

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

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 DR NE

City or town, state or province, country, and ZIP or foreign postal code
SALEM, OR 973010374

D Employer identification number
94-3034161

E Telephone number
(503) 581-3855

G Gross receipts \$ 24,143,493

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

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 ▶

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 ▶

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 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	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	89
6 Total number of volunteers (estimate if necessary)	6	850
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	18,265,418	23,312,220
9 Program service revenue (Part VIII, line 2g)	689,878	701,067
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,654	75,563
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,410	-7,998
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,021,360	24,080,852
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,139,551	14,668,963
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,391,932	4,095,395
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,342,841		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,200,194	2,660,607
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,731,677	21,424,965
19 Revenue less expenses. Subtract line 18 from line 12	2,289,683	2,655,887
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	9,746,002	11,976,263
21 Total liabilities (Part X, line 26)	470,454	267,588
22 Net assets or fund balances. Subtract line 21 from line 20	9,275,548	11,708,675

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 2022-05-12
RICK GAUPO EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	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	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 \$ 19,420,018 including grants of \$ 14,668,963) (Revenue \$ 690,909)
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 ▶ 19,420,018

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)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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 3 main columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
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:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?		No
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.)

		Yes	No
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?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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

- 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-A 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.
 Own website Another's website 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.

See instructions for the order in which to list the persons above.

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 BOARD MEMBER	2.00 0.25	X						0	0	0
(2) BAHAA WANLY VICE CHAIR	2.00 0.25	X		X				0	0	0
(3) COURTNEY KNOX BUSCH CHAIR	10.00 0.25	X		X				0	0	0
(4) FRANCES LARA ALVARADO BOARD MEMBER	2.00 0.25	X						0	0	0
(5) JIM GREEN TREASURER	4.00 0.25	X		X				0	0	0
(6) JOHN BURT BOARD MEMBER	2.00 0.25	X						0	0	0
(7) JULIE HUCKESTEIN BOARD MEMBER (THROUGH SEPTMEBER 2020)	1.00 0.25	X						0	0	0
(8) MIKE GARRISON BOARD MEMBER	2.00 0.25	X						0	0	0
(9) WALTER SMITH BOARD MEMBER (THROUGH SEPTMEBER 2020)	1.00 0.25	X						0	0	0
(10) WARREN BEDNARZ SECRETARY	4.00 0.25	X		X				0	0	0
(11) SARAH DESANTIS BOARD MEMBER	2.00 0.25	X						0	0	0
(12) LINDA NORRIS BOARD MEMBER	2.00 0.25	X						0	0	0
(13) CHRIS MERCIER BOARD MEMBER	2.00 0.25	X						0	0	0
(14) HOLLY NELSON BOARD MEMBER	2.00 0.25	X						0	0	0
(15) DEBORAH SAILLER BOARD MEMBER	2.00 0.25	X						0	0	0
(16) MARK WILK BOARD MEMBER	2.00 0.25	X						0	0	0
(17) RICK GAUPO EXECUTIVE DIRECTOR	40.00			X				126,074	0	33,801

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,899,803	10,899,803		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,769,160	3,769,160		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	172,381	56,886	58,609	56,886
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	3,141,834	2,207,627	300,857	633,350
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	115,258	72,214	12,059	30,985
9 Other employee benefits	390,814	284,314	41,041	65,459
10 Payroll taxes	275,108	189,354	28,687	57,067
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	28,750	600	28,150	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,941		9,941	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	143,203	74,344	68,446	413
12 Advertising and promotion	140,533	19,623	23,426	97,484
13 Office expenses	585,164	246,904	25,352	312,908
14 Information technology	166,815	79,597	32,494	54,724
15 Royalties				
16 Occupancy	192,926	182,397	5,142	5,387
17 Travel	186,839	185,991	382	466
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	73,872	59,695	7,816	6,361
20 Interest	198		198	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	291,293	269,200	10,734	11,359
23 Insurance	41,823	28,925	6,425	6,473
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 MEAL DELIVERY EXPENSES	480,079	480,079		
b PROGRAM SUPPLIES	279,863	279,492	219	152
c OTHER EXPENSES	39,308	33,813	2,128	3,367
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,424,965	19,420,018	662,106	1,342,841
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	742	1	967
	2 Savings and temporary cash investments	4,284,876	2	5,648,627
	3 Pledges and grants receivable, net	474,266	3	652,740
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	858,693	8	847,519
	9 Prepaid expenses and deferred charges	127,850	9	132,108
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,394,839		
	b Less: accumulated depreciation	2,910,742	3,087,143	10c 3,484,097
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	912,432	12	1,210,205
	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 33)	9,746,002	16	11,976,263	
Liabilities	17 Accounts payable and accrued expenses	318,454	17	240,138
	18 Grants payable		18	
	19 Deferred revenue	31,000	19	27,450
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	121,000	24	0
	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	470,454	26	267,588
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,600,447	27	10,867,441
	28 Net assets with donor restrictions	675,101	28	841,234
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	9,275,548	32	11,708,675	
33 Total liabilities and net assets/fund balances	9,746,002	33	11,976,263	

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	24,080,852
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,424,965
3	Revenue less expenses. Subtract line 2 from line 1	3	2,655,887
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,275,548
5	Net unrealized gains (losses) on investments	5	277,912
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	-500,672
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,708,675

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 94-3034161

Name: MARION-POLK FOOD SHARE INC

Form 990 (2020)

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 APPROXIMATELY 13.1 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 MEALS 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 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	13,692,199	13,179,055	13,943,649	18,265,418	23,312,220	82,392,541
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	13,692,199	13,179,055	13,943,649	18,265,418	23,312,220	82,392,541
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) . . .						9,403,576
6 Public support. Subtract line 5 from line 4.						72,988,965

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	13,692,199	13,179,055	13,943,649	18,265,418	23,312,220	82,392,541
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	36,525	36,027	57,477	63,982	28,062	222,073
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .	7,145	19,207	30,215	8,279	0	64,846
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	24,513	16,680	11,426	9,469	9,585	71,673
11 Total support. Add lines 7 through 10						82,751,133
12 Gross receipts from related activities, etc. (see instructions)					12	3,332,952

13 First 5 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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	88.200 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	89.560 %

- 16a 33 1/3% support test—2020.** 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
- b 33 1/3% support test—2019.** 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
- 17a 10%-facts-and-circumstances test—2020.** 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
- b 10%-facts-and-circumstances test—2019.** 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
- 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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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

b 33 1/3% support tests—2019. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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>		
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>		

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>		

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?		
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>		
3	By reason of the relationship described in line 2 above, 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>		

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 lines 2a and 2b 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>	Yes	No
b	Did the activities described in line 2a 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>		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>		
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>		

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 (*explain in Part VI*). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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 - 2016 AMOUNT: \$ 24,513. 2017 AMOUNT: \$ 16,680. 2018 AMOUNT: \$ 11,426. 2019 AMOUNT: \$ 9,469. 2020 AMOUNT: \$ 9,585.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2020 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. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 about fund values and questions 5-6 about donor/donor advisor notification.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions 1-9 about easement types, monitoring, and reporting. Includes a table for 'Held at the End of the Year' with rows 2a-d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-b and 2 about reporting on art and historical treasures.

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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	912,432	956,868	935,461	893,212	828,725
b Contributions	1,685	370	2,585	515	1,375
c Net investment earnings, gains, and losses	346,529	4,044	66,346	89,516	110,574
d Grants or scholarships					
e Other expenditures for facilities and programs	40,635	40,207	39,426	39,409	29,439
f Administrative expenses	9,806	8,643	8,098	8,373	18,023
g End of year balance	1,210,205	912,432	956,868	935,461	893,212

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 72.689 %
 - b** Permanent endowment ▶ 20.035 %
 - c** Term endowment ▶ 7.276 %
- 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 | Yes | No |
| (ii) Related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		4,074,111	1,500,530	2,573,581
c Leasehold improvements				
d Equipment		1,067,994	711,325	356,669
e Other		1,246,633	698,887	547,746
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,484,097

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	1,210,205	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,210,205	

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)		
(10)		
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)	
(10)	
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.

1. (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	23,908,853
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	277,912
b	Donated services and use of facilities	2b	1,326
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	42,704
e	Add lines 2a through 2d	2e	321,942
3	Subtract line 2e from line 1	3	23,586,911
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	9,941
b	Other (Describe in Part XIII.)	4b	484,000
c	Add lines 4a and 4b	4c	493,941
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,080,852

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	21,475,726
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,326
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	59,376
e	Add lines 2a through 2d	2e	60,702
3	Subtract line 2e from line 1	3	21,415,024
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	9,941
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	9,941
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	21,424,965

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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:	THE FOOD SHARE IS EXEMPT FROM FEDERAL AND STATE TAXES ON INCOME UNDER IRS CODE SECTION 501 (C)(3). FEDERAL AND STATE INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES UNTIL THE STATUTES OF LIMITATION EXPIRE. IN GENERAL, THE FEDERAL AND STATE STATUTES OF LIMITATION ARE THREE YEARS. LIABILITIES ASSOCIATED WITH ANY UNCERTAIN TAX POSITIONS WOULD BE RECOGNIZED IN AN INCOME TAX PROVISION WHEN THEY BECOME PROBABLE AND ESTIMABLE.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	COST OF SALES 42,704.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	PPP LOAN FORGIVENESS 484,000.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF SALES 42,704. BAD DEBT EXPENSE 16,672.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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.

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 (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DONATED FOOD AND GIFT CARDS	192768	53,602	3,715,558	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD AND GIFT CARDS
(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 615 COMMERCIAL ST SALEM, OR 97301	23-7056987	501(C)(3)	0	49,054	DONATED FOOD @ \$1.06/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)	1,480	707,878	DONATED FOOD @ \$1.06/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
CHEMEKETA COMMUNITY COLLEGE 4000 LANCASTER DR NE SALEM, OR 97305	93-6097106	501(C)(3)	0	16,584	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
CHURCH AT THE PARK 2410 TURNER RD SE SALEM, OR 97302	28-1831450	501(C)(3)	0	390,010	DONATED FOOD @ \$1.06/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 1219 3RD ST NW SALEM, OR 97304	94-3209636	501(C)(3)	1,500	74,645	DONATED FOOD @ \$1.06/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)	1,079	446,942	DONATED FOOD @ \$1.06/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 FOOD BANK INC 322 MAIN ST DALLAS, OR 97338	93-0843261	501(C)(3)	0	397,218	DONATED FOOD @ \$1.06/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)	0	60,821	DONATED FOOD @ \$1.06/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
DIABETES SUPPORT SERVICES 3886 BEVERLY AVE NE SALEM, OR 97305	27-3516343	501(C)(3)	0	65,451	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
ELLA CURRAN FOOD BANK 854 N MAIN ST INDEPENDENCE, OR 97381	93-0797524	501(C)(3)	0	625,194	DONATED FOOD @ \$1.06/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
FALLS CITY SEVENTH DAY ADVENTIST PO BOX 430 FALLS CITY, OR 97344	93-0440796	501(C)(3)	0	22,376	DONATED FOOD @ \$1.06/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)	0	96,302	DONATED FOOD @ \$1.06/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
FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR 97402	93-0888347	501(C)(3)	0	28,615	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
GOOD360 6200 NORTH 16TH ST OMAHA, NE 68110	54-1282616	501(C)(3)	0	9,225	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED NON-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
HOME YOUTH & RESOURCE CENTER MWVCAA 625 UNION ST NE SALEM, OR 97301	93-1128811	501(C)(3)	0	14,695	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
HOAP NORTHWEST HUMAN SERVICES 694 CHURCH ST NE SALEM, OR 97301	93-0605570	501(C)(3)	2,000	73,134	DONATED FOOD @ \$1.06/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
IDANHA DETROIT COMMUNITY FOOD PANTRY 397 CHURCH ST IDANHA, OR 97350	93-0800110	501(C)(3)	8,093	158,701	DONATED FOOD @ \$1.06/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)	0	22,434	DONATED FOOD @ \$1.06/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
JASON LEE UNITED METHODIST FOOD BANK P O BOX 6061 SALEM, OR 97304	93-0406417	501(C)(3)	100	258,244	DONATED FOOD @ \$1.06/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)	0	341,878	DONATED FOOD @ \$1.06/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
KINGWOOD BIBLE 1125 ELM ST NW SALEM, OR 97304	93-3602671	501(C)(3)	0	12,298	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
LIFE ESSENTIALS FOOD AND CLOTHING BANK LIFE CHURCH PO BOX 5350 SALEM, OR 97304	93-0843519	501(C)(3)	100	96,861	DONATED FOOD @ \$1.06/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
LIFE SPRING CHURCH (FORMERLY-BROOKS ASSEMBLY OF GOD FOOD PANTRY) 9165 PORTLAND RD NE BROOKS, OR 97305	93-0853138	501(C)(3)	0	95,082	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
LINN-BENTON FOOD SHARE 545 SW 2ND SUITE A CORVALLIS, OR 97333	93-1099406	501(C)(3)	0	36,412	DONATED FOOD @ \$1.06/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
MANO-A-MANO FAMILY RESOURCE CENTER 3850 PORTLAND RD NE SALEM, OR 97301	93-0992858	501(C)(3)	0	735,996	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MARION FRIENDS CHURCH 5997 STAYTON RD SE TURNER, OR 97392	93-0480595	501(C)(3)	0	155,774	DONATED FOOD @ \$1.06/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
MEHAMA COMMUNITY CHURCH JOSEPH STOREHOUSE OF HOPE PO BOX 40 MEHAMA, OR 97384	93-0747026	501(C)(3)	10,912	29,651	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MILL CITY GATES COMMUNITY CENTER PO BOX 426 MILL CITY, OR 97360	93-1139198	501(C)(3)	0	87,256	DONATED FOOD @ \$1.06/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
MISSION BENEDICT FOOD BANK 925 S MAIN ST MT ANGEL, OR 97362	93-0387331	501(C)(3)	0	319,128	DONATED FOOD @ \$1.06/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)	0	7,341	DONATED FOOD @ \$1.06/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
NEW HARVEST CHURCH 4290 PORTLAND RD NE SALEM, OR 97301	20-0692421	501(C)(3)	0	83,345	DONATED FOOD @ \$1.06/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)	433	295,759	DONATED FOOD @ \$1.06/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
NW HOUSING ALTERNATIVES 1000 CUNNINGHAM LANE SOUTH SALEM, OR 97302	93-0814473	501(C)(3)	0	21,207	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
OREGON FOOD BANK 7900 NE 33RD DR PORTLAND, OR 97211	93-0785786	501(C)(3)	0	21,588	DONATED FOOD @ \$1.06/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
PAULINE MEMORIAL AME ZION CHURCH 3593 SUNNYVIEW RD SALEM, OR 97303	93-1037528	501(C)(3)	456	119,794	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
PEOPLES CHURCH 4500 LANCASTER DR NE SALEM, OR 97305	93-0513504	501(C)(3)	163	243,080	DONATED FOOD @ \$1.06/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
PRECIOUS CHILDREN SALEM EVANGELICAL CHURCH 455 LOCUST ST NE SALEM, OR 97303	93-0569204	501(C)(3)	0	90,635	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
QUEEN OF PEACE TABLE OF PLENTY 4227 LONE OAK RD SE SALEM, OR 97302	93-0513650	501(C)(3)	1,500	70,477	DONATED FOOD @ \$1.06/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
SACRED HEART GERVAIS 680 ELM ST GERVAIS, OR 97026	93-0459186	501(C)(3)	0	62,763	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SALEM DREAM CENTER 924 ARTHUR WAY NW SALEM, OR 97304	46-3830031	501(C)(3)	0	23,520	DONATED FOOD @ \$1.06/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
SALEM MISSION FAITH MINISTRIES 4308 HILLROSE ST SE SALEM, OR 97306	93-0776787	501(C)(3)	498	21,243	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SANTIAM SERVICE INTEGRATION TEAM 1401 N 10TH AVE STAYTON, OR 97383	93-0415219	501(C)(3)	30,000	676	DONATED FOOD @ \$1.06/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
SCOTTS MILLS COMMUNITY CENTER FOOD PANTRY PO BOX 196 SCOTTS MILLS, OR 97375	93-0850377	501(C)(3)	0	31,523	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SEVENTH DAY ADVENTIST COMMUNITY SERVICES 1860 SUMMER ST NE SALEM, OR 97301	93-0441769	501(C)(3)	0	106,205	DONATED FOOD @ \$1.06/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
SHARED BLESSING WESTGATE ASSEMBLY OF GOD PO BOX 5990 SALEM, OR 97304	93-0579568	501(C)(3)	0	179,782	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SILVER CREEK MISSION OF HOPE COMMUNITY PANTRY PO BOX 8 SILVERTON, OR 97381	93-0966117	501(C)(3)	0	388,655	DONATED FOOD @ \$1.06/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
SILVERTON AREA COMMUNITY AID PO BOX 1305 SILVERTON, OR 97381	93-0884237	501(C)(3)	0	216,485	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
SOUTH SALEM FRIENDS CHURCH 1140 BAXTER RD SE SALEM, OR 97306	93-6014035	501(C)(3)	1,285	57,476	DONATED FOOD @ \$1.06/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
SPANISH SEVENTH DAY ADVENTIST SALEM 4625 CORDON RD NE SALEM, OR 97305	26-4389184	501(C)(3)	380	289,512	DONATED FOOD @ \$1.06/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)	0	85,209	DONATED FOOD @ \$1.06/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
ST VINCENT DE PAUL PO BOX 7864 SALEM, OR 97301	93-0464194	501(C)(3)	200	719,353	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
STAYTON COMMUNITY FOOD BANK 155 2ND ST STAYTON, OR 97383	93-0805665	501(C)(3)	5,995	185,343	DONATED FOOD @ \$1.06/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
THE SALVATION ARMY FOOD BANK PO BOX 7047 SALEM, OR 97301	91-1156347	501(C)(3)	0	472,930	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
TRINITY UNITED METHODIST CHURCH THE LORD'S CUPBOARD 590 ELMA AVE SE SALEM, OR 97301	93-0454789	501(C)(3)	296	134,236	DONATED FOOD @ \$1.06/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
TURNER CHRISTIAN CHURCH FOOD BANK 7871 MARION RD SE TURNER, OR 97392	93-0508312	501(C)(3)	804	66,907	DONATED FOOD @ \$1.06/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)	1,000	198,983	DONATED FOOD @ \$1.06/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
WESTERN OREGON UNIVERSITY 345 N MONMOUTH AVE MONMOUTH, OR 97361	93-6033807	501(C)(3)	0	21,817	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
WILLAMINA COMMUNITY FOOD PANTRY 340 NW B ST WILLAMINA, OR 97396	93-0818479	501(C)(3)	0	24,027	DONATED FOOD @ \$1.06/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 FOOD PANTRY PO BOX 603 WOODBURN, OR 97071	93-4224170	501(C)(3)	0	195,695	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
UNION GOSPEL MISSION MEN'S MISSION PO BOX 431 SALEM, OR 97301	93-0457267	501(C)(3)	0	75,451	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Schedule J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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 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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	19,937	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	434	13,672,075	SEE SCHEDULE O
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ See Additional Data				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
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 isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't 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
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Additional Data

Software ID:

Software Version:

EIN: 94-3034161

Name: MARION-POLK FOOD SHARE INC

Part I, Lines 25-28

(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
Other ▶ (<u>GIFT CERTIFICATES</u>)	7	51,398	DONOR VALUE
Other ▶ (<u>EQUIPMENT</u>)	2	9,954	DONOR VALUE
Other ▶ (<u>ANIMALS</u>)	5	4,359	DONOR VALUE
Other ▶ (<u>SUPPLIES</u>)	5	2,543	DONOR VALUE
Other ▶ (<u>PLANTS, SEEDS AND STARTS</u>)	8	1,729	DONOR VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

Name of the Organization

MARION-POLK FOOD SHARE INC

Employer identification number

94-3034161

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION CHANGED ITS BYLAWS TO RECOGNIZE THE ADDITIONAL NONPROFITS IT OPERATES, AD D THE QUALIFICATIONS OF DIRECTORS, ADD THE METHOD FOR THE SELECTION OF DIRECTORS, ADD THE CONDUCT OF DIRECTORS, ADD DIRECTIONS FOR EXECUTIVE SESSION MEETINGS, PROHIBIT PROXY VOTING , CHANGE THE OFFICERS FROM CHAIR, ADMINISTRATIVE VICE-CHAIR, SECRETARY, AND TREASURER TO B OARD PRESIDENT AND BOARD SECRETARY, ADD A PROHIBITION ON THE SAME PERSON SERVING AS THE BO ARD PRESIDENT AND THE BOARD SECRETARY AT THE SAME TIME, REMOVE THE DETAIL OF THE DUTIES OF EACH OFFICER, ADD THE METHOD OF REMOVING AN OFFICER, ADD LIMITATIONS ON THE EXECUTIVE COM MITTEE AUTHORITY, REMOVE THE REQUIREMENT FOR A NOTICE DATE FOR AMENDMENTS, AND CORRECT THE TITLE OF THE OFFICER IN THE ARTICLES OF DISSOLUTION FROM CHAIR OR VICE CHAIR TO PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION HAS NO COMMITTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT FORM 990 IS PROVIDED TO BOARD MEMBERS AND ADDED TO A CONSENT AGENDA 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 15	THE ORGANIZATION USES AN OUTSIDE SALARY COMPENSATION SERVICE.

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 -16,672. PPP LOAN FORGIVENESS -484,000.

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, 2021, 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

2020

**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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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	
(2) ALL WOODBURN AREA RESOURCES ENLISTED INC 152 ARTHUR STREET WOODBURN, OR 97307 23-7312454	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	Yes
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 VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation