

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
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- 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

F Name and address of principal officer
 RICK GAUPO
 1660 SALEM INDUSTRIAL DRIVE NE
 SALEM, OR 973010374

D Employer identification number
 94-3034161

E Telephone number
 (503) 581-3855

G Gross receipts \$ 14,415,933

- 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 ▶

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 ▶

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 <input type="checkbox"/> 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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	79
6	Total number of volunteers (estimate if necessary)	6	3,400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	12,899
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,992,599	13,692,199
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	514,917	526,614
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,183	20,746
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,884	43,773
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,593,583	14,283,332
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,795,065	10,422,853
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,251,356	2,504,209
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 940,257	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,520,563	1,465,894	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,566,984	14,392,956	
19 Revenue less expenses Subtract line 18 from line 12	26,599	-109,624	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,510,798	6,428,741
	22 Net assets or fund balances Subtract line 21 from line 20	249,160	223,626
		6,261,638	6,205,115

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

 Signature of officer: _____ Date: 2018-02-27

RICK GAUPO EXECUTIVE DIRECTOR
 Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name RYAN T PASQUARELLA CPA	Preparer's signature RYAN T PASQUARELLA CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN 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	

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 \$ 12,911,223 including grants of \$ 10,422,853) (Revenue \$ 576,451)
See Additional Data

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 ▶ 12,911,223

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a-24d, 25a-25b, 26-27, 28a-28c, 29-31, 32-33, 34, 35a-35b, 36-37, 38.

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 (Yes); b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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: [X] Own website, [] Another's website, [X] 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) BERNADETTE MELE BOARD MEMBER	1 00	X						0	0	0
(3) BRENDA TUOMI BOARD MEMBER	1 00	X						0	0	0
(4) CHERYL WELLS VICE CHAIR	1 00	X		X				0	0	0
(5) COURTNEY KNOX BUSCH SECRETARY	1 00	X		X				0	0	0
(6) DENNIS K YOUNG BOARD MEMBER (THROUGH AUG 2016)	1 00	X						0	0	0
(7) DICK YATES BOARD MEMBER	1 00	X						0	0	0
(8) EILEEN ZIELINSKI BOARD MEMBER	1 00	X						0	0	0
(9) ESTHER PUENTES BOARD MEMBER	1 00	X						0	0	0
(10) FRANCES LARA ALVARADO BOARD MEMBER	1 00	X						0	0	0
(11) GEORGE HAPP BOARD MEMBER	1 00	X						0	0	0
(12) JIM GREEN TREASURER	1 00	X		X				0	0	0
(13) JOHN BURT BOARD MEMBER	1 00	X						0	0	0
(14) JULIE HUCKESTEIN BOARD MEMBER	1 00	X						0	0	0
(15) MIKE GARRISON BOARD MEMBER	1 00	X						0	0	0
(16) WARREN BEDNARZ BOARD MEMBER	1 00	X						0	0	0
(17) RICK GAUPO EXECUTIVE DIRECTOR	40 00			X				96,566	0	25,796

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	145,764				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,455,436				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,090,999				
	g Noncash contributions included in lines 1a-1f \$ _____		9,810,559				
	h Total. Add lines 1a-1f		13,692,199				
Program Service Revenue		Business Code					
	2a HOME MEAL DELIVERY	624210	401,339	401,339			
	b FOOD BANK OPERATION	624210	111,976	111,976			
	c CATERING	722320	12,899		12,899		
	d CLASS FEES	611430	400	400			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		526,614					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,155			12,155	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		24,370	(ii) Personal				
		b Less rental expenses	0				
		c Rental income or (loss)	24,370				
	d Net rental income or (loss)		24,370			24,370	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		16,169	(ii) Other				
		b Less cost or other basis and sales expenses	7,578				
		c Gain or (loss)	8,591				
	d Net gain or (loss)		8,591			8,591	
	8a Gross income from fundraising events (not including \$ 145,764 of contributions reported on line 1c) See Part IV, line 18	a	28,128				
		b Less direct expenses	71,461				
c Net income or (loss) from fundraising events			-43,333			-43,333	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	91,785					
	b Less cost of goods sold	53,562					
	c Net income or (loss) from sales of inventory		38,223	38,223			
Miscellaneous Revenue	Business Code						
11a OTHER REVENUE	900099	24,513	24,513				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		24,513					
12 Total revenue. See Instructions		14,283,332	576,451	12,899	1,783		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	10,422,853	10,422,853		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	132,254	52,902	39,676	39,676
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.	1,822,363	1,123,473	276,483	422,407
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	54,774	34,157	9,066	11,551
9 Other employee benefits.	318,267	216,188	20,329	81,750
10 Payroll taxes.	176,551	105,934	28,842	41,775
11 Fees for services (non-employees)				
a Management.				
b Legal.	2,737		2,737	
c Accounting.	31,000		31,000	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	7,591		7,591	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	102,342	51,909	47,979	2,454
12 Advertising and promotion.	41,742	2,470	1,376	37,896
13 Office expenses.	349,420	95,682	26,219	227,519
14 Information technology.	71,933	32,967	12,098	26,868
15 Royalties.				
16 Occupancy.	145,691	138,527	3,525	3,639
17 Travel.	107,892	103,477	3,105	1,310
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	20,470	7,742	8,411	4,317
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	225,367	203,651	10,593	11,123
23 Insurance.	29,421	15,149	8,331	5,941
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 PROGRAM SUPPLIES	151,987	151,987		
b MEAL DELIVERY EXPENSES	133,845	133,845		
c CATERING EXPENSE	5,577	5,577		
d BETTER BURGER PRODUCTIO	177	177		
e All other expenses	38,702	12,556	4,115	22,031
25 Total functional expenses. Add lines 1 through 24e.	14,392,956	12,911,223	541,476	940,257
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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,835	1	1,240
	2 Savings and temporary cash investments	959,463	2	1,436,826
	3 Pledges and grants receivable, net	265,829	3	221,913
	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	1,127,308	8	672,466
	9 Prepaid expenses and deferred charges	118,740	9	105,499
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	5,136,240		
	b Less accumulated depreciation	2,038,656		
		3,208,898	10c	3,097,584
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	828,725	12	893,213
	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)	6,510,798	16	6,428,741	
Liabilities	17 Accounts payable and accrued expenses	187,220	17	149,789
	18 Grants payable		18	
	19 Deferred revenue	61,940	19	73,837
	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	249,160	26	223,626
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,800,722	27	5,523,859
	28 Temporarily restricted net assets	224,981	28	443,946
	29 Permanently restricted net assets	235,935	29	237,310
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	6,261,638	33	6,205,115	
34 Total liabilities and net assets/fund balances	6,510,798	34	6,428,741	

Part XI Reconciliation 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	14,283,332
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,392,956
3	Revenue less expenses Subtract line 2 from line 1	3	-109,624
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,261,638
5	Net unrealized gains (losses) on investments	5	94,417
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	-41,316
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,205,115

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 94-3034161

Name: MARION-POLK FOOD SHARE INC

Form 990 (2016)

Form 990, Part III, Line 4a:

MARION-POLK FOOD SHARE HAS BEEN LEADING THE FIGHT TO END HUNGER IN MARION AND POLK COUNTIES SINCE 1987 THIS FISCAL YEAR, WE DISTRIBUTED OVER 9 MILLION POUNDS OF EMERGENCY FOOD TO HUNGRY INDIVIDUALS AND FAMILIES THROUGH A NETWORK OF MORE THAN 100 NONPROFIT, HUNGER-RELIEF PARTNERS OUR MEALS ON WHEELS PROGRAM PROVIDES HOME-DELIVERED AND COMMUNITY MEAL TO HUNDREDS OF SENIORS IN SALEM AND KEIZER WE ALSO OPERATE A FOOD PANTRY UNDER CONTRACT WITH THE CONFEDERATED TRIBES OF GRAND RONDE TO ADDRESS THE ROOT CAUSES OF HUNGER, WE OFFER EDUCATION AND SKILL-BUILDING OPPORTUNITIES AND ENGAGE IN FOOD SYSTEMS COMMUNITY ORGANIZING ACTIVITIES INCLUDE COMMUNITY GARDENS, A YOUTH-RUN URBAN FARM, NUTRITION EDUCATION AND WORK EXPERIENCE PROGRAMS

SCHEDULE A
(Form 990 or 990EZ)

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 12, 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 agricultural research organization described in **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 _____
- 10 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 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
 - 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- 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		
Total						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	12,995,366	12,098,276	11,608,629	11,992,599	13,692,199	62,387,069
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	12,995,366	12,098,276	11,608,629	11,992,599	13,692,199	62,387,069
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)						5,929,912
6 Public support. Subtract line 5 from line 4						56,457,157

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	12,995,366	12,098,276	11,608,629	11,992,599	13,692,199	62,387,069
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,382	13,453	12,489	17,184	36,525	91,033
9 Net income from unrelated business activities, whether or not the business is regularly carried on		17,330			7,145	24,475
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	336	1,558	119,966	7,458	24,513	153,831
11 Total support. Add lines 7 through 10						62,656,408
12 Gross receipts from related activities, etc (see instructions)					12	1,648,187
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	90.110 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	91.810 %
16a 33 1/3% support test—2016. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)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.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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 I of Schedule L (Form 990 or 990-EZ).		
	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

		Yes	No
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		11a	
		11b	
		11c	

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? <i>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.</i>		
		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? <i>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.</i>		
		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)? <i>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).</i>		
		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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>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.</i>		
		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? <i>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.</i>		
		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? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		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 <input type="checkbox"/> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER REVENUE - 2012 AMOUNT \$ 336 2013 AMOUNT \$ 1,558 2014 AMOUNT \$ 119,966 2015 AMOUNT \$ 7,458 2016 AMOUNT \$ 24,513

Schedule A Form 990 or 990-E 2016

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

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
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	828,725	795,675	827,935	755,584	697,802
b Contributions	1,375	101,535	3,634	1,271	7,040
c Net investment earnings, gains, and losses	110,574	-23,707	5,615	123,972	75,054
d Grants or scholarships					
e Other expenditures for facilities and programs	29,439	37,697	34,356	46,404	18,146
f Administrative expenses	18,023	7,081	7,153	6,488	6,166
g End of year balance	893,212	828,725	795,675	827,935	755,584

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 73 430 %
 - b** Permanent endowment ▶ 26 570 %
 - 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' on 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)	(c) Accumulated depreciation	(d) Book value
1a Land		6,101		6,101
b Buildings		3,831,244	1,058,928	2,772,316
c Leasehold improvements				
d Equipment		693,041	513,390	179,651
e Other		605,854	466,338	139,516
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,097,584

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	893,213	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	893,213	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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	14,484,484
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	94,417	
b	Donated services and use of facilities	2b	2,950	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	125,023	
e	Add lines 2a through 2d			2e 222,390
3	Subtract line 2e from line 1			3 14,262,094
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	21,238	
c	Add lines 4a and 4b			4c 21,238
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 14,283,332

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	14,541,007
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	2,950	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	171,204	
e	Add lines 2a through 2d			2e 174,154
3	Subtract line 2e from line 1			3 14,366,853
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	26,103	
c	Add lines 4a and 4b			4c 26,103
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 14,392,956

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
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 94-3034161

Name: MARION-POLK FOOD SHARE INC

Supplemental 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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	MPFS FOLLOWS THE PROVISIONS ACCOUNTING STANDARDS CODIFICATION (ASC) 740 "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES " MPFS' FEDERAL AND STATE INCOME TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES UNTIL THE EXPIRATION OF THE RELATED STATUTES OF LIMITATIONS ON THOSE TAX RETURNS IN GENERAL, THE FEDERAL AND STATE INCOME TAX RETURNS HAVE A THREE YEAR STATUTE OF LIMITATIONS MPFS WOULD RECOGNIZE ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX PROVISIONS, IF ANY, AS PART OF THE INCOME TAX PROVISION

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT - DIRECT EXPENSES 71,461 COST OF SALES 53,562

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENT NONCASH DONATIONS 21,238

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT - DIRECT EXPENSES 71,461 COST OF SALES 53,562 BAD DEBT EXPENSE 46,181

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PREPAID EVENT EXPENSES FROM PY 4,865 SPECIAL EVENT NONCASH DONATIONS 21,238

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		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CHEF'S NITE OUT (event type)	FARM TO TABLE (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	64,558	109,334		173,892
2	Less Contributions	64,558	81,206		145,764
3	Gross income (line 1 minus line 2)		28,128		28,128
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,533	3,540		9,073
	7 Food and beverages	200	11,588		11,788
	8 Entertainment	200	500		700
	9 Other direct expenses	6,380	43,520		49,900
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-43,333

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		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> 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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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...
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

See Additional Data Table

Table with 8 columns and 12 rows for data entry, corresponding to the columns in the header above.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 80
3 Enter total number of other organizations listed in the line 1 table. 0

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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)		11,256	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
AUMSVILLE FOOD BANK 10153 MILL CREEK RD SE AUMSVILLE, OR 97325	44-0612817	501(C)(3)	825	86,398	DONATED FOOD @ \$1 10/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
AWARE FOOD BANK PO BOX 551 WOODBURN, OR 97071	23-7312454	501(C)(3)		581,725	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
BROOKS ASSEMBLY OF GOD FOOD PANTRY 9165 PORTLAND RD NE BROOKS, OR 97305	93-0853138	501(C)(3)		17,027	DONATED FOOD @ \$1 10/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
CADENZA HOME KAIROS 4385 SUNNYVIEW RD NE SALEM, OR 97305	93-0686923	501(C)(3)		8,753	DONATED FOOD @ \$1 10/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)		72,901	DONATED FOOD @ \$1 10/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
CITY VIBE 3094 GELHAR RD NW SALEM, OR 97304	94-3209636	501(C)(3)		28,547	DONATED FOOD @ \$1 10/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)		187,927	DONATED FOOD @ \$1 10/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
DALLAS EMERGENCY FOOD BANK INC 322 MAIN ST DALLAS, OR 97338	93-0843261	501(C)(3)	608	385,123	DONATED FOOD @ \$1 10/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)		104,498	DONATED FOOD @ \$1 10/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
EARLY COLLEGE HIGH SCHOOL 4071 WINEMA PL NE BLDG 50 SALEM, OR 97305	93-0831467	501(C)(3)		8,054	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
EASTWEST ENGLEWOOD SENIOR MOBILE 3140 TESS AVE NE SALEM, OR 97303	93-0562924	501(C)(3)		31,478	DONATED FOOD @ \$1 10/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)		136,103	DONATED FOOD @ \$1 10/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)		39,160	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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FAMILY BUILDING BLOCKS PANTRY CHELSEA'S PLACE 2425 LANCASTER DR NE SALEM, OR 97305	93-0562924	501(C)(3)		13,753	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
FAMILY BUILDING BLOCKS PANTRY BROADWAY 1255 BROADWAY ST NE SUITE 200 SALEM, OR 97301	93-0562924	501(C)(3)		20,811	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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FAMILY BUILDING BLOCKS PANTRY HELEN'S PLACE 180 18TH ST NE SALEM, OR 97301	93-0562924	501(C)(3)		6,124	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
FIRST CHRISTIAN CHURCH 402 N FIRST ST SILVERTON, OR 97381	93-0549197	501(C)(3)		52,251	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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HIGHLAND COMMUNITY HOME CCS C/O CATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM, OR 973070400	93-0903773	501(C)(3)		5,814	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOAP NORTHWEST HUMAN SERVICES 681 CENTER ST NE SALEM, OR 97301	93-0605570	501(C)(3)		35,825	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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HOME YOUTH & RESOURCE CENTER MWVCAA 625 UNION ST NE SALEM, OR 97301	93-1128811	501(C)(3)		15,341	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOPE ON WHEELS 4455 SILVERTON RD NE SALEM, OR 97305	28-1831450	501(C)(3)		18,358	DONATED FOOD @ \$1 10/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)	50	38,183	DONATED FOOD @ \$1 10/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)		25,464	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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HUMANITARIAN MINITRIES NETWORK OF SALEM 498 CHURCH ST NE SALEM, OR 97301	80-0418382	501(C)(3)		8,666	DONATED FOOD @ \$1 10/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)		19,429	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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ISKAM MEK H MEK HAWS 9675 GRAND RONDE RD GRAND RONDE, OR 97347	93-1265867	501(C)(3)	108	410,606	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
JAMES 2 COMMUNITY KITCHEN 565 SE LA CREOLE DR DALLAS, OR 97338	26-4033875	501(C)(3)	530	109,421	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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JASON LEE UNITED METHODIST FOOD BANK P O BOX 6061 SALEM, OR 97304	93-0406417	501(C)(3)		195,230	DONATED FOOD @ \$1 10/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)		209,883	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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KINGWOOD BIBLE 1125 ELM ST NW SALEM, OR 97304	93-3602671	501(C)(3)		50,604	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
LIFE CHURCH PO BOX 5350 SALEM, OR 97304	93-0843519	501(C)(3)		52,432	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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MANO-A-MANO FAMILY RESOURCE CENTER 3850 PORTLAND RD NE SALEM, OR 97301	93-0992858	501(C)(3)		75,984	DONATED FOOD @ \$1 10/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)		42,407	DONATED FOOD @ \$1 10/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)		22,666	DONATED FOOD @ \$1 10/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)		145,026	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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MILL CITY GATES COMMUNITY CENTER PO BOX 426 MILL CITY, OR 97360	93-1139198	501(C)(3)	108	66,998	DONATED FOOD @ \$1 10/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)	1,623	102,288	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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MONMOUTH CHRISTIAN CHURCH HELPING HANDS 959 CHURCH ST W MONMOUTH, OR 97361	93-0419360	501(C)(3)		22,893	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MOTHER LOFTON'S KITCHEN 865 MEDICAL CENTER DR SALEM, OR 97301	80-0498122	501(C)(3)		18,438	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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MOVING FORWARD 4622 CHERRY TREE CT SE SALEM, OR 97305		501(C)(3)		18,503	DONATED FOOD @ \$1 10/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)		12,539	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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NEW HARVEST CHURCH 4290 PORTLAND RD NE SALEM, OR 97301	20-0692421	501(C)(3)		80,320	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NEW HOPE FOURSQUARE CHURCH PANTRY 4963 SWEGLE RD NE SALEM, OR 97305	95-1684062	501(C)(3)		43,138	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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NEW HOPE FOURSQUARE CHURCH MEAL SITE 4963 SWEGLE RD NE SALEM, OR 97305	95-1684062	501(C)(3)		13,488	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NEW LIFE COMMUNITY CHURCH PO BOX 4136 SALEM, OR 97302	93-1246546	501(C)(3)		99,220	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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PAULINE MEMORIAL AME ZION CHURCH 3593 SUNNYVIEW RD SALEM, OR 97303	93-1037528	501(C)(3)		241,336	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
PEOPLES CHURCH 4500 LANCASTER DR NE SALEM, OR 97305	93-0513504	501(C)(3)		105,547	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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PIONEER HOME C/O CATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM, OR 973070400	93-1069694	501(C)(3)		46,066	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
PRECIOUS CHILDREN SALEM EVANGELICAL CHURCH 455 LOCUST ST NE SALEM, OR 97303	93-0569204	501(C)(3)	546	211,866	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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QUEEN OF PEACE TABLE OF PLENTY 4227 LONE OAK RD SE SALEM, OR 97302	93-0513650	501(C)(3)		132,653	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
RESTORATION HOUSE 650 LOCUST ST NE SALEM, OR 97301	93-0457267	501(C)(3)		25,994	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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ROBERT LINDSEY TOWERS CITY OF SALEM HOUSING AUTHORITY 360 CHURCH ST SE SALEM, OR 97302	93-0582087	501(C)(3)	209	14,111	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SABLE HOUSE PO BOX 808 DALLAS, OR 97338	93-1122800	501(C)(3)		6,232	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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SACRED HEART GERVAIS 680 ELM ST GERVAIS, OR 97026	93-0459186	501(C)(3)		86,655	DONATED FOOD @ \$1 10/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)		38,062	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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SEVENTH DAY ADVENTIST COMMUNITY SERVICES 1860 SUMMER ST NE SALEM, OR 97301	93-0441769	501(C)(3)		104,701	DONATED FOOD @ \$1 10/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)		172,362	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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SILVER CREEK MISSION OF HOPE COMMUNITY PANTRY PO BOX 8 SILVERTON, OR 97381	93-0966117	501(C)(3)		324,641	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SILVER CREEK MISSION OF HOPE COMMUNITY MEAL PO BOX 8 SILVERTON, OR 97381	93-0966117	501(C)(3)		26,455	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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SILVERTON AREA COMMUNITY AID PO BOX 1305 SILVERTON, OR 97381	93-0884237	501(C)(3)		116,613	DONATED FOOD @ \$1 10/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)		59,067	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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SOLID ROCK CHURCH 3535 WARD DR NE SALEM, OR 97305	93-0886109	501(C)(3)	350	54,288	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SOUTH EAST NEIGHBORHOOD COMMUNITY CENTER 425 19TH ST SE SALEM, OR 97301	93-0562924	501(C)(3)		14,324	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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SOUTH SALEM FRIENDS CHURCH 1140 BAXTER RD SE SALEM, OR 97306	93-6014035	501(C)(3)	400	59,010	DONATED FOOD @ \$1 10/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)		174,697	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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ST JOSEPH SHELTER 925 S MAIN ST MT ANGEL, OR 97362	93-0387331	501(C)(3)	315	32,745	DONATED FOOD @ \$1 10/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)		60,555	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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ST VINCENT DE PAUL PO BOX 7864 SALEM, OR 97301	93-0464194	501(C)(3)		870,282	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
STAYTON COMMUNITY FOOD BANK 155 2ND ST STAYTON, OR 97383	93-0805665	501(C)(3)		209,948	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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THE SALVATION ARMY FOOD BANK PO BOX 7047 SALEM, OR 97301	91-1156347	501(C)(3)		635,792	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
THE SALVATION ARMY LIGHTHOUSE SHELTER PO BOX 7047 SALEM, OR 97301	91-1156347	501(C)(3)		37,568	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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(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)		165,607	DONATED FOOD @ \$1 10/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)		36,627	DONATED FOOD @ \$1 10/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
UNION GOSPEL MISSION MEN'S MISSION PO BOX 431 SALEM, OR 97301	93-0457267	501(C)(3)		26,992	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
WEST SALEM UNITED METHODIST CHURCH FOOD PANTRY 1219 3RD ST NW SALEM, OR 97304	93-0682265	501(C)(3)		83,765	DONATED FOOD @ \$1 10/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 FAMILY LEARNING CENTER CHILD CARE 1440 NEWBERG HWY WOODBURN, OR 97071	93-0585997	501(C)(3)		11,187	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
WOODBURN FAMILY LEARNING CENTER FOOD PANTRY 1440 NEWBERG HWY WOODBURN, OR 97071	93-0585997	501(C)(3)		10,770	DONATED FOOD @ \$1 10/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 MEAL SITE PO BOX 603 WOODBURN, OR 97071	93-4224170	501(C)(3)		44,707	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
WOODBURN SPANISH SEVENTH DAY ADVENTIST FOOD PANTRY PO BOX 603 WOODBURN, OR 97071	93-4224170	501(C)(3)		50,958	DONATED FOOD @ \$1 10/LB, PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

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

2016

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		15,310	DONOR VALUE
6 Cars and other vehicles	X	3	2,250	SALES VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	5,017	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	640	9,780,950	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	9	2,899	DONOR VALUE
26 Other ▶ (EQUIPMENT)	X	9	2,288	DONOR VALUE
27 Other ▶ (GIFT CERTIFICATES)	X	22	1,845	DONOR VALUE
28 Other ▶ ()				

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?	30a		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?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
MARION-POLK FOOD SHARE INC**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

2016**Open to Public Inspection**

Employer identification number

94-3034161

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BAD DEBT EXPENSE -46,181 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE M -	DONATED FOOD INVENTORIES ARE STATED AT \$1.25 PER POUND AS OF JUNE 30, 2017, AND ADOPTED BY THE BOARD OF DIRECTORS AS A FIXED PRICE PER POUND RATE

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ 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.

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	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) Disproportionate 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) Disproportionate 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**