Construction of the Tomogram Stuff of the State of the	Form 990-T	E	Exempt Organizat	tion Bus	sine		ne Ta	ax Return	Ĺ	OMB No 1545-0687	
Number	-	For ca	lendar year 2018 or other tax year beginnin	JUL 1,	20	18 , and end	ng JUN			2018	
A Clarest box of address changed Park address and park	Department of the Treasury Internal Revenue Service	l ▶								Open to Public Inspection for 01(c)(3) Organizations Only	
Solic Not		Name of organization () Check box if name changed and see instructions.)									
General Services   General Ser	B Exempt under section	Print MARION-POLK FOOD SHARE, INC. 94-30341									
Georgia   Geor		I	or Number, street, and room or suite no. If a P.O. box, see instructions.  E Unrelated business activity code (See instructions.)								
SALEM, OR 97301-0374   722320	408(e)220(e)	Туре	1660 SALEM INDU	STRIAL	DR :	NE			] (000		
Finer the number of the opparations were select rates or businesss.	529(a)		City or town, state or province, country, and ZIP or foreign postal code								
Comparison   Solition   Soliti	C Book value of all assets		F Group exemption number (See	instructions.)	<b></b>						
trade or business here ► CATERING AND FOOD SALES  If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III.    During the tax year, was the composition a subsidiary in an affiliated group or a parent-subsidiary controlled group?	6,830,2	55.	G Check organization type ▶ [	X 501(c) cor	poratio	n 501(	c) trust	401(a	) trust	Other trust	
describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III-V.    During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Yes	H Enter the number of the	organiza	ition's unrelated trades or businesse	es. <b>&gt;</b>	1		Describe t	he only (or first) ur	related	•	
Dusing the Lary var. was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?    The Dooks are in care of   Parent	trade or business here	► <u>CA'</u>	rering and food	SALES		. If	only one, o	complete Parts I-V.	If more	than one,	
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	describe the first in the b	lank spa	ice at the end of the previous senter	nce, complete Pa	rts I ar	d II, complete a	Schedule I	M for each addition	al trade	or	
If Yes, enter the name and identifying number of the parent corporation.	business, then complete	Parts III	-V.			·					
The blocks are in care of   THE ORGANIZATION   Telephone number   (503) 581-3855	I During the tax year, was	the corp	poration a subsidiary in an affiliated	group or a parer	nt-subs	idiary controlled	group?	▶ [	Yes	x No	
The composition of the composi	If "Yes," enter the name a	ind iden	tifying number of the parent corpora	ation. $\blacktriangleright$							
14 Gross receipts or sales 9,730.  b Less returns and allowances  C Salance							Telepho	ne number 🕨 (	503)	<b>581-3855</b>	
b Less returns and allowances color doods sold (Schedule A, Ine 7) 2 10, 091. 3 -361361361. 4 Capital gain net income (attach Schedule D) 4 4 4 5 10, 091361	Part I Unrelated	Trac	le or Business Income			(A) Incom	ne	(B) Expense:	s	(C) Net	
b Less returns and allowances  Cost of goods sold (Schedule A, The 7)  Gross profit. Subtract line 2 from line 10  Scross profit. Subtract line 2 from line 10  Capital loss deduction for trusts  Costatal gain net income (attach Schedule D)  Med gain (loss) (Form 4797, Part II, Jine 17) (attach Form 4797)  Costatal loss deduction for trusts  Income (loss) from a partnership or an S corporation (attach statement)  Rent income (Schedule C)  Unrelated debt-financed income (Schedule E)  Investment income of a section 50 (c)(7), (9), or (17) organization (Schedule G)  Investment income of a section 50 (c)(7), (9), or (17) organization (Schedule G)  Investment income of a section 50 (c)(7), (9), or (17) organization (Schedule G)  Investment income of a section 50 (c)(7), (9), or (17) organization (Schedule G)  Charlacte common (Schedule G)  Investment income of a section 50 (c)(7), (9), or (17) organization (Schedule G)  Investment income of a section 50 (c)(7), (9), or (17) organization (Schedule G)  Charlacte common (Schedule G)  Investment income (Schedule G)  Charlacte Contributions, deductions must be directly connected with the unrelated business income)  RECEIVED  Interest (attach schedule) (see instructions for limitation rules)  Compensation of officers, directors, and trustees (Schedule K)  Charlacte contributions, deductions of limitation rules)  Compensation of officers, directors, and frustees (Schedule K)  Compensation of officers, directo	1a Gross receipts or sale	:S	9,730.								
3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4 betg sair (loss) (Form 4797, Part III, Ihre 17) (attach form 4797) c Capital loss deduction for trusts 5 income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 interest, annuties, royatties, and reits from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Repairs and maintenance 18 Interest (attach schedule) (see instructions) for limitations on deductions) 19 Taxes and licenses 10 Charitable contributions (See instructions) for limitation rules) 10 Depreciation (attach Form 4562) 11 Depreciation (attach Form 4562) 12 Less depreciation claimed on Schedule A and elsewhere on return 12 Depreciation (attach Form 4562) 12 Depreciation (attach Form 4562) 12 Excess readership costs (Schedule I) 12 Depreciation (attach Form 4562) 13 Total deductions Add lines 14 through 28 15 Employee benefit programs 16 Excess exempt expenses (Schedule I) 17 Excess readership costs (Schedule I) 18 Deduction of reit operating loss airsing in tax years beginning on or after January 1, 2016 (see instructions) 19 Taxes and loss as taxable income before net operating loss deduction subtract line 29 from line 13 10 Deduction for net operating loss airsing in tax years beginning on or after January 1, 2016 (see instructions) 10 Deduction for net operating loss airsing in tax years beginning on or after January 1, 2016 (see instructions) 17 Deduction for net operating loss airsing in tax years beginning on or after January 1, 2016 (see instructions) 18 Deduction for net operating loss airsing in tax ye	b Less returns and allow	wances	c Bala	nce <b>&gt;</b>	1c	9,	730.				
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B23701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions 53 Form 990-T (2018)					۰, ۰, ۷	5 (550 11150 1150	,	3I	-	-511.	
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				5		091 Mapi	- N- P	$\mathcal{O}$	сна		

Part II	I Total Unrelated Business Taxable Income										
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)  33 -511										
34	Amounts paid for disallowed fringes	34									
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT 1  35										
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT 1  35  Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of										
••	lines 33 and 34 36 36 -51										
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1,0	00.							
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,										
00	enter the smaller of zero or line 36  -511.										
Part I	/ Tax Computation	1200		<del></del>							
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39		0.							
		33		<u> </u>							
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	<del>                                      </del>									
	Tax rate schedule or Schedule D (Form 1041)										
41											
42	Alternative minimum tax (trusts only)	42									
43	Tax on Noncompliant Facility Income See instructions	43									
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		0.							
Part V											
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a	-									
b	Other credits (see instructions) 45b	4									
C	General business credit. Attach Form 3800	<b>.</b>									
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>↓</b>									
е	Total credits. Add lines 45a through 45d	45e									
46	Subtract line 45e from line 44	46		0.							
47	47 Other taxes Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)										
48	Total tax Add lines 46 and 47 (see instructions)	48		0.							
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		0.							
50 a	Payments: A 2017 overpayment credited to 2018	]									
b	2018 estimated tax payments 50b	]									
C	Tax deposited with Form 8868	]									
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	]									
е	Backup withholding (see instructions) 50e	]									
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	1									
	Other credits, adjustments, and payments: Form 2439	1									
·	Form 4136 Other Total > 50g										
51	Total payments. Add lines 50a through 50g	51									
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52									
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53									
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54									
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55									
Part V		1 00 1									
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes	No							
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1.00								
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country										
	here			X							
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X							
31	If "Yes," see instructions for other forms the organization may have to file.		$\vdash$	<del></del> -							
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$										
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle	dge and belief, it is tru	ie,								
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge										
Here		lay the IRS discuss the		/ith							
		ne preparer shown belonstructions)? X Y		No							
		If PTIN	C0	110							
	DYAY M	"   ' ' '''									
Paid	DA COLLABRITA CDA 6//9/2020	P01304	271								
Prepa	S . S CROVE MIELLED C CHANK D C	93-087		7							
Use O	475 COTTAGE STREET NE, SUITE 200	23 001	***	<del>'</del>							
		503) 581	-771	88							
823711 01-		Form 9									
			1								

		ntory valuation   N/A		
1 Inventory at beginning of year	1 0	6 Inventory at end of year	r	6 0.
2 Purchases	2 1,940	7 Cost of goods sold Su	btract line 6	
3 Cost of labor	3 2,801	from line 5. Enter here	and in Part I,	1 1
4a Additional section 263A costs		line 2		7 10,091.
(attach schedule)	4a	8 Do the rules of section	263A (with respect to	Yes No
,	* 4b 5,350		cquired for resale) apply to	1 1 3 3 2 2
5 Total Add lines 1 through 4b	5 10,091			X
Schedule C - Rent Income			eased With Real Prop	perty)
(see instructions)				
1 Description of property				
(1)				
(2)				
(3)				
(4)				
	2 Rent received or accrued			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than ' of rent for	and personal property (if the percentag personal property exceeds 50% or if ent is based on profit or income)	ge 3(a) Deductions directi columns 2(a) a	ly connected with the income in and 2(b) (attach schedule)
(1)				<u> </u>
(2)				
(3)				
(4)				
Total	0 . Total		0.	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	<b>▶</b> 0.
Schedule E - Unrelated Deb		e instructions)		
		2. Gross income from	3 Deductions directly co to debt-finar	nnected with or allocable aced property
Description of debt-fit	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(1)				
(2)				
(2)				
(2)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or allocable to debt-financed property	by column 5	reportable (column	(column 6 x total of columns
(2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or allocable to debt-financed property	by column 5	reportable (column	(column 6 x total of columns
(2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2)	of or allocable to debt-financed property	by column 5 %	reportable (column	(column 6 x total of columns
(2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3)	of or allocable to debt-financed property	by column 5 % %	reportable (column	(column 6 x total of columns
(2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2)	of or allocable to debt-financed property	by column 5 %	reportable (column	(column 6 x total of columns
(2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)	of or allocable to debt-financed property	by column 5 % %	reportable (column 2 x column 6)  Enter here and on page 1, Part I, line 7, column (A)	(column 6 x total of columns 3(a) and 3(b))  Enter here and on page 1, Part I, line 7, column (B)
(2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3)	of or allocable to debt-financed property (attach schedule)	by column 5 % %	reportable (column 2 x column 6)  Enter here and on page 1, Part I, line 7, column (A)	(column 6 x total of columns 3(a) and 3(b))  Enter here and on page 1,

\*\* SEE STATEMENT 2

Schedule F - Interest, A	Annuities, R	oyalties, a					itions	(see ins	structions	s)
			Exempt	Controlled O	rganızatı	ons	r			
1 Name of controlled organization		2. Employer identification number	3 Net uni (loss) (see	3 Net unrelated income (loss) (see instructions) 4 Total paym		tal of specified ments made 5 Part of column included in the organization's gr		ed in the conti	rolling	Deductions directly connected with income in column 5
(1)			<del></del>				<del> </del>		<del>-  </del>	
(1)			<del></del>			-	<del>                                     </del>		<del>-  </del>	. ,
(2)							<u> </u>		<del>-  </del>	
(3)									<del>-  </del>	
(4)	-ations						<u> </u>			
Nonexempt Controlled Organi			1		. 1	40.0.4.4.4			44 -	
7 Taxable Income	8. Net unrelate (see insi	ructions)	9. Iotai	of specified payi made	nents	10. Part of column the controllogross	mn e that ing organi s income	is included ization's		uctions directly connected income in column 10
(1)										
(2)										
(3)										
(4)	1									
			•			Add colun Enter here and line 8, c		1, Part I,	Enter he	t columns 6 and 11 re and on page 1, Part I, ine 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme		of a Section	n 501(c)(7	7), (9), or (	17) Org	ganization				
1. Desc	ription of income			2. Amount of	ілсоте	<ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol>	cted	4 Set- (attach s	asides ichedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)		· · · · · · · · · · · · · · · · · · ·								
(2)										
(3)				<u></u>						i
(4)										
				Enter here and a Part I, line 9, co	lumn (A)	· -			1	Part I, line 9, column (B)
Totals	F.,	inida labara	<b>▼</b>	Thom Ad.	0.			<del> </del>		0.
Schedule I - Exploited (see instru	•	·····	ne, Other	Than Au	erusin	ig income	1			
Description of exploited activity	2 Gross unrelated busine income from trade or busine	direct with of	Expenses ly connected production unrelated ness income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)	Enter here and page 1, Part I line 10, col (A	, pag	here and on ge 1 Part I, 10, col (B)			٠,		1 .		Enter here and on page 1, Part II, line 26
Totals		0.	0.							0.
Schedule J - Advertision	ng Income	(see instruct	ions)							
Part I Income From I		Reported	on a Con	solidated	Basis			<del></del>		
1. Name of periodical	adve	Gross rtising ome	3. Direct advertising costs	or (loss) (c	an, comput	5. Circulat e income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)				;						
(3)										
(4)			_	7	•					
		0.	0							0.
Totals (carry to Part II, line (5))		<u> </u>		•						Form <b>990-T</b> (2018

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

1. Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4) · · ·
(1)					, , , , , ,		
(2)					***		
(3)							
(4)							
Totals from Part I	<b></b>	0.	0.	. *		1.1	0.
		Enter here and on page 1, Part I, line 11, cot (A)	Enter here and on page 1, Part I, line 11, col (B)		7		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	3.			0.
Schedule K - Compe	nsatior	of Officers, I	Directors, and	Trustees (see in	nstructions)		•
				· · · · · · · · · · · · · · · · · · ·	3 Percer		ensation attributable

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/14	9,528.	9,528.	0.	0.
06/30/15	119,230.	91.	119,139.	119,139.
06/30/16	67,852.	0.	67,852.	67,852.
NOL CARRYO	ER AVAILABLE THIS	YEAR	186,991.	186,991.

FORM 990-T	COST OF	GOODS	SOLD - OTHER	COSTS	STATEMENT 2
DESCRIPTION					AMOUNT
OCCUPANCY PROGRAM SUPPLIES				•	5,325. 25.
TOTAL TO FORM 990-T	, SCHEDULE	A, LINE	E 4B		5,350.