| | EXTENDED TO | YAM | 15, 2018 | 270000 | | 01417 |
|--|---|----------------|----------------------------|-----------------------|-------------------|---|
| Form 990-T | Exempt Organization E | Busine | ss Income T | ax Return | ı _ | OMB No 1545-0687 |
| | (and proxy tax i | | · | | | 0040 |
| , A | For calendar year 2016 or other tax year beginning $\overline{\mathtt{JUL}}$ | | | | 7 , | 2016 |
| Department of the Treasury | ▶ Information about Form 990-T and its in | | | 11 11 10 | MA | men to Public Inspection to |
| Internal Revenue Service | Do not enter SSN numbers on this form as it | | | ration is a 501(c)(3) | 2 (1/5 | 501(c)(3) Organizations Only eyer identification number |
| A Check box if address changed | Name of organization (Check box if na | ame changed | and see instructions.) | A | (Emplo | oyees' trust, see octions) |
| | WARTON BOLK HOOD GU | . D. T. | NTG | | | • |
| B Exempt under section X 501(c)(3) | Print MARION-POLK FOOD SHA | | | | | 4-3034161 ted business activity codes |
| (3) 01(C)(3))) °) 408(e) 228(e) | Number, street, and room or suite no. If a P.O. Type 1660 SALEM INDUSTRIA | | | | | structions) |
| 408A 530(a) | City or town, state or province, country, and | ~ | | | | |
| 529(a) | SALEM, OR 97301-037 | - | ii postai code | | 7223 | 320 |
| Book value of all assets | E Group exemption number (See instructions.) | | | | 122. | 520 |
| at end of year 6 . 428 . 741 . | G Check organization type ► X 501(c) corpo | oration [| 501(c) trust | 401(a) trust | | Other trust |
| | n's primary unrelated business activity. > CATEF | | | | | |
| | the corporation a subsidiary in an affiliated group or a | | | ▶ [| Yes | s X No |
| | nd identifying number of the parent corporation. | • | | | | _ |
| | ► THE ORGANIZATION | | Teleph | one number 🕨 (| 503 |) 581-3855 |
| Part I Unrelated | d Trade or Business Income | | (A) Income | (B) Expenses | | (C) Net |
| 1a Gross receipts or sale | s 12,899. | | | | | |
| b Less returns and allow | vances c Balance | ▶ 1c | 12,899. | | | · · · · · · · · · · · · · · · · · · · |
| 2 Cost of goods sold (S | chedule A, line 7) | 2 | 5,754. | | | |
| 3 Gross profit. Subtract | line 2 from line 1c | 3 | 7,145. | | | 7,145 |
| 4a Capital gain net incon | ne (attach Schedule D) | 4a | | | | |
| b Net gain (loss) (Form | 4797, Part II, line 17) (attach Form 4797) | 4b | | | | |
| c Capital loss deduction | | 4c | | | | <u> </u> |
| 5 Income (loss) from p | artnerships and S corporations (attach statement) | 5 | | | | |
| 6 Rent income (Schedu | le C) | 6 | | | | |
| | ed income (Schedule E) | 7 | | | | |
| | yalties, and rents from controlled organizations (Sch. F | | | | | |
| | a section 501(c)(7), (9), or (17) organization (Schedu | | | | | |
| · | vity income (Schedule I) | 10 | | | | |
| 11 Advertising income (S | • | 11 | | | | |
| | structions; attach schedule) | 12 | 7 145 | | \longrightarrow | 7 145 |
| 13 Total. Combine lines | | 13 | 7,145. | L | | 7,145 |
| | ns Not Taken Elsewhere (See instruction contributions, deductions must be directly conn | | | | | |
| | icers, directors, and trustees (Schedule K) | | | - I | 14 | |
| | icers, directors, and trustees (scriedule K) | | | Ì | 15 | |
| 15 Salaries and wages16 Repairs and mainter | | | | | 16 | |
| 17 Bad debts | RECE | EINEL |) | Ì | 17 | |
| 18 Interest (attach sche | dule) | | ာပ္စ္စ | | 18 | |
| 19 Taxes and licenses | dule) S MAR I | 2 2018 | 7 | Ì | 19 | |
| | ons (See instructions for limitation rules) | | 4 | | 20 | |
| 21 Depreciation (attach | Form 4562) | "Li. | 21 | | | |
| · · | Form 4562) amed on Schedule A and elsewhe re on return | IV, UI | 22a | | 22b | |
| 23 Depletion | | | | | 23 | |
| • | erred compensation plans | | | ĺ | 24 | |
| 25 Employee benefit pr | | | | | 25 | |
| 26 Excess exempt expe | | | | | 26 | |
| 27 Excess readership c | | | | | 27 | |
| 28 Other deductions (a | | | | | 28 | |
| | dd lines 14 through 28 | | | | 29 | 0. |
| | axable income before net operating loss deduction. Si | ubtract line 2 | 9 from line 13 | [| 30 | 7,145. |
| 31 Net operating loss d | eduction (limited to the amount on line 30) | | SEE STAT | EMENT 1 | 31 | 7,145. |
| | axable income before specific deduction. Subtract line | | e 30 | ļ | 32 | . 0. |
| | Generally \$1,000, but see line 33 instructions for exce | | | Į | 33 | 1,000. |
| | taxable income. Subtract line 33 from line 32. If line | 33 is greater | than line 32, enter the sr | naller of zero or | | |
| lina 32 | | | | | 3/4 | O |

623701 11-22-17 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (20)
INC 5 4740

| Form 990-T | (2016) MARION-POLK FOOD SHARE, INC. | <u>94-3034161 </u> | Page 2 |
|------------|--|--|---|
| Part I | Tax Computation | | |
| 35 | Organizations Taxable as Corporations See instructions for tax computation. | | |
| | Controlled group members (sections 1561 and 1563) check here See instructions and: | | |
| а | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | | |
| | (1) \$ (2) \$ (3) \$ | | |
| b | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) | | |
| | (2) Additional 3% tax (not more than \$100,000) | | |
| C | Income tax on the amount on line 34 | ▶ 35c | 0. |
| 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 | |
| 37 | Proxy tax See instructions | ▶ 37 | |
| 38 | Alternative minimum tax | 38 | |
| 39 | Tax on Non-Compliant Facility Income. See instructions | 39 | |
| | Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 | 0. |
| Part I | | | |
| 41a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | |
| | Other credits (see instructions) | | |
| | General business credit. Attach Form 3800 | | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | | |
| е | Total credits. Add lines 41a through 41d | 41e | |
| 42 | Subtract line 41e from line 40 | 42 | 0. |
| 43 | | ach schedule) 43 | |
| 44 | Total tax. Add lines 42 and 43 | 44 | 0. |
| | Payments: A 2015 overpayment credited to 2016 | | |
| | 2016 estimated tax payments 45b | | |
| | Tax deposited with Form 8868 | | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 45d | | |
| | Backup withholding (see instructions) 45e | | |
| | Credit for small employer health insurance premiums (Attach Form 8941) Other credits and payments: Form 2439 | | |
| 9 | | | |
| 40 | | | |
| 46 | Total payments. Add lines 45a through 45g Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ □ | 46 | |
| 47 48 | Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | 48 | 0. |
| 40 49 | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | 49 | 0. |
| 50 | Enter the amount of line 49 you want: Credited to 2017 estimated tax | | |
| | Statements Regarding Certain Activities and Other Information (see instruction) | | |
| | At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority | | Yes No |
| • | over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file | | 1 |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country | | 1 |
| | here > | | x |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign | n trust? | X |
| | If YES, see instructions for other forms the organization may have to file. | | |
| 53 | Enter the amount of tax-exempt interest received or accrued during the tax year > \$ | | |
| | 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 knowledge and belief, i | t is true |
| Sign | correct, and complete becausing or prepare totals than taxpayor is based on an information of which prepare has any knowledge | May the IRS discuss | this return with |
| Here | 1 And Youpe 3/2/20/1 EXECUTIVE DIRECT | TOR the preparer shown b | elow (see |
| | Signature of officer Date Title | instructions)? | Yes No |
| | | eck If PTIN | |
| Paid | ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | f- employed | |
| Prepa | rer CPA 72/18 | P0130 | |
| Use C | nly Firm's name ► GROVE, MUELLER & SWANK, P.C. | rm's EIN ▶ 93-08 | 74157 |
| | 475 COTTAGE STREET NE, SUITE 200 | . / = 6 - 1 | 4 |
| | Firm's address ► SALEM, OR 97301 | <u>hone no (503) 58</u> | |
| | | Form . | 990-T (2016) |

| Schedule A - Cost of Goods | s Sold. Enter | method of invent | ory valuation N/A | | | | |
|---|----------------------|---|--|---------|--|------------------------|---|
| 1 Inventory at beginning of year | 1 | 0. | 6 Inventory at end of year | ar | | 6 | 0. |
| 2 Purchases | 2 | 3,201. | 7 Cost of goods sold. S | ubtract | line 6 | | |
| 3 Cost of labor | 3 | 989. | from line 5. Enter here | and in | Part I, | | |
| 4a Additional section 263A costs | | | line 2 | | | 7 | 5,754. |
| (attach schedule) | 4a | | 8 Do the rules of section | 263A (| with respect to | | Yes No |
| b Other costs (attach schedule) | 4b | 1,564. | property produced or | - | | | |
| 5 Total Add lines 1 through 4b | 5 | 5,754. | the organization? | | | | x |
| Schedule C - Rent Income | (From Real | | | Leas | ed With Real Pro | perty | |
| (see instructions) | | | | | | | |
| 1. Description of property | | | | | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | 2 Rent receiv | ed or accrued | | | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | than | of rent for pe | d personal property (if the percent ersonal property exceeds 50% or if is based on profit or income) | age | 3(a) Deductions directly columns 2(a) a | y connec nd 2(b) (a | attach schedule) |
| (1) | | | | | | | |
| (2) | | | | | <u> </u> | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Total | 0. | Total | | 0. | | | |
| (c) Total income. Add totals of columns there and on page 1, Part I, line 6, column | | nter - | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | • | 0. |
| Schedule E - Unrelated Deb | | Income (see | nstructions) | | | | |
| | | | 2. Gross income from | | Deductions directly cor to debt-finance | nected v | with or allocable |
| 1. Description of debt-fir | nanced property | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | _ | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to unced property h schedule) | 6 Column 4 divided by column 5 | | 7 Gross income reportable (column 2 x column 6) | (0 | Allocable deductions column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | % | | | | |
| (2) | | | % | | | | |
| (3) | | | % | | | | |
| (4) | | | % | | | | |
| | | | | | inter here and on page 1, Part I, line 7, column (A) | | nter here and on page 1, Part I, line 7, column (B) |
| Totals | | | • | | 0 | | 0. |
| Total dividends-received deductions in | cluded in columi | n 8 | | | > | - | 0. |
| | | | | | | | Form 990-T (2016) |

| | | <u> </u> | | | | d Organiz | | 1300 1113 | | 3) |
|-------------------------------------|--|---|---|--|---|--|---|---------------------------------------|---|--|
| • | | | Exempt (| Controlled Or | ganızatı | ons | | | | |
| 1. Name of controlled organiz | zation | 2. Employer identification number | | elated income instructions) | | al of specified nents made | included | column 4 in the cont on s gross | rolling | 6 Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | <u></u> | | | |
| Nonexempt Controlled Orga | nizations | | ····· | | | | | | | |
| 7. Taxable Income | | elated income (los: instructions) | s) 9 . Total | of specified payn made | nents | 10. Part of colu in the controll gross | | | | ductions directly connected income in column 10 |
| (1) | | | | - | | | | | | |
| (2) | | | T | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | | | Enter here and | nns 5 and 1 I on page 1, column (A) | ì | Enter h | d columns 6 and 11 ere and on page 1, Part I, line 8, column (B) |
| Totals | | | | | > | | | 0. | | 0. |
| Schedule G - Investm | | e of a Sec | tion 501(c)(| 7), (9), or (| (17) Or | ganizatior | 1 | | | |
| (See ins | structions) | | | Τ | 1 | 3 Deduction | | | | 5 Total deductions |
| 1 De | scription of income | • | | 2. Amount of | income | directly conne (attach sched | ected | 4 Set-a (attach s | | and set-asides (col 3 plus col 4) |
| (1) | | | | | | - (under series | idic) | | | (cor 3 plus cor 4) |
| (2) | | | | | | | | | | |
| (3) | | · | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | Enter here and o Part I, line 9, col | | | | | | Enter here and on page 1 Part I line 9 column (B) |
| Totals | | | > | | 0. | | | | | 0. |
| Schedule I - Exploited (see inst | d Exempt A ructions) | Activity Inc | ome, Othe | r Than Ad | vertisi | ng Income | • | | | |
| Description of exploited activity | 2. Ground and the company of the com | isiness dir | 3. Expenses ectly connected with production of unrelated usiness income | 4. Net incom from unrelated business (co minus column gain, compute through | trade or lumn 2 n 3) If a e cols 5 | 5. Gross inco from activity is not unrela business inco | that led | 6. Exp attributa colun | able to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | ·- | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | Enter here a page 1, P line 10, co | arti, | nter here and on page 1, Part I, ne 10, col (B) | 1 | | | | - | | Enter here and on page 1, Part II, line 26 |
| Totals | • | 0. | 0. | | | | | | | 0. |
| Schedule J - Advertis | sing Incom | | | · | | | | | | <u>v•</u> |
| Part I Income From | Periodica | ls Reporte | ed on a Con | solidated | Basis | | | | , , , , , , , , , , , , , , , , , , , | |
| | | | | | | | | | | |
| 1. Name of periodical | a | 2. Gross dvertising income | 3. Direct advertising costs | 4 Adverti or (loss) (co col 3) If a ga cols 5 th | ol 2 minus ain comput | 5 Circula income | | 6 Reade costs | | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | |
| (2) | | | | _ | | | _ | | | |
| (3) | | | | _ | | | | | | |
| (4) | | | | | | 1 | | | | |
| | I | 1 | | | | 1 | | | | |
| Totals (carry to Part II, line (5)) | | 0. | 0 | , | | | | | | 0. |

Form 990-T (2016) MARION-POLK FOOD SHARE, INC.

| Part II | Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1 Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|--|--|---|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1 Part II, line 27 |
| Totals, Part II (lines 1-5) | 0. | 0. | | | | 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2 Title | 3 Percent of time devoted to business | Compensation attributable to unrelated business |
|--|---------|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total Enter here and on page 1, Part II, line 14 | | • | 0. |

Form 990-T (2016)

| FORM 990-T | NET | OPERATING LOSS | DEDUCTION | STATEMENT 1 |
|----------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/14 06/30/15 06/30/16 | 9,528. 119,230. 67,852. | 0. 0. 0. | 9,528. 119,230. 67,852. | 9,528. 119,230. 67,852. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 196,610. | 196,610. |
| FORM 990-T | COST | OF GOODS SOLD - | OTHER COSTS | STATEMENT 2 |
| DESCRIPTION | 1 | | | AMOUNT |
| OCCUPANCY | | | | 1,440. |
| PROGRAM SUE | SAPTES | | | 124. |