Short Form Return of Organization Exempt From Income Tax

2018

OMB No. 1545-1150

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

Open to Public

Inspection

Department of the Treasury

SCANNED AUG 2 1 2019

▶ Do not enter social security numbers on this form as it may be made public.

A For the 2018 calendar year, or tax year beginning Decest appeinds Decest app			enue Service	Co to www.ms.gov/romssocz for instructions and the p			
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Number and different or P.D. box, firmula not delivered to street address Room/huite Total phone number Find sturn/numerated Room	В	Check if a	applicable				
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City or town, state or province, country, and ZiPr or foreign postal code Faculty Exemption Angelesken pending City or family City of the City Faculty F	님		-		1	•	
City of town, state or province, country, and Zill or freeporphotal code Accounting Method.	H		1	1800 SW 3rd St.	Stell0	541-	753-4263
Revenue Sample Core Accounting Method. Cash Account Accounting Method. Cash Account Other (specify)	Ħ				ng n	F Group Ex	emption
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J Tax-exempt status check only one) — ∰ 501(6)(3) = 501(6)(1 1	Website	e: ►	outh orvallis food bank ora			
K Form of organization	J 1	Гах-ехег				•	
Add lines 5h, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets S 5 5 5 5					<u> </u>		
(Part II. column (E)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.			•		nore, or if total a	assets	.,,
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Form	990-	F7	(201	18)

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Pa	Part II Balance Sheets (see the instructions for Part II)						
Check if the organization used Schedule O to respond to any question in this Part II							
	Onto and an in the second		-	(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments			80 922	22	75273	
23 24	Land and buildings				23 24	 .	
25	Total assets		}	 	25	75213	
26	Total liabilities (describe in Schedule O)		· · · · · ·		26	2889	
27	Net assets or fund balances (line 27 of column				27	12384	
Par	t III Statement of Program Service Accom				=:1	12 30	
	Check if the organization used Schedule	• ,		,		Expenses	
Wha	t is the organization's primary exempt purpose?				•	juired for section c)(3) and 501(c)(4)	
Desc	cribe the organization's program service accompli	ishments for each o	of its three largest p	rogram services.		nizations, optional for	
as n	neasured by expenses. In a clear and concise n	nanner, describe th	e services provided	l, the number of	othe	rs.)	
pers	ons benefited, and other relevant information for e						
28	In 2018 We provided emergency	food boxes to 3°	III house holds	representing			
	13,122,102, Viduals	************		<i>.</i>			
						150.00	
20		includes foreign gra			28a	158,619	
29							
	(Grants \$) If this amount	includes foreign gra	ents check here		29a		
30	, in the direction			****************	256		
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	30a		
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount	includes foreign and		► □ 1	31a		
		includes foreign gra	ints, check here .	🟲 🗀	_		
	Total program service expenses (add lines 28a	through 31a)		🕨	32	158 619	
32 Par	Total program service expenses (add lines 28a to live List of Officers, Directors, Trustees, and Key	through 31a)	n one even if not comp	▶ Densated—see the in	32	158 619	
	Total program service expenses (add lines 28a	through 31a) / Employees (list each O to respond to an	one even if not comp ny question in this l	oensated—see the in	32	158 619	
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Part	Total program service expenses (add lines 28a to 10 lives 28a	through 31a) / Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the insert IV (d) Health benefits, contributions to employe benefit plans, and	32 struc	tions for Part IV)	
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Part	Total program service expenses (add lines 28a to 10 lives 28a	through 31a) / Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the insert IV (d) Health benefits, contributions to employe benefit plans, and	32 struc	tions for Part IV)	
Part	Total program service expenses (add lines 28a to 10 lives 28a	through 31a) / Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the insert IV (d) Health benefits, contributions to employe benefit plans, and	32 struc	tions for Part IV)	
Part	Total program service expenses (add lines 28a to 10 lives 28a	through 31a) / Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the insert IV (d) Health benefits, contributions to employe benefit plans, and	32 struc	tions for Part IV)	
Part	Total program service expenses (add lines 28a to 10 lives 28a	through 31a) / Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the insert IV (d) Health benefits, contributions to employe benefit plans, and	32 struc	tions for Part IV)	
Part	Total program service expenses (add lines 28a to 10 lives 28a	through 31a) / Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the insert IV (d) Health benefits, contributions to employe benefit plans, and	32 struc	tions for Part IV)	
Part	Total program service expenses (add lines 28a to 10 lives 28a	through 31a) / Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the insert IV (d) Health benefits, contributions to employe benefit plans, and	32 struc	tions for Part IV)	

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part v.) Check if the organization used schedule of to respond to any question in thi	s Pan	Yes	. [<u>]</u> No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	,,,,	V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		-
39	Section 501(c)(7) organizations. Enter:	1 - 1		
а	Initiation fees and capital contributions included on line 9	.		
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		ingi -ye	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		/
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			Ť
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	· ,		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		· /
41	List the states with which a copy of this return is filed ▶ Dreapn			
42a	The organization's books are in care of \triangleright Mar tha Clemons, Treasure/Telephone no. \triangleright 54 Located at \triangleright 320 NW 30 ^M St Covalls OR ZIP + 4 \triangleright 973 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	30 -	1851	
b	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)?		Yes	
	If "Yes," enter the name of the foreign country ▶	42b		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		, 184
	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		<u> </u>
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	 1	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	_	Ť
	Did the organization receive any payments for indoor tanning services during the year?	44c		$\dot{\overline{}}$
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	**************************************	ر ست د ند	3 E
	Form 990-EZ. See instructions	45b		1

Form 9	90-EZ	(2018)			,				· · · ·	Page 4	
46	Did to c	the organization engage, directly or in andidates for public office? If "Yes," o	ndırectly, in political o	campaign activities	s on I	behalf of or	ın oppositio	on 46	Yes	No	
Part		Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.	s Only ns must answer que	estions 47–49b a	ind 5	i2, and co			or lin	es	
		Check if the organization used Sc	nedule O to respond	to any question	ın tn	is Part VI	· · · ·	· · ·	134		
47	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					ax 47	Yes				
48	-	e organization a school as described in						48		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
49a		•								1	
ь 50	If "Y Con	Did the organization make any transfers to an exempt non-charitable related organization?									
	(a) Name and trtle of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-M	- h	(d) Health contributions t benefit plans, a compen	to employee (and deferred	(e) Estimate other com			
	No	UG									
									-		
											
					\dashv						
					\dashv			· · · · · ·			
f 51	\$100	I number of other employees paid over plete this table for the organization' 0,000 of compensation from the organization with the organization from the organization from the organization of the organization	s five highest compe inization. If there is no	ensated independ one, enter "None."				received		thar	
		ne		(b) Type of service			(e) compensation				
						-					
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶	•					
52		the organization complete Schedu pleted Schedule A	le A? Note: All se	ction 501(c)(3) o	rgani •	zations mu		a ► ▼ Yes		lo_	
		of perjury, I declare that I have examined this not complete. Declaration of preparer (other than						wledge and	belief,	it is	
		Martiea Clemons 5/1/19									
Sign Here		Signature of officer Dated / Martha Clemons Treasurer					· · · · · ·				
	L	Type or print name and title	Tonorrado escribira		Dete			DTN	-		
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date		· · · · · · · · · · · · · · · · · · ·	Check I if self-employe	d PTIN			
Use C		1									
	Firm's address ► Phone no. le IRS discuss this return with the preparer shown above? See instructions							<u> </u>			
may th	e IKS	discuss this return with the preparer	snown above? See it	nstructions	•	· · · ·	<u> •</u>		<u> </u>	10	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

2018

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number 41938201 South Corvallis Food Bank 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 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 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 in section 170(b)(1)(A)(vi). (Complete Part II.) 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 331/8% of its support from contributions, membership fees, and gross 10 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 operated exclusively to test for public safety. See section 509(a)(4). 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. 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. Ь 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) **(B)** (C) (D)

(E)

Par		ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
Sec	Part III. If the organization fails to tion A. Public Support	o quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	(a) 2014	(6) 2013	(6) 2010	(4) 2017	(e) 2016	(I) Total
-	membership fees received. (Do not						
	include any "unusual grants.")	179 140	111804	155021	157087	154166	812224
2	Tax revenues levied for the		, , , , ,	1 22 0 27	10001	12 1 100	01221
	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	179140	171804	155027	152087	154166	812224
5	The portion of total contributions by						
	each person (other than a	-	٥	9			
	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		· · · · · · · · · · · · · · · · · · ·				812224
Sect	ion B. Total Support			······································		·······	0.222
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	119140	171804	155027	152087	154166	812224
8	Gross income from interest, dividends,					·	
	payments received on securities loans,						
	rents, royalties, and income from similar sources		3.7	a. a	2		ليمين
9	Net income from unrelated business	263	315	318	301	427	1624
9	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	i				}	
	(Explain in Part VI.)					Ī	
11	Total support. Add lines 7 through 10						813348
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for th						
O 1	organization, check this box and stop her	<u>e</u>	• • • •	· · · ·			▶ □
	on C. Computation of Public Suppor			(0)		44	00 d v
14 15	Public support percentage for 2018 (line 6 Public support percentage from 2017 Sch					15	99.8 %
16a	331/3% support test—2018. If the organization						99.8 %
	box and stop here. The organization quali						
b	331/3% support test—2017. If the organiz						_
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20	18. If the orga	nızation did no	t check a box	on line 13, 16	a. or 16b. and	
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	eck this box a	nd stop here.	Explain in
	Part VI how the organization meets the "f						
	organization						▶ 🗆
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization m						
40	supported organization						
18	Private foundation. If the organization did	i not check a b	ox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	see

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.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

South Corvallis Food Bank	141938201
PartI Line 8 - Other Revenue 47596 pounds of don	ated food valued at
\$1.73 perpound = 82341	
· '	
Part I Line 16 - Other Expenses - Food (Donald and	Purchased) and home
delivery expenses = 115799	
Part II Line 26 - Total Liabilities - Account payar	ole and payrolltaxes =
Part I Line 34 - Bylows revised and updated	<u>J</u>
·	
	•
	······································
·	