

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 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)

1660 SALEM INDUSTRIAL DR NE

Room/suite

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

SALEM, OR 97301-0374**F** Name and address of principal officer: **RICK GAUPO****SAME AS C ABOVE****D** Employer identification number**94-3034161****E** Telephone number**(503) 581-3855****G** Gross receipts \$ **24,143,493.****H(a)** Is this a group returnfor 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**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: LEADING THE FIGHT TO END HUNGER IN MARION AND POLK COUNTIES, BECAUSE NO ONE SHOULD BE HUNGRY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	89	
	6	Total number of volunteers (estimate if necessary)	850	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue	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.
Expenses	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.	
Net Assets or Fund Balances	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	
	RICK GAUPO, EXECUTIVE DIRECTOR			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	RYAN T. PASQUARELLA, CPA			P01304274
	Firm's name ▶ GROVE, MUELLER & SWANK, P.C.	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 AccomplishmentsCheck 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.)

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.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 7	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 89		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c		X
d If "Yes," indicate the number of Forms 8822 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	14			
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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		14		
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?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
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?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?				X
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 on Schedule O				X

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?		X
b 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?	X	
b 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
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?		X
b 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)

19 Describe on 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 - (503) 581-3855**
1660 SALEM INDUSTRIAL DRIVE NE, SALEM, OR 97301-0374

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, and 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 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) RICK GAUPO EXECUTIVE DIRECTOR	40.00			X				126,074.	0.	33,801.
(2) ALEX BEAMER BOARD MEMBER	2.00 0.25	X						0.	0.	0.
(3) BAHAA WANLY VICE CHAIR	2.00 0.25	X		X				0.	0.	0.
(4) COURTNEY KNOX BUSCH CHAIR	10.00 0.25	X		X				0.	0.	0.
(5) FRANCES LARA ALVARADO BOARD MEMBER	2.00 0.25	X						0.	0.	0.
(6) JIM GREEN TREASURER	4.00 0.25	X		X				0.	0.	0.
(7) JOHN BURT BOARD MEMBER	2.00 0.25	X						0.	0.	0.
(8) JULIE HUCKESTEIN BOARD MEMBER (THROUGH SEPTEMBER 2020)	1.00 0.25	X						0.	0.	0.
(9) MIKE GARRISON BOARD MEMBER	2.00 0.25	X						0.	0.	0.
(10) WALTER SMITH BOARD MEMBER (THROUGH SEPTEMBER 2020)	1.00 0.25	X						0.	0.	0.
(11) WARREN BEDNARZ SECRETARY	4.00 0.25	X		X				0.	0.	0.
(12) SARAH DESANTIS BOARD MEMBER	2.00 0.25	X						0.	0.	0.
(13) LINDA NORRIS BOARD MEMBER	2.00 0.25	X						0.	0.	0.
(14) CHRIS MERCIER BOARD MEMBER	2.00 0.25	X						0.	0.	0.
(15) HOLLY NELSON BOARD MEMBER	2.00 0.25	X						0.	0.	0.
(16) DEBORAH SAILLER BOARD MEMBER	2.00 0.25	X						0.	0.	0.
(17) MARK WILK BOARD MEMBER	2.00 0.25	X						0.	0.	0.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	43,019.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,773,817.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	16,495,384.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 13,761,996.			
	h	Total. Add lines 1a-1f		23,312,220.			
Program Service Revenue				Business Code			
	2 a	HOME MEAL DELIVERY		624210	565,367.	565,367.	
	b	FOOD BANK OPERATION		624210	135,700.	135,700.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		701,067.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		25,902.			25,902.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
				2,160.			
	b	Less: rental expenses ...	6b	0.			
	c	Rental income or (loss)	6c	2,160.			
	d	Net rental income or (loss)		2,160.			2,160.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				69,598.			
	b	Less: cost or other basis and sales expenses	7b	19,937.			
	c	Gain or (loss)	7c	49,661.			
	d	Net gain or (loss)		49,661.			49,661.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a	22,961.				
b	Less: cost of goods sold	10b	42,704.				
c	Net income or (loss) from sales of inventory		-19,743.	-19,743.			
Miscellaneous Revenue				Business Code			
	11 a	OTHER REVENUE		900099	9,585.	9,585.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		9,585.				
12	Total revenue. See instructions		24,080,852.	690,909.	0.	77,723.	

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 (nonemployees):				
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 Sch 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 on 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 ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(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 receivables from 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	10a 6,394,839.		
	b Less: accumulated depreciation	10b 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.

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck 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 on 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 ReportingCheck 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 on 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 on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2020)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

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.
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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 **section 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).

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 fails 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 grants.")	13692199.	13179055.	13943649.	18265418.	23312220.	82392541.
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	13692199.	13179055.	13943649.	18265418.	23312220.	82392541.
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)						9403576.
6 Public support. Subtract line 5 from line 4.						72988965.

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	13692199.	13179055.	13943649.	18265418.	23312220.	82392541.
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						82751133.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	88.20	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	89.56	%
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	<input checked="" type="checkbox"/>		
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	<input type="checkbox"/>		
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	<input type="checkbox"/>		
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	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2020

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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 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**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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**.
- 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**.
- 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**.
- 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.
- 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
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 line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	2	
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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? 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.	Yes	No
	2a	
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
	2b	
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? If "Yes" or "No" provide details in Part VI.		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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):		
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 0.85 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).		

Schedule A (Form 990 or 990-EZ) 2020

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 (prior IRS approval required - <i>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 3e		
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. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result 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		

Schedule A (Form 990 or 990-EZ) 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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR 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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

MARION-POLK FOOD SHARE, INC.

Employer identification number

94-3034161

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
MARION-POLK FOOD SHARE, INC.	94-3034161

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>6,870,556.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,326,605.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>537,695.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>3,282,494.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>605,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
MARION-POLK FOOD SHARE, INC.	94-3034161

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD DONATIONS	\$ 6,309,732.	06/30/21
2	FOOD DONATIONS	\$ 1,326,605.	06/30/21
3	FOOD DONATIONS	\$ 537,695.	06/30/21
4	FOOD DONATIONS	\$ 3,282,494.	06/30/21
		\$	

Name of organization	Employer identification number
MARION-POLK FOOD SHARE, INC.	94-3034161

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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 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 1-6 regarding donor advised funds.

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

Form with multiple sections for conservation easements, including questions 1-9 and a table for line 2.

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 with questions 1a-1b regarding collections of art, historical treasures, or other similar assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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	
1d	
1e	
1f	

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 on 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 ☒ 72.6890 %

b Permanent endowment ☒ 20.0350 %

c Term endowment ☒ 7.2760 %

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:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 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 10c.)				3,484,097.

Schedule D (Form 990) 2020

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		
(B) FOUNDATION	1,210,205.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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 FASB 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.

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.

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

Part XIII Supplemental Information (continued)

BE RECOGNIZED IN AN INCOME TAX PROVISION WHEN THEY BECOME PROBABLE AND
ESTIMABLE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES 42,704.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PPP LOAN FORGIVENESS 484,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES 42,704.

BAD DEBT EXPENSE 16,672.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 59,376.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2020

Open to Public
Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
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
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
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							60.
3 Enter total number of other organizations listed in the line 1 table							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
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
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
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
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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
HOAP / NORTHWEST HUMAN SERVICES 694 CHURCH ST NE SALEM, OR 97301	93-0605570	501(C)(3)	2,000.	73,134. @ COST	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD	DONATED FOOD	TO PREVENT HUNGER
IDANHA/DETROIT COMMUNITY FOOD PANTRY - 397 CHURCH ST - IDANHA, OR 97350	93-0800110	501(C)(3)	8,093.	158,701. @ COST	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD	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. @ COST	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD	DONATED FOOD	TO PREVENT HUNGER
JASON LEE UNITED METHODIST FOOD BANK - P O BOX 6061 - SALEM, OR 97304	93-0406417	501(C)(3)	100.	258,244. @ COST	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD	DONATED FOOD	TO PREVENT HUNGER
KEIZER COMMUNITY FOOD BANK 4505 RIVER RD. N KEIZER, OR 97303	93-0514483	501(C)(3)	0.	341,878. @ COST	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD	DONATED FOOD	TO PREVENT HUNGER
KINGWOOD BIBLE 1125 ELM ST. NW SALEM, OR 97304	93-3602671	501(C)(3)	0.	12,298. @ COST	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD	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. @ COST	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD	DONATED FOOD	TO PREVENT HUNGER
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. @ COST	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD	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. @ COST	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD	DONATED FOOD	TO PREVENT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
(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.	735,996.00	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.	155,774.00	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MEHAMA COMMUNITY CHURCH / JOSEPH STOREHOUSE OF HOPE - PO BOX 40 - MEHAMA, OR 97384	93-0747026	501(C)(3)	10,912.	29,651.00	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.	87,256.00	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
MISSION BENEDICT FOOD BANK 925 S MAIN ST. MT. ANGEL, OR 97362	93-0387331	501(C)(3)	0.	319,128.00	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.	7,341.00	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NEW HARVEST CHURCH 4290 PORTLAND RD NE SALEM, OR 97301	20-0692421	501(C)(3)	0.	83,345.00	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NEW HOPE FOURSQUARE CHURCH PANTRY 4963 SWEIGLE RD NE SALEM, OR 97305	95-1684062	501(C)(3)	433.	295,759.00	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER
NW HOUSING ALTERNATIVES 1000 CUNNINGHAM LANE SOUTH SALEM, OR 97302	93-0814473	501(C)(3)	0.	21,207.00	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD	TO PREVENT HUNGER

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
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
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
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
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
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

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
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
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
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
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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(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		
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		
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		
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		
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		
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		

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DONATED FOOD AND GIFT CARDS	192768	53,602.	3,715,558.	DONATED FOOD @ \$1.06/LB; PURCHASED FOOD @ COST	DONATED FOOD AND GIFT CARDS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

Part IV Supplemental Information

FEDERAL AND STATE REQUIREMENTS AND PRIVATE DONOR INTENT. IF DEFICIENCIES
ARE IDENTIFIED THROUGH THE MONITORING, MPFS REVIEWS A PLAN FOR CORRECTIVE
ACTION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MARION-POLK FOOD SHARE, INC.

Employer identification number

94-3034161

Part I Questions Regarding Compensation

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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as maid, chauffeur, chef)

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

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:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

- 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 instructions and the latest information.

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 ► (<u>GIFT CERTIFIC</u>)	X	7	51,398.	DONOR VALUE
26 Other ► (<u>EQUIPMENT</u>)	X	2	9,954.	DONOR VALUE
27 Other ► (<u>ANIMALS</u>)	X	5	4,359.	DONOR VALUE
28 Other ► (<u>SUPPLIES</u>)	X	5	2,543.	DONOR VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

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?

	Yes	No
30a		X
31	X	
32a		X

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?

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

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

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.

PART I, OTHER TYPES OF PROPERTY:

PLANTS, SEEDS AND STARTS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 8

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1729.

(D) METHOD OF DETERMINING REVENUE: DONOR VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MARION-POLK FOOD SHARE, INC.

Employer identification number

94-3034161

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION CHANGED ITS BYLAWS TO RECOGNIZE THE ADDITIONAL NONPROFITS
IT OPERATES, ADD 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 BOARD
PRESIDENT AND BOARD SECRETARY, ADD A PROHIBITION ON THE SAME PERSON SERVING
AS THE BOARD 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 COMMITTEE 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.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION HAS NO COMMITTEES.

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.

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.

Name of the organization

MARION-POLK FOOD SHARE, INC.

Employer identification number

94-3034161

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION USES AN OUTSIDE SALARY COMPENSATION SERVICE.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT EXPENSE	-16,672.
PPP LOAN FORGIVENESS	-484,000.
TOTAL TO FORM 990, PART XI, LINE 9	-500,672.

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.

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.

46

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

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

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.

Provide additional information to, responses to questions on Schedule PW-000, instructions: