND ACTIONS BY MAJORITY, TO EXPLAIN LIMITATIONS ON AUTHORITY OF COMMITTEES, TO CHANGE LIMIT OF TIME SERVED FROM TWO YEARS TO NO LIMIT, TO ADD EXPANDED DUTIES OF THE TREASURER THAT WERE THE RESPONSIBILITIES OF THE BUDGET/FINANCE COMMITTEE CHAIRED BY THE TREASURER, AND TO CHANGE THE NOTICE DATE FOR AMENDMENTS TO THE BY LAWS FROM 30 DAYS TO AT LEAST 10 DAYS
FORM 990, PART VI, SECTION B, LINE 11	THE DRAFT FORM 990 IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A FAMILY & BUSINESS RELATIONSHIPS CERTIFICATION FORM ANNUALLY DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST
FORM 990, PART VI, SECTION B, LINE 15A	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND FINANCIAL INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE. PUBLIC DISCLOSURE INFORMATION IS ALSO AVAILABLE ON GUIDESTAR AND THE WEBSITE FOR THE NATIONAL CENTER FOR CHARITABLE STATISTICS
FORM 990, PART XI, LINE 9	BAD DEBT EXPENSE -29,827 PREPAID EVENT EXPENSE -4,865

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE BOARD OF DIRECTORS INCLUDES A FINANCE COMMITTEE WHICH IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT
SCHEDULE M -	DONATED FOOD INVENTORIES ARE STATED AT $1 25 PER POUND AS OF JUNE 30, 2016, AND 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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on 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" on 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)SENIOR TOWNHOUSE INC 1660 SALEM INDUSTRIAL DRIVE NE SALEM, OR 973010374 93-0594276	FOOD DISTRIBUTION AND MEAL DELIVERY	OR	501(C)(3)	LINE 7	MARION-POLK FOOD SHARE INC	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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" on 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" on 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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		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		No
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 related 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" on 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 sections 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation