

Form 990

Return of Organization Exempt From Income Tax

2024

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form header section containing organization name (MARION-POLK FOOD SHARE, INC.), EIN (94-3034161), address (1660 SALEM INDUSTRIAL DR NE, SALEM, OR 97301-0374), principal officer (RICK GAUPO), website (WWW.MARIONPOLKFOODSHARE.ORG), and form of organization (Corporation).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement (BRINGING PEOPLE TOGETHER TO END HUNGER AND ITS ROOT CAUSES), governance metrics, revenue breakdown (Total revenue: 23,133,077), expense breakdown (Total expenses: 21,934,697), and net assets (End of Year: 20,065,647).

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.

Signature block containing signatures of Rick Gaupe (Executive Director) and Rylan T. Pasquarella (CPA, Preparer), along with dates and contact information for Redw, LLC.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: BRINGING PEOPLE TOGETHER TO END HUNGER AND ITS ROOT CAUSES.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 18,864,858. including grants of \$ 12,998,157.) (Revenue \$ 1,481,124.) WE DISTRIBUTE NUTRITIOUS FOOD FOR INDIVIDUALS AND FAMILIES TO MORE THAN 80 LOCAL PARTNERS, INCLUDING FOOD PANTRIES AND MEAL SITES, AND DELIVER MEALS ON WHEELS TO HOMEBOUND SENIORS AND ADULTS WITH DISABILITIES. WE OPERATE AN URBAN FARM AND SUPPORT A NETWORK OF COMMUNITY GARDENS THAT CONNECT PEOPLE AND THEIR FOOD, AND MOBILIZE COMMUNITY MEMBERS TO ADDRESS SYSTEMIC ISSUES THAT LEAD TO HUNGER. THOUSANDS OF LOCAL VOLUNTEERS, ADVOCATES AND DONORS BRING OUR MISSION TO LIFE EVERY DAY.

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 18,864,858.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included on line 1a... 15; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion... 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... X; 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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; 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; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
18 Section 6104 requires an organization to make its 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. [X] Own website [] Another's website [X] 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 Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 0.25			X			158,891.	0.	31,014.	
(2) JULIE HAMBUCHEN VP OF DEVELOPMENT	40.00 0.25				X		126,452.	0.	33,478.	
(3) IAN DIXON-MCDONALD VP OF PROGRAMS	40.00 0.25				X		126,309.	0.	14,057.	
(4) ALEX BEAMER BOARD MEMBER	2.00 0.25	X					0.	0.	0.	
(5) BENJAMIN PERRY BOARD MEMBER	2.00 0.25	X					0.	0.	0.	
(6) CHRIS MERCIER BOARD MEMBER	2.00 0.25	X					0.	0.	0.	
(7) COURTNEY KNOX BUSCH BOARD MEMBER	2.00 0.25	X					0.	0.	0.	
(8) CYNTHIA RICHARDSON BOARD MEMBER	2.00 0.25	X					0.	0.	0.	
(9) DEBORAH SAILLER SECRETARY	4.00 0.25	X		X			0.	0.	0.	
(10) DESIREA JACKSON TREASURER	2.00 0.25	X		X			0.	0.	0.	
(11) FRANCES LARA ALVARADO BOARD MEMBER (UNTIL 9/2024)	2.00 0.25	X					0.	0.	0.	
(12) HOLLY NELSON CHAIR	10.00 0.25	X		X			0.	0.	0.	
(13) JIM GREEN BOARD MEMBER (UNTIL 9/2024)	4.00 0.25	X					0.	0.	0.	
(14) JOHN BURT BOARD MEMBER (UNTIL 9/2024)	2.00 0.25	X					0.	0.	0.	
(15) LINDA NORRIS BOARD MEMBER	2.00 0.25	X					0.	0.	0.	
(16) MARK WILK BOARD MEMBER	2.00 0.25	X					0.	0.	0.	
(17) MIKE GARRISON BOARD MEMBER (UNTIL 9/2024)	2.00 0.25	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) SARAH DESANTIS BOARD MEMBER	2.00 0.25	X						0.	0.	0.
(19) WARREN BEDNARZ BOARD MEMBER	2.00 0.25	X						0.	0.	0.
(20) YURIANA CORONADO VICE-CHAIR	2.00 0.25	X	X					0.	0.	0.
(21) KATIE DOBLER BOARD MEMBER (FROM 9/2024)	2.00 0.25	X						0.	0.	0.
(22) SHELBY RADCLIFFE BOARD MEMBER (FROM 9/2024)	2.00 0.25	X						0.	0.	0.
1b Subtotal								411,652.	0.	78,549.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								411,652.	0.	78,549.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 3,061.				
	b Membership dues	1b				
	c Fundraising events	1c 189,900.				
	d Related organizations	1d 12,550.				
	e Government grants (contributions)	1e 3,767,920.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 17,181,023.				
	g Noncash contributions included in lines 1a-1f	1g \$ 12,847,243.				
	h Total. Add lines 1a-1f		21,154,454.			
Program Service Revenue	Business Code					
	2 a HOME MEAL DELIVERY	624210	1,283,800.	1,283,800.		
	b FOOD BANK OPERATION	624210	187,700.	187,700.		
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		1,471,500.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		294,242.		294,242.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	5,617,772.		
			(ii) Other			
	b Less: cost or other basis and sales expenses	7b	5,396,332.			
	c Gain or (loss)	7c	221,440.			
	d Net gain or (loss)		221,440.		221,440.	
8 a Gross income from fundraising events (not including \$ 189,900. of contributions reported on line 1c). See Part IV, line 18	8a		65,085.			
			83,268.			
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events			-18,183.	-18,183.		
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		3,571.			
			280.			
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory		3,291.	3,291.			
Miscellaneous Revenue	Business Code					
	11 a OTHER REVENUE	900099	6,333.	6,333.		
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d		6,333.				
12 Total revenue. See instructions		23,133,077.	1,481,124.	0.	497,499.	

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	10,486,990.	10,486,990.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,511,167.	2,511,167.		
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	187,499.	52,500.	69,375.	65,624.
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	4,094,958.	2,764,436.	370,504.	960,018.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	287,478.	181,566.	34,452.	71,460.
9 Other employee benefits	560,474.	299,654.	78,326.	182,494.
10 Payroll taxes	415,510.	266,625.	54,640.	94,245.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	49,450.		49,450.	
d Lobbying	51,600.			51,600.
e Professional fundraising services. See Part IV, line 17	87,050.			87,050.
f Investment management fees	74,926.		74,926.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	140,364.	79,292.	50,920.	10,152.
12 Advertising and promotion	164,476.	14,389.	803.	149,284.
13 Office expenses	522,648.	143,705.	36,319.	342,624.
14 Information technology	264,629.	163,196.	36,092.	65,341.
15 Royalties				
16 Occupancy	243,264.	223,626.	8,350.	11,288.
17 Travel	180,375.	171,624.	6,999.	1,752.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,917.	21,466.	9,252.	5,199.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	438,901.	417,660.	3,470.	17,771.
23 Insurance	113,155.	87,811.	10,710.	14,634.
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	674,087.	674,087.		
b PROGRAM SUPPLIES	255,402.	255,125.	147.	130.
c OTHER EXPENSES	94,377.	49,939.	12,156.	32,282.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,934,697.	18,864,858.	906,891.	2,162,948.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	625.	1	1,219.
	2	Savings and temporary cash investments	1,476,194.	2	2,695,927.
	3	Pledges and grants receivable, net	475,215.	3	455,295.
	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	574,085.	8	414,465.
	9	Prepaid expenses and deferred charges	107,883.	9	204,157.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,152,885.		
	b	Less: accumulated depreciation	10b 4,214,241.	10c 8,339,772.	7,938,644.
	11	Investments - publicly traded securities	7,255,406.	11	7,770,361.
	12	Investments - other securities. See Part IV, line 11	1,202,368.	12	1,287,023.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	14,107.
16	Total assets. Add lines 1 through 15 (must equal line 33)	19,431,548.	16	20,781,198.	
Liabilities	17	Accounts payable and accrued expenses	691,232.	17	688,051.
	18	Grants payable		18	
	19	Deferred revenue	37,000.	19	27,500.
	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		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	728,232.	26	715,551.
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	17,241,082.	27	17,772,624.
	28	Net assets with donor restrictions	1,462,234.	28	2,293,023.
	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	18,703,316.	32	20,065,647.	
33	Total liabilities and net assets/fund balances	19,431,548.	33	20,781,198.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,133,077.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,934,697.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,198,380.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,703,316.
5	Net unrealized gains (losses) on investments	5	228,340.
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	-64,389.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,065,647.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
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	X	

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23312220.	17250215.	25506115.	20635325.	21154454.	107858329
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	23312220.	17250215.	25506115.	20635325.	21154454.	107858329
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)						7667072.
6 Public support. Subtract line 5 from line 4.						100191257

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	23312220.	17250215.	25506115.	20635325.	21154454.	107858329
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28,062.	30,903.	200,068.	239,542.	294,242.	792,817.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,585.	23,621.	10,367.	4,140.	6,333.	54,046.
11 Total support. Add lines 7 through 10						108705192
12 Gross receipts from related activities, etc. (see instructions)					12	5,058,030.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	92.17	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	91.70	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their designation, IRS status, foreign support, and control.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 1: Has the organization accepted a gift or contribution from any of the following persons? Row 2: 11a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Row 3: 11b A family member of a person described on line 11a above? Row 4: 11c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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. Row 2: 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.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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).

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: 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). Row 3: 3 By reason of the relationship described on 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.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a [] The organization satisfied the Activities Test. Complete line 2 below. b [] The organization is the parent of each of its supported organizations. Complete line 3 below. c [] The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Row 2: 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. b Did the activities described on 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. Row 3: 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. 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.

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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

MARION-POLK FOOD SHARE, INC.

94-3034161

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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), 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), 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).

Name of organization MARION-POLK FOOD SHARE, INC.	Employer identification number 94-3034161
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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
1		\$ <u>5,253,106.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>1,489,443.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>1,178,478.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>755,104.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>1,038,321.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>462,000.</u>	Person <input checked="" 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 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
7		\$ 1,000,000.	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.)
		\$ _____	Person <input 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.)
		\$ _____	Person <input 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 MARION-POLK FOOD SHARE, INC.	Employer identification number 94-3034161
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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 _____ _____ _____	\$ <u>5,052,569.</u>	<u>06/30/25</u>
2	FOOD DONATIONS _____ _____ _____	\$ <u>1,489,443.</u>	<u>06/30/25</u>
3	FOOD DONATIONS _____ _____ _____	\$ <u>1,178,478.</u>	<u>06/30/25</u>
4	FOOD DONATIONS _____ _____ _____	\$ <u>755,104.</u>	<u>06/30/25</u>
5	FOOD DONATIONS _____ _____ _____	\$ <u>1,038,321.</u>	<u>06/30/25</u>
	_____ _____ _____	\$ _____	_____

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 C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
 - 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
 - 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
 - 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: Question, (a) Yes/No, (b) Amount. Rows include questions about lobbying activities and their amounts.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION HIRED A LOBBYIST IN AN EFFORT TO INCLUDE SUPPORT FOR THE ORGANIZATION'S CAPITAL PROJECT FOR A NEW FACILITY IN BOTH FEDERAL AND STATE BUDGETS.

SCHEDULE D

(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

MARION-POLK FOOD SHARE, INC.

Employer identification number

94-3034161

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

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
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,271,641.	1,172,827.	1,101,413.	1,210,205.	912,432.
b Contributions	15,475.	25,075.	51,275.	750.	1,685.
c Net investment earnings, gains, and losses	151,950.	134,287.	75,648.	-56,866.	346,529.
d Grants or scholarships					
e Other expenditures for facilities and programs	50,688.	49,920.	45,148.	42,749.	40,635.
f Administrative expenses	10,869.	10,628.	10,361.	9,927.	9,806.
g End of year balance	1,377,509.	1,271,641.	1,172,827.	1,101,413.	1,210,205.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 67.1108 %
 - b** Permanent endowment 8.5651 %
 - c** Term endowment 24.3239 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-------------------------------------|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
- 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		9,638,353.	2,186,438.	7,451,915.
c Leasehold improvements				
d Equipment		1,218,398.	930,651.	287,747.
e Other		1,290,033.	1,097,152.	192,881.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,938,644.

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	1,287,023.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,287,023.	

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, line 13, col. (B))		

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, line 15, col. (B))	

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, line 25, col. (B))	

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	23,382,566.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	228,340.	
b	Donated services and use of facilities	2b	12,527.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	83,548.	
e	Add lines 2a through 2d	2e		324,415.
3	Subtract line 2e from line 1	3		23,058,151.
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	74,926.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		74,926.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		23,133,077.

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	22,020,235.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	12,527.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	147,937.	
e	Add lines 2a through 2d	2e		160,464.
3	Subtract line 2e from line 1	3		21,859,771.
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	74,926.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		74,926.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		21,934,697.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT - DIRECT EXPENSES	83,268.
COST OF SALES	280.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	83,548.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE	64,389.
SPECIAL EVENT - DIRECT EXPENSES	83,268.
COST OF SALES	280.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	147,937.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CHEF'S NIGHT OUT (event type)	FARM TO TABLE (event type)	NONE (total number)		
Revenue	1	83,395.	171,590.		254,985.	
	2	43,225.	146,675.		189,900.	
	3	40,170.	24,915.		65,085.	
Direct Expenses	4					
	5					
	6	7,661.	10,318.		17,979.	
	7	4,587.	21,153.		25,740.	
	8	2,940.	10,454.		13,394.	
	9	3,141.	23,014.		26,155.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				83,268.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-18,183.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CONTOUR STRATEGIES

(I) ADDRESS OF FUNDRAISER: 901 BRUSTCHER ST STE D #130, NEWBERG, OR 97132

(I) NAME OF FUNDRAISER: CFM ADVOCATES

(I) ADDRESS OF FUNDRAISER: 10260 SW GREENBURG ROAD SUITE 400, PORTLAND, OR 97223

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
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.

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

OMB No. 1545-0047

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SABLE HOUSE 314 SE OAK ST. DALLAS, OR 97338	93-1122800	501(C)(3)	0.	0.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
CADENZA HOME, KAIROS 4385 SUNNYVIEW RD NE SALEM, OR 97305	93-0686923	501(C)(3)	0.	5,538.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
NW HOUSING ALTERNATIVES 1000 CUNNINGHAM LANE SOUTH SALEM, OR 97302	93-0814473	501(C)(3)	0.	7,973.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
CENTER FOR HOPE AND SAFETY 605 CENTER ST NE SALEM, OR 97301	51-0141214	501(C)(3)	0.	15,109.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR 97402	93-0888347	501(C)(3)	0.	15,948.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
HOME YOUTH SERVICES 625 UNION ST. NE SALEM, OR 97301	93-0395586	501(C)(3)	0.	18,943.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **53.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

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
JAMES 2 COMMUNITY KITCHEN 565 SE LA CREOLE DR. DALLAS, OR 97338	26-4033875	501(C)(3)	0.	24,701.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
LINN-BENTON FOOD SHARE 545 SW 2ND SUITE A CORVALLIS, OR 97333	93-1099406	501(C)(3)	0.	30,947.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
SCOTT'S MILLS COMMUNITY CENTER FOOD PANTRY - 298 4TH ST. - SCOTT'S MILLS, OR 97375	93-0850377	501(C)(3)	0.	38,192.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
CHURCH AT THE PARK 2410 TURNER RD. SE SALEM, OR 97302	85-3235718	501(C)(3)	0.	47,975.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
PEOPLES CHURCH 4500 LANCASTER DR. NE SALEM, OR 97305	93-0513504	501(C)(3)	0.	48,947.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
MEHAMA COMMUNITY CHURCH / JOSEPH STOREHOUSE OF HOPE - 11336 MORRIS ST. - MEHAMA, OR 97384	93-0747026	501(C)(3)	0.	54,137.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
WOODBURN FREE COMMUNITY MEAL 1036 EAST LINCOLN STREET WOODBURN, OR 97071	93-0604612	501(C)(3)	0.	62,458.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
ARCHES / MWVCAA 615 COMMERCIAL ST. NE SALEM, OR 97301	23-7056987	501(C)(3)	0.	63,576.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
SALEM MISSION FAITH MINISTRIES 4308 HILLROSE ST. SE SALEM, OR 97306	93-0776787	501(C)(3)	0.	65,702.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL 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
WESTERN OREGON UNIVERSITY 701 MONMOUTH AVE. N MONMOUTH, OR 97361	93-6033807	501(C)(3)	0.	68,047.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
WILLAMINA COMMUNITY FOOD PANTRY 340 NW B ST. WILLAMINA, OR 97396	93-0818479	501(C)(3)	0.	71,427.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
FALLS CITY SEVENTH DAY ADVENTIST 205 N MAIN ST FALLS CITY, OR 97344	93-0440796	501(C)(3)	0.	82,254.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
FAMILY BUILDING BLOCKS 180 18TH ST NE SALEM, OR 97301	93-1233373	501(C)(3)	0.	82,955.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
SACRED HEART / GERVAIS 680 ELM ST. GERVAIS, OR 97026	53-0196617	501(C)(3)	0.	93,828.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
CAPITAL PARK WESLEYAN CHURCH FOOD PANTRY - 410 19TH ST. SE - SALEM, OR 97301	35-1148762	501(C)(3)	0.	95,189.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
HOAP / NORTHWEST HUMAN SERVICES 694 CHURCH ST NE SALEM, OR 97301	93-0605570	501(C)(3)	0.	95,242.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
NEW HOPE FOURSQUARE CHURCH PANTRY 4963 SWEGLE RD NE SALEM, OR 97305	95-1684062	501(C)(3)	0.	97,828.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
ST. LUKE'S / SOCIETY OF ST. VINCENT DE PAUL - 417 HARRISON ST. - WOODBURN, OR 97071	93-0762880	501(C)(3)	0.	98,158.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL 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
AUMSVILLE FOOD BANK 10153 MILL CREEK RD SE AUMSVILLE, OR 97325	44-0612817	501(C)(3)	0.	115,143.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
MILL CITY / GATES COMMUNITY CENTER 255 SW CEDAR ST. MILL CITY, OR 97360	93-1139198	501(C)(3)	0.	117,156.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
TURNER CHRISTIAN CHURCH FOOD BANK 7871 MARION RD SE TURNER, OR 97392	93-0508312	501(C)(3)	0.	125,586.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
IDANHA/DETROIT COMMUNITY FOOD PANTRY - 397 CHURCH ST - IDANHA, OR 97350	93-0800110	501(C)(3)	0.	137,274.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
OREGON FOOD BANK 7900 NE 33RD DR PORTLAND, OR 97211	93-0785786	501(C)(3)	0.	138,474.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
QUEEN OF PEACE / TABLE OF PLENTY 4227 LONE OAK RD SE SALEM, OR 97302	93-0114100	501(C)(3)	0.	141,749.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
DALLAS SEVENTH DAY ADVENTIST 589 SW BIRCH ST. DALLAS, OR 97338	93-0856473	501(C)(3)	0.	143,593.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
TABERNAculo DE SALEM 2010 ACTS WAY NE SALEM, OR 97317	93-1166934	501(C)(3)	0.	146,244.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
MARION FRIENDS CHURCH 5997 STAYTON RD SE TURNER, OR 97392	93-0480595	501(C)(3)	0.	146,719.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL 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
ST. VINCENT DE PAUL 3745 PORTLAND RD. NE SALEM, OR 97301	93-0464194	501(C)(3)	0.	147,384.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	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.	162,286.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
WOODBURN SPANISH SDA CHURCH 782 WILLOW AVE. WOODBURN, OR 97071	93-4224170	501(C)(3)	0.	171,180.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
NEW HARVEST CHURCH 4290 PORTLAND RD NE SALEM, OR 97301	20-0692421	501(C)(3)	0.	178,110.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
FEED SALEM 1268 BROADWAY ST. NE SALEM, OR 97301	93-0568432	501(C)(3)	0.	180,127.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
SALEM ADVENTIST COMMUNITY SERVICES 1860 SUMMER ST. NE SALEM, OR 97301	61-1842886	501(C)(3)	0.	188,524.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
LIFE ESSENTIALS FOOD AND CLOTHING BANK / LIFE CHURCH - 255 COLLEGE DR. NW - SALEM, OR 97304	93-0843519	501(C)(3)	0.	195,997.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
MISSION BENEDICT FOOD BANK 925 S MAIN ST. MT. ANGEL, OR 97362	93-0387331	501(C)(3)	0.	199,458.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
PAULINE MEMORIAL / AME ZION CHURCH 3593 SUNNYVIEW RD SALEM, OR 97303	93-1037528	501(C)(3)	0.	207,133.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL 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
UNION GOSPEL MISSION / MEN'S MISSION - 777 COMMERCIAL ST. NE - SALEM, OR 97301	93-0457267	501(C)(3)	0.	207,597.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
STAYTON COMMUNITY FOOD BANK 1210 WILCO RD. STAYTON, OR 97383	93-0805665	501(C)(3)	0.	245,492.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
SILVER CREEK / MISSION OF HOPE COMMUNITY PANTRY - 822 INDUSTRIAL WAY NE - SILVERTON, OR 97381	93-0966117	501(C)(3)	0.	281,019.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
SHARED BLESSING / FAMILY LIFE 1675 WALLACE RD. NW SALEM, OR 97304	93-0579568	501(C)(3)	0.	292,034.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
SPANISH SEVENTH DAY ADVENTIST / SALEM - 4625 CORDON RD NE - SALEM, OR 97305	26-4389184	501(C)(3)	0.	301,151.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL 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)	0.	356,777.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
SILVERTON AREA COMMUNITY AID 421 S. WATER ST. SILVERTON, OR 97381	93-0884237	501(C)(3)	0.	378,017.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
DALLAS FOOD BANK INC 322 MAIN ST. DALLAS, OR 97338	93-0843261	501(C)(3)	0.	417,808.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
THE SALVATION ARMY FOOD BANK 1977 FRONT ST. NE SALEM, OR 97301	91-1156347	501(C)(3)	0.	461,679.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL 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
ELLA CURRAN FOOD BANK 854 N MAIN ST. INDEPENDENCE, OR 97381	93-0797524	501(C)(3)	0.	518,785.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
MANO-A-MANO FAMILY RESOURCE CENTER 3850 PORTLAND RD. NE, SUITE 130 SALEM, OR 97301	93-0992858	501(C)(3)	200.	626,365.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD	TO PREVENT HUNGER
KEIZER COMMUNITY FOOD BANK 4505 RIVER RD. N KEIZER, OR 97303	45-5413084	501(C)(3)	0.	656,211.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL 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	224897	0.	2,511,167.	BLENDED RATE OF USDA AVG OF \$1.44/LB AND ACTUAL COST	DONATED FOOD

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 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)**

(Rev. December 2024)
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

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.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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		

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

Schedule J (Form 990) (Rev. 12-2024)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, line 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	X	4	1,109.	DONOR VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,695.	DONOR VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	279,558.	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	358	12,512,926.	SEE SCHEDULE O
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>PLANTS, SEEDS A</u>)	X	7	44,089.	DONOR VALUE
26 Other (<u>GIFT CERTIFICAT</u>)	X	60	7,611.	DONOR VALUE
27 Other (<u>SUPPLIES</u>)	X	2	255.	DONOR VALUE
28 Other ()				

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

29

- 30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MARION-POLK FOOD SHARE, INC.

Employer identification number

94-3034161

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FORM 990 IS PROVIDED TO BOARD MEMBERS 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.

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

-64,389.

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 \$1.63 PER POUND AS OF JUNE 30, 2025, AND ADOPTED BY THE BOARD OF DIRECTORS AS A FIXED PRICE PER POUND RATE.

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)		X
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)		X
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)		X
s	Other transfer of cash or property from related organization(s)		X

2	(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)				

