_{Form} 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	or the 2016 calendar year, or tax year beginning , 2016, and ending					, 20			
В	Check if ap	pplicable	C Name of organization			identification number			
Address		hange	South Corvallis Food Bank		i	14-1938201			
ᄓ	Name cha	inge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone	number			
=	Initial retur		1800 SW 3rd Street	Suite 110		541-753-4263			
=	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Ex	oup Exemption			
=		n pending	Corvallis, OR 97333		Number	•			
-		ing Method:	☐ Cash ☐ Accrual Other (specify) ► Hybrid Accrual	Н	Check ▶ 🗸	Check ▶ ☑ If the organization is not			
	Nebsite	•		"	required to attach Schedule B				
		-	eck only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or	<u>□</u> 527	•	90-EZ, or 990-PF).			
		organization:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	re or if tot	al assets				
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			¢			
_	art I		e, Expenses, and Changes in Net Assets or Fund Balance			ne for Part I)			
	aili		the organization used Schedule O to respond to any question in						
	1 4								
	1		ons, gifts, grants, and similar amounts received			77,630			
	2	_	ervice revenue including government fees and contracts			 			
	3		ip dues and assessments		3				
	4	Investment			4	318			
	5a		ount from sale of assets other than inventory 5a						
	b		or other basis and sales expenses			_			
	C		<u>5</u> c						
	6	Gaming and fundraising events							
_	a	Gross inc	}						
ž	1	\$15,000) .							
Revenue	b	Gross inco	RECEI	VED					
\$₽		from fundr							
Ž		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	101		200			
	С		ct expenses from gaming and fundraising events 6c		MAY 6	2017			
アクラフカフ	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and	6b <u>and</u> ຣເ	ubtract	{છ}∦			
j	ł	line 6c) .		. 30	GDEN				
=	7a	Gross sale	s of inventory, less returns and allowances	.00	GDIEN	14 3			
	ь	Less: cost	of goods sold			.1)			
- 3	c	Gross prof	fit or (loss) from sales of inventory (Subtract line 7b from line 7a) .	7c					
-	8	Other reve	nue (describe in Schedule O)	8	77,397				
	9	Total reve	. ▶ 9	155,345					
2017	10		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		10				
7	11		aid to or for members		11				
98	12	Salanes, o	12						
Net Assets Expense			all fees and other payments to independent contractors	13					
	14		y, rent, utilities, and maintenance						
	15	-	ublications, postage, and shipping	· · ·					
	16	Other expe							
	17		· · · · · · · · · · · · · · · · · · ·						
	40	Total expe	18						
	19		(deficit) for the year (Subtract line 17 from line 9)			-5,099			
	1.5		ar figure reported on pnor year's return)		l l				
	000			· · · · · · · · · · · · · · · · · · ·					
	20		nges in net assets or fund balances (explain in Schedule O)		_				
_	21			<u> </u>	. ▶ 21				
Fo	r Papen	work Reduct	tion Act Notice, see the separate instructions. Cat. N	o. 10642i		Form 990-EZ (2016)			

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SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

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Name	Name of the organization Employer identification number							
	Corvallis Food Bank					14-1938201		
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						ons.		
1 2 3	rganization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
4	=							
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 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ 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.)							
	A community trust described i			•				
	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:							
	☐ An organization that normally receives: (1) more than 33½% 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 33½% 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.)							
	An organization organized and							
12	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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g					e section 509(a)(3).		
а	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.							
С	Type III functionally integ its supported organization						ally integrated with,	
d	that is not functionally inte	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.						
е	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.					e II, Type III		
f								
9	g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of							
	(i) Name of supported organization	(ii) Eli4	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see Instructions)	
				Yes	No	·		
(A)								
(B)								
(C)								
(D)								
(E)								
Total				T				

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	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	121274	128535	179140	171804	155027	755780
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	121274	128535	179140	171804	155027	755780
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						755780
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	121274	128535	179140	171804	155027	755780
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	513	251	263	315	318	1660
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						757440
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	_					
 ;	organization, check this box and stop he				<u> </u>	· · · · · ·	· · • 📙
	on C. Computation of Public Suppor			4 1 (0)			
14	Public support percentage for 2016 (line 6		1 11 4 4			14	99.78 %
15	Public support percentage from 2015 Sch 331/2% support test—2016. If the organi			 (on line 13 an			99.73 %
IVa	box and stop here. The organization qua						
b	331/2% support test—2015. If the organi						
•	this box and stop here. The organization				•		
17a	10%-facts-and-circumstances test—2016. 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—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization or supported organization	ation meets the neets the "fact	e "facts-and-c s-and-circums	circumstances" stances" test.	test, check the character that the crganizati	this box and son qualifies as	a publicly
18	Private foundation. If the organization di instructions						

SCHEDULE O (Form 990 or 990-EZ)

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.

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Name of the organization	Employer identification number			
South Corvallis Food Bank	14-1938201			
Deathing a Other Designer of Construction of the Construction of t				
Part I Line 8 - Other Revenue: 51,598 pounds of donated food @ \$1.50 per pound = \$77,397				
Part I Line 16 - Other Expenses - all purchased and donated food, home delivery expenses, and volunt	eer support = \$117,527			
Dock History Co. Translation Williams Co. 1				
Part II Line 26 - Total Liabilities - food and payroll taxes = \$7,067				
•••••••••••••••••••••••••••••••••••••••				
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