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H Describe the organization's primary unrelated business activity. ► SEE STRATEMENT 1    During the tax year, was the corporation a substidied group or a parient-subsidiary controlled group? ► Yes X No If Yes, enter the name and identifying number of the parent corporation. ►		at ent	0.	<b>G</b> Check	organization type	X 501(c) corporation	on 🗀	501(c) trust	401(a) trust		Other trust	
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The books are in care of   THE ORGANIZATION   Telephone number   (503) 581–3855				-	<del>-</del>				•			
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Depletion  23  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  SEE STATEMENT 2  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32	20	0 (	Charitable contribut	ions (See	e instructions for lim <mark>i</mark> tation	Iréigis PIEN, U	1			20		
Depletion  23  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  SEE STATEMENT 2  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32	₹2	1	Depreciation (attach	Form 45	562)			21				
Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32  34  -67,852.	<u>~</u> 2	2	Less depreciation cl	laimed or	n Schedule A and elsewher	re on return		22a		22b		
Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32  34  -67,852.	- <del> </del>	3	Depletion	_						23		
Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32  34  -67,852.	<b>Z</b> 2		Contributions to def	erred co	mpensation plans					24		
Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32  34  -67,852.	Z 2		Employee benefit pr	ograms						25		
Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32  34  -67,852.	₹ 2			-	chedule I)					26		
Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income  Unrelated business taxable income  Subtract line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32  34  -67,852.	S											
Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32  34  -67,852.												
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Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.					· · · · · · · · · · · · · · · · · · ·			. 00				
line 32								than line 20 onto the	nallar of zara as	33	<u> </u>	000.
523701 1HA For Panerwork Reduction Act Notice see instructions	3			iaxabie	mount oudiractime 33	11 OH 11118 32 H 11118 33 K	o yr talti	man mie 32, enter the Sh	naner of Zero Of	0.4	_67	852
	52			nanwark	Reduction Act Notice and	inetruations					Form QQN	T (2015)

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Form 990-T		<u>94-303</u>	<u> 34161</u>	Page 2
Part II	Tax Computation			
35	Organizations Taxable as Corporations See instructions for tax computation.			
•	Controlled group members (sections 1561 and 1563) check here  See instructions and:			
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$ (2) \$ (3) \$			
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		1	
	(2) Additional 3% tax (not more than \$100,000)			
	Income tax on the amount on line 34		250	0.
			35c	
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	_	_	
	Tax rate schedule or Schedule D (Form 1041)		36	
	Proxy tax. See instructions		37	
	Alternative minimum tax		38	_ <del></del>
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39	0.
Part I	✓ Tax and Payments			
40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 40b			
С	General business credit. Attach Form 3800 40c		7	
	Credit for prior year minimum tax (attach Form 8801 or 8827) 40d			
	Total credits Add lines 40a through 40d		40e	
	Subtract line 40e from line 39		41	0.
		ach schedule)	42	
		ach schedule)		0.
	Total tax Add lines 41 and 42		43	<u> </u>
	Payments: A 2014 overpayment credited to 2015		-	
	2015 estimated tax payments 44b		-	
	Tax deposited with Form 8868		-	
	Foreign organizations: Tax paid or withheld at source (see instructions)		4	
	Backup withholding (see instructions)		4	
f	Credit for small employer health insurance premiums (Attach Form 8941)  44f		4	
g	Other credits and payments: Form 2439			
	Form 4136 Other Total ▶ 44g		_	
45	Total payments Add lines 44a through 44g		45	
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached		46	
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	•	47	0.
	Overpayment If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	•	48	0.
	Enter the amount of line 48 you want: Credited to 2016 estimated tax	nded 🕨	49	
Part V				
	ny time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over		count (bank.	Yes No
	irities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign I			100 110
	punts. If YES, enter the name of the foreign country here	Julin and Fine	2110101	x
2 Durir	out its. If FEO, either the haine of the follegiff country here is now as it the grantor of, or transferor to, a foreign trust?  S, see instructions for other forms the organization may have to file			$-\frac{x}{x}$
				<b>├</b>
	er the amount of tax-exempt interest received or accrued during the tax year \$		· · · · · · · · · · · · · · · · · · ·	
	ule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A		1 - 1	
1 Inve	ntory at beginning of year 1 0. 6 Inventory at end of year		6	0.
2 Puro	chases 2 5,036. 7 Cost of goods sold Subtract line 6			
3 Cos	t of labor 3 79,393. from line 5. Enter here and in Part I, line	2	7	98,176.
4a Addı	tional section 283A costs (att. schedule)  4a  8 Do the rules of section 263A (with respect	ct to		Yes No
<b>b</b> Othe	er costs (attach schedule)  4b 13,747. property produced or acquired for resale	) apply to		
5 Tota	11. Add lines 1 through 4b 5 98, 176. the organization?			<u> </u>
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my kno	owledge and bel	ef, it is true,
Sign	to the control of the part of the part of the part of the control of the part	_	May the IRS disc	uss this return with
Here	2/15/2017 EXECUTIVE DIRECT	TOR I	he preparer shov	
	Signature of officer Date Title	ur	nstructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Cl		ıf PTIN	
ъ	DITTO THE DISCOURS DITTO	elf- employed		
Paid	(n)	on comproyed		304274 _
Prepa	rer CFA	irm's CINI		0874157
Use C	// NV	irm's EIN ▶	33-1	) (   4T ]
	475 COTTAGE STREET NE, SUITE 200	)hana ==	503. E01	1_7700
	Firm's address ► SALEM, OR 97301	hone no	<u>503-58</u> 2	
523711 01			Fo	rm <b>990-T</b> (2015)

1 * Description of property											<u></u>
·											
(1)											
(2)											
(3)											
(4)										_	<u> </u>
	2.	Rent received of	or accrued	<u> </u>				Т			
(a) From personal property (if					nd personal propert	v (if the ness		⊣ ვ	3(a) Deductions dire	ctly cor	nected with the income
rent for personal property	s more than	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	of	rent for pe	ersonal property ex-	ceeds 50% (	or if		columns 2(a	) and 2(	(b) (attach schedule)
10% but not more that	n 50%)		-	the rent	is based on profit	or income)					
(2)				_							
(3)											
(4)											
Total		0. 10	otal			-	0.				<del></del>
(c) Total income. Add totals of colu	mne 2/a) a							_	Total deductions		
here and on page 1, Part I, line 6, c		nu z(v). Emer					^	Ènte	er here and on page 1		
			<u> </u>				υ.	Part	I, line 6, column (B)		
Schedule E - Unrelated	Dept-Fi	inanced ir	ncome	e (see ii	nstructions)		-				
					2. Gross inc	omo +		3.	Deductions directly of to debt-fin	connect	ted with or allocable
4 =					or allocable	to debt-	(2	Street	ght line depreciation		(b) Other deduction
1. Description of	ept-financed	property			financed p	property	'"		ttach schedule)	1	(attach schedule
							ı				
(1)											
(2)											
										+	
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-finance	.	5 Average adj	justed bas	SIS	6. Column 4				Gross income		8 Allocable deduc
property (attach schedule)		debt-finance	d property	y	by colu	iin o			ortable (column 2 x column 6)		(column 6 x total of c 3(a) and 3(b))
		(attach sc									
(1)						%	6				
(2)	1					%	<u>,                                      </u>				
(0)						9/				_	
(4)						9/			<del></del>	-+	
(4)					· · · · · · · · · · · · · · · · · · ·					<del></del>	
									ere and on page 1, line 7, column (A)		Enter here and on pa Part I, line 7, column
								,	. , ,		Tari, ille 7, colonii
Totals							▶			0.	
Total dividends-received deduction	ons included	<u>d in column 8</u>									
Schedule F - Interest, A	nnuities	s, Royaltie	es, an	<u>d Ren</u>	ts From Co	ontrolle	d Orga	aniza	ations (see in	nstruc	tions)
				Exempt	t Controlled O	rganizatio	ns				
	I					***	4		5. Part of column 4	I that ie	6 Deductions dire
	n	2	Ī		3		of an antind		included in the cont	rolling	connected with inc
1 Name of controlled organization		2 Employer identif			3 related income	Total o			organization's gross	income	
					3 related income ee instructions)		ents made		organization's gross	ıncome	in column 5
Name of controlled organization		Employer identif							organization's gross	income	in column 5
Name of controlled organization		Employer identif							organization's gross	income	in column 5
Name of controlled organization  (1)  (2)		Employer identif							organization's gross	income	in column 5
1 Name of controlled organization (1) (2) (3)		Employer identif							organization's gross	income	in column 5
Name of controlled organization  (1)  (2)		Employer identif							organization's gross	income	in column 5
1 Name of controlled organization (1) (2) (3)		Employer identif							organization's gross	income	in column 5
1 Name of controlled organization (1) (2) (3) (4)	ations	Employer identif	fication	(loss) (s		paym	ents made		organization's gross		
1 Name of controlled organization (1) (2) (3) (4) Nonexempt Controlled Organization	ations 8 Net unr	Employer (dentif number	fication	(loss) (s	ee instructions)	paym	10. Part of in the co	f colum entrollin	in 9 that is included g organization's	11	Deductions directly co
1 Name of controlled organization (1) (2) (3) (4) Nonexempt Controlled Organization	ations 8 Net unr	Employer identifinumber	fication	(loss) (s	ee instructions)	paym	10. Part of in the co	f colum entrollin	in 9 that is included	11	Deductions directly co
1 Name of controlled organization (1) (2) (3) (4) Nonexempt Controlled Organization	ations 8 Net unr	Employer identifinumber	fication	(loss) (s	ee instructions)	paym	10. Part of in the co	f colum entrollin	in 9 that is included g organization's	11	Deductions directly cor
1 Name of controlled organization (1) (2) (3) (4) Nonexempt Controlled Organization 7 Taxable Income	ations 8 Net unr	Employer identifinumber	fication	(loss) (s	ee instructions)	paym	10. Part of in the co	f colum entrollin	in 9 that is included g organization's	11	Deductions directly cor
1 Name of controlled organization  (1) (2) (3) (4)  Nonexempt Controlled Organization  7 Taxable Income	ations 8 Net unr	Employer identifinumber	fication	(loss) (s	ee instructions)	paym	10. Part of in the co	f colum entrollin	in 9 that is included g organization's	11	Deductions directly cor
1 Name of controlled organization (1) (2) (3) (4) Nonexempt Controlled Organization 7 Taxable Income	ations 8 Net unr	Employer identifinumber	fication	(loss) (s	ee instructions)	paym	10. Part of in the co	f colum entrollin	in 9 that is included g organization's	11	Deductions directly cor
1 Name of controlled organization  (1) (2) (3) (4)  Nonexempt Controlled Organization  7 Taxable Income	ations 8 Net unr	Employer identifinumber	fication	(loss) (s	ee instructions)	paym	10. Part of in the co	f colum entrollin	in 9 that is included g organization's	11	Deductions directly cor
1 Name of controlled organization  (1) (2) (3) (4)  Nonexempt Controlled Organization  7 Taxable Income  (1) (2) (3)	ations 8 Net unr	Employer identifinumber	fication	(loss) (s	ee instructions)	paym	10. Part o	f colum notrollin gross	in 9 that is included ig organization's income	11	Deductions directly conwith income in column 1
1 Name of controlled organization  (1) (2) (3) (4)  Nonexempt Controlled Organization  7 Taxable Income  (1) (2) (3)	ations 8 Net unr	Employer identifinumber	fication	(loss) (s	ee instructions)	paym	10. Part or in the co	f column f column gross	in 9 that is included g organization's	11	Deductions directly conwith income in column 1
1 Name of controlled organization  (1) (2) (3) (4)  Nonexempt Controlled Organization  7 Taxable Income  (1) (2) (3)	ations 8 Net unr	Employer identifinumber	fication	(loss) (s	ee instructions)	paym	10. Part or in the co	f column gross of	in 9 that is included g organization's income	11	Deductions directly conwith income in column 1
1 Name of controlled organization  (1) (2) (3) (4)  Nonexempt Controlled Organization  7 Taxable Income  (1) (2) (3) (4)	ations 8 Net unr	Employer identifinumber	fication	(loss) (s	ee instructions)	paym	10. Part or in the co	f column gross of	on 9 that is included ig organization's income  on 5 and 10 on page 1, Part I,	11	Deductions directly corwith income in column 1
1 Name of controlled organization  (1) (2) (3) (4)  Nonexempt Controlled Organization  7 Taxable Income  (1) (2) (3) (4)  Totals	ations 8 Net unr	Employer identifinumber	fication	(loss) (s	ee instructions)	paym	10. Part or in the co	f column gross of	on 9 that is included ig organization's income	11	Deductions directly corwith income in column 1  Add columns 8 and 11 er here and on page 1, F line 8, column (B)
1 Name of controlled organization  (1) (2) (3) (4)  Nonexempt Controlled Organization  7 Taxable Income  (1) (2) (3) (4)	ations 8 Net unr	Employer identifinumber	fication	(loss) (s	ee instructions)	paym	10. Part or in the co	f column gross of	on 9 that is included ig organization's income  on 5 and 10 on page 1, Part I,	11	Deductions directly corwith income in column 1

Schedule G - Investme			Section 5	501(c)(7	7), (9), or (17) Or	ganizat	tion	<u> </u>	rage -
1. Desc	iption of	fincome			2 Amount of income		luctions connected schedule)	4. Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)						(dilaci) i	scriedule)		(cor 3 plus cor 4)
(2)		· · · · · · · · · · · · · · · · · · ·				<u> </u>			<del> </del>
									<del>                                     </del>
(3)		_							<del>- </del>
(4)									
					Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B)
Totals				▶	0.				0.
Schedule I - Exploited (see instru		•	Income	, Other	Than Advertisi	ng Inco	me		
			2 -	1	4. Net income (loss)				7 -
Description of exploited activity	17	2. Gross lated business ncome from de or business	3 Experdirectly con with produof unrelables business in	nnected uction ated	from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	from act is not u	s income ivity that nrelated s income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)							<u> </u>		
(4)							<u> </u>		
(1)	p	er here and on age 1, Part I, e 10, col (A)	Enter here page 1, F line 10, co	Parti,			<u>, , . l</u>		Enter here and on page 1, Part II, line 26
Totals		0.		0.					0.
Schedule J - Advertisi	na In		nstructions						•
					solidated Basis				
raiti meemetrem		ш.ош.о т.ор							
1. Name of periodical		2. Gross advertising income		Direct ising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7		rculation come	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(4)					+	+			
(1)					4				
(2)					4				
(3)									
(4)									
						1			
Totals (carry to Part II, line (5))	•		0.	0					0.
Part II Income From	Perio	dicals Rep	orted on	a Sepa	arate Basis (For e	each perio	dical listed in	Part II, fill in	
columns 2 through									
		_			4. Advertising gain				7 Excess readership
1. Name of periodical		2. Gross advertising income		Direct ising costs	or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7		rculation come	6. Readership costs	costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)									
Totals from Part I	<b>•</b>		0.	0			1		0.
Totals Holli Part 1		Enter here and of page 1, Part I, line 11, col (A)	on Enter h	nere and on 1, Part I, 1, col (B)	•				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•		0.	0					0.
Schedule K - Compen	satio	n of Office	rs. Direct	tors. ar	nd Trustees (see	instruction	ons)		
1. 6			<u>, , , , , , , , , , , , , , , , , , , </u>		2. Title		3. Percent of time devoted to business	_   7 0000	ensation attributable related business
(1)				<del> </del>				%	
				<del> </del>	<del>,· ·· ·</del>			%	
(2)				<del> </del>					
(3)				<del> </del>	····			%	
(4)				<u> </u>			L	%	
Total. Enter here and on page 1, F	Part II, I	ine 14				<del></del>		<u> </u>	<u> </u>
523731									Form <b>990-T</b> (2015

09390213 783673 55440 2015.05040 MARION-POLK FOOD SHARE, INC 55440 1

FORM 990-T	DESCRIPTION O	F ORGANIZATION'S BUSINESS ACTIVIT	PRIMARY UNRELATED	STATEMENT	1 	
AGRICULTUR	RAL CROPS AND FOOD SALES					
TO FORM 990	)-T, PAGE 1					
FORM 990-T	NET	OPERATING LOSS D	DEDUCTION	STATEMENT	2	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
06/30/14 06/30/15	9,528. 119,230.	0.	9,528. 119,230.	9,528. 119,230.		
NOL CARRYO	VER AVAILABLE THIS	YEAR	128,758.	128,758	}. ====================================	
NOL CARRYOV			128,758.	128,79		