

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOOD FOR LANE COUNTY		D Employer identification number 93-0888347
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 770 BAILEY HILL RD		E Telephone number 541-343-2822
	City or town, state or province, country, and ZIP or foreign postal code EUGENE OR 97402		G Gross receipts \$ 22,595,911
	F Name and address of principal officer: TOM MULHERN 770 BAILEY HILL RD EUGENE OR 97402		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.FOODFORLANECOUNTY.ORG		L Year of formation: 1986 M State of legal domicile: OR	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	16	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	16	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	155	
	6	Total number of volunteers (estimate if necessary)	16800	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 21,436,288	Current Year: 21,076,573
	9	Program service revenue (Part VIII, line 2g)	180,249	205,853
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	148,066	33,685
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	136,107	243,340
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,900,710	21,559,451
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,219,269	12,330,915
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,057,900	4,362,809
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	53,975	39,025
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 902,819		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,784,619	2,080,536
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,115,763	18,813,285
	19	Revenue less expenses. Subtract line 18 from line 12	3,784,947	2,746,166
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 21,565,696	End of Year: 24,092,956
	21	Total liabilities (Part X, line 26)	715,406	1,126,492
	22	Net assets or fund balances. Subtract line 21 from line 20	20,850,290	22,966,464

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer TOM MULHERN - e-filed		Date EXECUTIVE DIRECTOR	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN
	KARI YOUNG	KARI YOUNG	04/24/23	self-employed P0132552
	Firm's name ▶ JONES & ROTH, P.C.	Firm's EIN ▶ 93-0819646		
	Firm's address ▶ EUGENE, OR 97440	Phone no. 541-687-2320		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 16,292,059 including grants of \$ 11,776,612) (Revenue \$ 205,853)

FOOD FOR LANE COUNTY ADMINISTERS INNOVATIVE PROGRAMS THAT RESPOND TO THE IMMEDIATE CRISIS OF HUNGER AND HELP INDIVIDUALS AND FAMILIES ADDRESS CHRONIC FOOD INSECURITY THROUGH SELF-SUFFICIENCY AND EDUCATION. WE DISTRIBUTED 7.0 MILLION POUNDS OF FOOD THROUGH OUR 150+ PARTNER AGENCIES IN FY22. THE LARGEST PROGRAM, THE EMERGENCY FOOD BOX PROGRAM, PROVIDED AROUND 86,000 FOOD BOXES IN LANE COUNTY. WE ALSO RECRUITED, TRAINED AND MOBILIZED THOUSANDS OF COMMUNITY VOLUNTEERS WHO DONATED APPROXIMATELY 45,000 HOURS TO THIS HUNGER RELIEF EFFORT.

4b (Code:) (Expenses \$ 954,000 including grants of \$ 554,303) (Revenue \$)

MEALS ON WHEELS (MOW) IS A PROGRAM COMMITTED TO SUPPORTING SENIOR NEIGHBORS TO LIVE HEALTHIER AND MORE NOURISHED LIVES IN THEIR OWN HOMES. FFLC DISTRIBUTED 108,000+ MOW MEALS AND HAD EXPENSES OF \$954,000 IN FY22.

4c (Code:) (Expenses \$ 107,203 including grants of \$) (Revenue \$)

FFLC JOB TRAINING PROGRAM HELPS TRAIN CANDIDATES IN KEY SKILLS IN VARIOUS ON-THE-JOB SETTINGS. IT IS ALSO TO HELP FOOD BOX RECIPIENTS EARN SKILLS FOR GAINFUL EMPLOYMENT. COVID-19 CONTINUED TO IMPACT THE PROGRAM'S OPERATION IN FY22, BUT DESPITE THESE CHALLENGES, THERE WERE 8 GRADUATES FROM THE PROGRAM.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 17,353,262

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

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

Input box for Part V check

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)

Yes No

Table with 17 main rows (2a-17) and sub-rows (a-f). Columns include question text, input fields (e.g., 2a: 155), and Yes/No checkboxes. Questions cover employee counts, 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

Section A. Governing Body and Management

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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

FOOD FOR LANE COUNTY
EUGENE

770 BAILEY HILL ROAD

OR 97402

541-343-2822

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) TOM MULHERN EXECUTIVE DIRECTOR	40.00 0.00			X						
(2) DANIEL TEMMESFELD DIRECTOR OF FINANCE	40.00 0.00			X						
(3) DIANA BRAY CHAIR	1.00 0.00	X		X			0	0	0	
(4) JUSTIN KING VICE CHAIR	1.00 0.00	X		X			0	0	0	
(5) TIFFANY MELLOW TREASURER	1.00 0.00	X		X			0	0	0	
(6) KATHARINE RYAN SECRETARY	1.00 0.00	X		X			0	0	0	
(7) RACHEL ULRICH PAST CHAIR	1.00 0.00	X		X			0	0	0	
(8) BENJ EPSTEIN DIRECTOR	1.00 0.00	X					0	0	0	
(9) KERI GARCIA DIRECTOR	1.00 0.00	X					0	0	0	
(10) CAITY HATTERAS DIRECTOR	1.00 0.00	X					0	0	0	
(11) LAURIE HAUBER DIRECTOR	1.00 0.00	X					0	0	0	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Chris Hemmings, Weston McClain, Samantha Snyder, Charles Stanton, Sarah Stapleton, Jossi Stokes, and Michelle Thurston.

Summary rows: 1b Subtotal, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 199,001 and 23,273.

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 1

Table with 3 columns: Question number, Yes, No. Questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Five rows for independent contractors.

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 135,870				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,586,505				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 19,354,198				
	g Noncash contributions included in lines 1a-1f	1g \$ 11,383,755				
	h Total. Add lines 1a-1f		21,076,573			
	Program Service Revenue	2a PROGRAM INCOME	Business Code 424490	205,853	205,853	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			205,853			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		96,930		96,930	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real	66,617		
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c 66,617				
	d Net rental income or (loss)		66,617		66,617	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	903,996	8,500	
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b 871,350	104,391			
	c Gain or (loss)	7c 32,646	-95,891			
d Net gain or (loss)		-63,245	-63,245			
8a Gross income from fundraising events (not including \$ 135,870 of contributions reported on line 1c). See Part IV, line 18	8a		227,113			
		b Less: direct expenses	8b 60,719			
		c Net income or (loss) from fundraising events		166,394		
9a Gross income from gaming activities. See Part IV, line 19	9a					
		b Less: direct expenses	9b			
		c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances	10a					
		b Less: cost of goods sold	10b			
		c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code 900099	10,329		10,329	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		10,329			
12 Total revenue. See instructions		21,559,451	142,608	0	173,876	

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	10,297,136	10,297,136		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,033,779	2,033,779		
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	246,666	15,541	202,514	28,611
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,197,209	2,597,130	179,472	420,607
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,073	53,339	978	8,756
9 Other employee benefits	538,231	428,496	37,381	72,354
10 Payroll taxes	317,630	245,789	34,190	37,651
11 Fees for services (nonemployees):				
a Management				
b Legal	885	499	254	132
c Accounting	28,200	15,895	8,111	4,194
d Lobbying				
e Professional fundraising services. See Part IV, line 17	39,025			39,025
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	233,030	131,350	67,022	34,658
12 Advertising and promotion	117,812	7,273		110,539
13 Office expenses	51,926	43,106	4,743	4,077
14 Information technology				
15 Royalties				
16 Occupancy	299,479	291,861	1,277	6,341
17 Travel	33,624	28,811	2,727	2,086
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	570,931	556,502	3,926	10,503
23 Insurance	36,719	29,312	2,794	4,613
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 PROGRAM SUPPLIES AND SERV	221,436	219,838	549	1,049
b DELIVERY AND VEHICLE EXP	95,118	95,118		
c REPAIRS AND MAINTENANCE	88,525	83,166	1,831	3,528
d IN-KIND GOODS	79,331	58,463		20,868
e All other expenses	223,520	120,858	9,435	93,227
25 Total functional expenses. Add lines 1 through 24e	18,813,285	17,353,262	557,204	902,819
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	475,945	1	413,958
	2	Savings and temporary cash investments	4,673,332	2	3,986,250
	3	Pledges and grants receivable, net	1,203,034	3	2,755,952
	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	2,299,227	8	1,507,375
	9	Prepaid expenses and deferred charges	120,986	9	143,047
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,560,641		
	b	Less: accumulated depreciation	10b 3,101,757	10c	10,458,884
	11	Investments—publicly traded securities	1,716,261	11	2,644,645
	12	Investments—other securities. See Part IV, line 11	2,169,833	12	2,136,811
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	37,657	14	46,034
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	21,565,696	16	24,092,956	
Liabilities	17	Accounts payable and accrued expenses	715,406	17	1,126,492
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	715,406	26	1,126,492
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	17,536,419	27	19,468,097
	28	Net assets with donor restrictions	3,313,871	28	3,498,367
	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	20,850,290	32	22,966,464	
33	Total liabilities and net assets/fund balances	21,565,696	33	24,092,956	

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	21,559,451
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,813,285
3	Revenue less expenses. Subtract line 2 from line 1	3	2,746,166
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,850,290
5	Net unrealized gains (losses) on investments	5	-607,569
6	Donated services and use of facilities	6	
7	Investment expenses	7	-22,423
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,966,464

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
2b	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 Single Audit Act and OMB Circular A-133?	X	
3b	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	

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,645,106	19,129,683	21,526,982	21,436,288	21,076,573	99,814,632
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	16,645,106	19,129,683	21,526,982	21,436,288	21,076,573	99,814,632
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)						
6 Public support. Subtract line 5 from line 4						99,814,632

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	16,645,106	19,129,683	21,526,982	21,436,288	21,076,573	99,814,632
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	165,946	139,202	129,133	150,167	163,547	747,995
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.)	8,931	3,221	5,326	23,732	10,329	51,539
11 Total support. Add lines 7 through 10						100,614,166

12 Gross receipts from related activities, etc. (see instructions) **12** 2,148,749

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	99.21%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.25%

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 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

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a			
b		Yes	No
	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a			
b		Yes	No
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS \$ 51,539



**Schedule B
(Form 990)****Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.****2021**

Name of the organization

Employer identification number

FOOD FOR LANE COUNTY

93-0888347

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

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	\$ 3,240,748	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 466,903	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 507,087	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 769,447	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.)

Name of organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

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 AND OTHER COMMODITIES	\$ 2,694,911	

SCHEDULE D (Form 990)

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

2021

Open to Public Inspection

Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Sub-rows 2a-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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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. 1b 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.

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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

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	2,089,747	1,624,360	1,645,908	1,604,059	1,540,721
b Contributions					
c Net investment earnings, gains, and losses	-226,118	544,744	55,237	117,123	139,010
d Grants or scholarships	69,262	66,496	65,057	63,778	63,634
e Other expenditures for facilities and programs					
f Administrative expenses	12,696	12,861	11,728	11,496	12,038
g End of year balance	1,781,671	2,089,747	1,624,360	1,645,908	1,604,059

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 96.63 %
- b Permanent endowment ▶ 2.70 %
- c Term endowment ▶ 0.67 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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		696,492		696,492
b Buildings		8,947,847	2,325,012	6,622,835
c Leasehold improvements		121,377	40,446	80,931
d Equipment		1,874,297	736,299	1,137,998
e Other		1,920,628		1,920,628
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,458,884

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes entries for OREGON COMMUNITY FOUNDATION and CERTIFICATES OF DEPOSIT, LONG-TERM.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes a Total row at the bottom.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Includes a Total row at the bottom.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes a Total row at the bottom.

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	21,129,404
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-607,569	
b	Donated services and use of facilities	2b	43,335	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-564,234
3	Subtract line 2e from line 1		3	21,693,638
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	22,423	
b	Other (Describe in Part XIII.)	4b	-156,610	
c	Add lines 4a and 4b		4c	-134,187
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	21,559,451

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	19,013,230
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	43,335	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	156,610	
e	Add lines 2a through 2d		2e	199,945
3	Subtract line 2e from line 1		3	18,813,285
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	18,813,285

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 XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER		
SPECIAL EVENTS EXPENSE	\$	-60,719
LOSS ON ASSET DISPOSAL	\$	-95,891
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER		
SPECIAL EVENTS EXPENSE	\$	60,719
LOSS ON ASSET DISPOSAL	\$	95,891

Part XIII Supplemental Information *(continued)*

Public Inspection Copy

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GREGORY & ASSOCIATES 1 2750 SHADOW VIEW DRIVE UNIT 432 EUGENE OR 97478	CAP CAMP		X	3,239,817	27,401	3,212,416
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,239,817	27,401	3,212,416

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

OREGON

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
		EMPTY BOWLS (event type)	CHEF 'S NIGHT OU (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	271,850	91,133	362,983
	2	Less: Contributions	135,870		135,870
	3	Gross income (line 1 minus line 2)	135,980	91,133	227,113
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	1,250		1,250
	6	Rent/facility costs	12,643	8,604	21,247
	7	Food and beverages	5,174	1,251	6,425
	8	Entertainment	9,695	7,850	17,545
	9	Other direct expenses	6,479	7,773	14,252
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				166,394

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	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

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
(1)	4J DISTRICT WRAPAROUND SERVICES (AT 1650 W 22ND AVE EUGENE OR 97405	20-5994687	501C3		10,193	FMV	FOOD	EMERGENCY FOOD
(2)	ALLUVIUM CHURCH 810 W 3RD AVE EUGENE OR 97402		CHURCH		30,576	FMV	FOOD	EMERGENCY FOOD
(3)	BETHEL FOOD PANTRY 4445 ROYAL AVE EUGENE OR 97402	93-0358654	501C3		165,426	FMV	FOOD	EMERGENCY FOOD
(4)	CASA DE LUZ PANTRY 1295 TANEY ST EUGENE OR 97402		501C3	1,000	59,764	FMV	FOOD	EMERGENCY FOOD
(5)	CASCADE MIDDLE SCHOOL 1525 ECHO HOLLOW RD EUGENE OR 97402		SCHOOL		30,995	FMV	FOOD	EMERGENCY FOOD
(6)	CCS - EUGENE (CATHOLIC COMMUNITY SE 1025 G ST SPRINGFIELD OR 97477	93-0409105	501C3	8,000	778,772	FMV	FOOD	EMERGENCY FOOD
(7)	CCS - SENIOR HELP (CATHOLIC COMMUNI 1025 G ST SPRINGFIELD OR 97477	93-0409105	501C3		27,068	FMV	FOOD	EMERGENCY FOOD
(8)	CCS - SPRINGFIELD (CATHOLIC COMMUNI 1025 G ST SPRINGFIELD OR 97477	93-0409105	501C3	5,000	685,608	FMV	FOOD	EMERGENCY FOOD
(9)	CENTRO LATINO AMERICANO 944 W 5TH AVE EUGENE OR 97402	93-0638731	501C3		9,202	FMV	FOOD	EMERGENCY FOOD

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 73
- 3** Enter total number of other organizations listed in the line 1 table ▶ 10

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

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
(1)	COBURG FOOD PANTRY 91352 N COBURG RD EUGENE OR 97408	93-0844887	501C3		9,537	FMV	FOOD	EMERGENCY FOOD
(2)	COMMUNITY FOOD FOR CRESWELL PO BOX 351 CRESWELL OR 97426	46-0468527	501C3	4,250	283,058	FMV	FOOD	EMERGENCY FOOD
(3)	COMMUNITY SHARING PO BOX 351 COTTAGE GROVE OR 97424	93-0848793	501C3	5,800	411,484	FMV	FOOD	EMERGENCY FOOD
(4)	COMMUNITY SUPPORTED SHELTERS 1160 GRANT ST EUGENE OR 97402	46-2377054	501C3		10,884	FMV	FOOD	EMERGENCY FOOD
(5)	CORNERSTONE COMMUNITY HOUSING PO BOX 11923 EUGENE OR 97440	93-1078543	501C3		41,304	FMV	FOOD	EMERGENCY FOOD
(6)	CROSSFIRE FIELD OF DREAMS 942 28TH ST SPRINGFIELD OR 97477	93-0721017	501C3	2,200	100,327	FMV	FOOD	EMERGENCY FOOD
(7)	CROSSFIRE HANDS OF HOPE 942 28TH ST SPRINGFIELD OR 97477	93-0721017	501C3	2,000	439,799	FMV	FOOD	EMERGENCY FOOD
(8)	DAILY BREAD 89780 N GAME FARM RD EUGENE OR 97408	93-0812516	501C3	1,000	61,279	FMV	FOOD	EMERGENCY FOOD
(9)	DEXTER FOOD PANTRY 38932 DEXTER ROAD DEXTER OR 97435		CHURCH	2,000	170,866	FMV	FOOD	EMERGENCY FOOD

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Department of the Treasury
Internal Revenue Service

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Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

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
(1)	EBBERT MEMORIAL UMC MEALS MINISTRY 532 C ST SPRINGFIELD OR 97477		CHURCH	1,750	23,726	FMV	FOOD	EMERGENCY FOOD
(2)	ECM STUDENT PANTRY 1329 E 19TH AVE EUGENE OR 97403	93-0421473	CHURCH		217,863	FMV	FOOD	EMERGENCY FOOD
(3)	EUGENE CATHOLIC WORKER 754 WASHINGTON ST EUGENE OR 97401	53-0196617	501C3	2,200	69,932	FMV	FOOD	EMERGENCY FOOD
(4)	EUGENE FAITH CENTER 1410 W 13TH AVE EUGENE OR 97402	93-0588948	501C3	2,000	95,152	FMV	FOOD	EMERGENCY FOOD
(5)	FERN RIDGE COMMUNITY SERVICES PO BOX 308 ELMIRA OR 97437		501C3	1,750	8,182	FMV	FOOD	EMERGENCY FOOD
(6)	FLORENCE FOOD SHARE PO BOX 2514 FLORENCE OR 97439	45-0586900	501C3	3,000	478,142	FMV	FOOD	EMERGENCY FOOD
(7)	FREE PEOPLE! 276 SUBURBAN AVE EUGENE OR 97404	93-1306231	501C3	1,750	12,665	FMV	FOOD	EMERGENCY FOOD
(8)	G STREET OASIS 1025 G ST SPRINGFIELD OR 97477	93-0409105	501C3		10,812	FMV	FOOD	EMERGENCY FOOD
(9)	GLEANERS - FERN RIDGE CONNECTION PO BOX 1526 VENETA OR 97487		501C3		61,297	FMV	FOOD	EMERGENCY FOOD

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

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
(1)	GOD'S FOOD BOX PO BOX 67 ALVADORE OR 97409	93-0558824	501C3		84,351	FMV	FOOD	EMERGENCY FOOD
(2)	GOD'S STOREHOUSE PO BOX 98 HARRISBURG OR 97446	93-1078299	501C3	2,000	70,980	FMV	FOOD	EMERGENCY FOOD
(3)	GOLDSON FOOD PANTRY PO BOX 130 CHESHIRE OR 97419	80-0808134	501C3	2,500	59,182	FMV	FOOD	EMERGENCY FOOD
(4)	HAMLIN MIDDLE SCHOOL 326 CENTENNIAL BLVD SPRINGFIELD OR 97477	93-1147979	501C3		39,529	FMV	FOOD	EMERGENCY FOOD
(5)	HEAD START OF LANE COUNTY 221 B STREET SPRINGFIELD OR 97402	93-0728229	501C3	14,000	146,349	FMV	FOOD	EMERGENCY FOOD
(6)	HEAD START OF LANE COUNTY - OAKRIDG 46433 WESTFIR RD WESTFIR OR 97492	93-0728229	501C3		52,043	FMV	FOOD	EMERGENCY FOOD
(7)	HELPING HAND PO BOX 647, 97454 MARCOLA OR 97454	93-0822058	501C3	4,500	117,524	FMV	FOOD	EMERGENCY FOOD
(8)	HILLTOP PANTRY CROW APPLGATE CHURCH OF NAZARENE EUGENE OR 97402	93-0763431	CHURCH	1,400	119,374	FMV	FOOD	EMERGENCY FOOD
(9)	HIV ALLIANCE 1195A CITY VIEW ST EUGENE OR 97402	93-0963546	501C3		53,969	FMV	FOOD	EMERGENCY FOOD

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

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Department of the Treasury
Internal Revenue Service

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Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

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
(1)	HOPE AND SAFETY ALLIANCE PO BOX 50127 EUGENE OR 97405	93-0692905	501C3		7,519	FMV	FOOD	EMERGENCY FOOD
(2)	HOSEA YOUTH SERVICES 834 MONROE ST EUGENE OR 97402		CHURCH		11,892	FMV	FOOD	EMERGENCY FOOD
(3)	INTERFAITH FOOD HUB 1166 OAK ST EUGENE OR 97401		501C3		37,384	FMV	FOOD	EMERGENCY FOOD
(4)	JUNCTION CITY LOCAL AID PO BOX 493 JUNCTION CITY OR 97448	93-1294436	501C3	5,500	249,454	FMV	FOOD	EMERGENCY FOOD
(5)	KALAPUYA HIGH SCHOOL 1200 N TERRY ST EUGENE OR 97402	93-0734219	501C3		26,436	FMV	FOOD	EMERGENCY FOOD
(6)	LARRY COLLINS MEMORIAL PANTRY PO BOX 42026 EUGENE OR 97404		501C3		25,123	FMV	FOOD	EMERGENCY FOOD
(7)	LAUREL HILL CENTER 2145 CENTENNIAL PLAZA EUGENE OR 97401	23-7256802	501C3		35,833	FMV	FOOD	EMERGENCY FOOD
(8)	LOOKING GLASS NEW ROADS 941 W 7TH AVE EUGENE OR 97402	93-0605174	501C3	1,000	8,325	FMV	FOOD	EMERGENCY FOOD
(9)	LOWELL FOOD PANTRY 38425 JASPER LOWELL RD LOWELL OR 97438	59-3831352	501C3	4,800	156,016	FMV	FOOD	EMERGENCY FOOD

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

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

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Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

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
(1)	LOWER MCKENZIE COMMUNITY RESOURCES 45061 MCKENZIE HWY WALTERVILLE OR 97489		501C3		16,743	FMV	FOOD	EMERGENCY FOOD
(2)	MAPLETON FOOD SHARE 10718 HWY 126 MAPLETON OR 97453	93-0821848	501C3	24,500	194,680	FMV	FOOD	EMERGENCY FOOD
(3)	MCKENZIE RIVER FOOD PANTRY 51187 BLUE RIVER DR VIDA OR 97488	94-3060866	501C3	5,900	46,269	FMV	FOOD	EMERGENCY FOOD
(4)	MID LANE LOVE PROJECT PO BOX 1137 VENETA OR 97487	93-0848735	501C3	5,300	321,498	FMV	FOOD	EMERGENCY FOOD
(5)	NAACP 330 HIGH ST EUGENE OR 97401		501C3		57,490	FMV	FOOD	EMERGENCY FOOD
(6)	NETWORK CHARTER SCHOOL 2550 PORTLAND ST EUGENE OR 97405	81-0561521	501C3		33,321	FMV	FOOD	EMERGENCY FOOD
(7)	NOTI PANTRY 22540 FIR ST NOTI OR 97461		501C3		35,382	FMV	FOOD	EMERGENCY FOOD
(8)	OAKRIDGE FOOD PANTRY (UWCDC) PO BOX 677 OAKRIDGE OR 97463	93-1105185	501C3	2,500	278,346	FMV	FOOD	EMERGENCY FOOD
(9)	OAKRIDGE SCHOOL DISTRICT 47997 W 1ST ST. OAKRIDGE OR 97463		SCHOOL	2,000	29,549	FMV	FOOD	EMERGENCY FOOD

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

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

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Internal Revenue Service

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Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

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
(1)	OREGON FAMILY SUPPORT NETWORK 72A CENTENNIAL LOOP, SUITE 150 EUGENE OR 97401	93-1114601	501C3		44,382	FMV	FOOD	EMERGENCY FOOD
(2)	OREGON SUPPORTED LIVING PROGRAM - P 1250 CHARNELTON EUGENE OR 97401	94-3074344	501C3		7,530	FMV	FOOD	EMERGENCY FOOD
(3)	PNW ADULT & TEEN CHALLENGE 85989 BAILEY HILL RD EUGENE OR 97402		501C3		5,676	FMV	FOOD	EMERGENCY FOOD
(4)	POSITIVE COMMUNITY KITCHEN 150 SHELTON MCMURPHEY BLVD EUGENE OR 97401		501C3		10,928	FMV	FOOD	EMERGENCY FOOD
(5)	PRAY BIG! FOOD PANTRY 4110 RIVER RD EUGENE OR 97404	31-1629166	501C3		68,775	FMV	FOOD	EMERGENCY FOOD
(6)	RAINY DAY PANTRY (LCC) 4000 EAST 30TH AVE EUGENE OR 97405		501C3	1,500	40,808	FMV	FOOD	EMERGENCY FOOD
(7)	RELIEF NURSERY - EUGENE 1720 WEST 25TH AVE EUGENE OR 97405	93-0784800	501C3		27,496	FMV	FOOD	EMERGENCY FOOD
(8)	RELIEF NURSERY - SPRINGFIELD 850 S. 42ND ST SPRINGFIELD OR 97478	93-0784800	501C3		30,238	FMV	FOOD	EMERGENCY FOOD
(9)	RURAL ORGANIZING PROJECT 632 E MAIN ST COTTAGE GROVE OR 97424	93-1159856	501C3	5,000	310,052	FMV	FOOD	EMERGENCY FOOD

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

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

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Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

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
(1)	SALVATION ARMY - EUGENE PO BOX 1728 EUGENE OR 97440	94-1156347	501C3		314,143	FMV	FOOD	EMERGENCY FOOD
(2)	SOUTHTOWNE ROTARY PO BOX 5158 EUGENE OR 97405	93-0794949			42,746	FMV	FOOD	EMERGENCY FOOD
(3)	SPONSORS 338 STATE HWY 99 N EUGENE OR 97402	93-0639815	501C3		33,866	FMV	FOOD	EMERGENCY FOOD
(4)	SQUARE ONE - OPPORTUNITY VILLAGE 111 GARFIELD ST EUGENE OR 97402	46-0801991	501C3		7,696	FMV	FOOD	EMERGENCY FOOD
(5)	SQUARE ONE - EMERALD VILLAGE 111 GARFIELD ST EUGENE OR 97402	46-0801991	501C3		18,942	FMV	FOOD	EMERGENCY FOOD
(6)	SQUARE ONE VILLAGES - PARENT CARD 111 GARFIELD ST EUGENE OR 97402	46-0801991	501C3		9,713	FMV	FOOD	EMERGENCY FOOD
(7)	ST MARY'S KITCHEN 1456 W 10TH AVE EUGENE OR 97402	93-0421473	501C3	4,200	37,642	FMV	FOOD	EMERGENCY FOOD
(8)	SVDP EGAN WARMING CENTER PO BOX 24608 EUGENE OR 97402	93-0454786	501C3		10,566	FMV	FOOD	EMERGENCY FOOD
(9)	SVDP FIRST PLACE FAMILY CENTER 1995 AMAZON PKWY EUGENE OR 97405	93-0454786	501C3		35,973	FMV	FOOD	EMERGENCY FOOD

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

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

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Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

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
(1)	SVDP FIRST PLACE FAMILY CENTER - AN 4060 W. AMAZON EUGENE OR 97405	93-0794949	501C3		11,838	FMV	FOOD	EMERGENCY FOOD
(2)	SVDP FOOD ROOM PO BOX 24608 EUGENE OR 97402	93-0454786	501C3	4,700	477,694	FMV	FOOD	EMERGENCY FOOD
(3)	SVDP RESIDENT SERVICES 2890 CHAD DRIVE EUGENE OR 97408	93-0454786	501C3		21,955	FMV	FOOD	EMERGENCY FOOD
(4)	SVDP SERVICE STATION 450 B HWY 99 N EUGENE OR 97402	93-0454786	501C3		227,149	FMV	FOOD	EMERGENCY FOOD
(5)	THE ARC LANE COUNTY 4181 E ST. SPRINGFIELD OR 97478	93-0423965	501C3	8,000	459,348	FMV	FOOD	EMERGENCY FOOD
(6)	THE CHILD CENTER 3995 MARCOLA RD SPRINGFIELD OR 97477		501C3		11,218	FMV	FOOD	EMERGENCY FOOD
(7)	THE SHEPHERD'S TABLE AT ST. JOHN'S PO BOX 1537 SPRINGFIELD OR 97477	93-1252152	501C3		90,989	FMV	FOOD	EMERGENCY FOOD
(8)	TRIANGLE FOOD BOX PO BOX 95 BLACHLY OR 97412	42-1603478	501C3	1,000	99,609	FMV	FOOD	EMERGENCY FOOD
(9)	TWIN RIVERS CHARTER SCHOOL 2621 AUGUSTA ST EUGENE OR 97403		501C3		8,120	FMV	FOOD	EMERGENCY FOOD

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

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

Schedule I (Form 990) (2021)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes entries for UP RIVER PANTRY and WILLAMETTE HIGH SCHOOL.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FOOD	177079		2,033,779	FMV	FOOD
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

EACH PARTNER AGENCY MUST USE THE MONEY FOR THE PURPOSE STATED IN THEIR

GRANT APPLICATION. WE REVIEWED ALL SUBMITTED RECEIPTS FOR COMPATIBILITY

WITH THE ORIGINAL INTENT OF THE GRANT. ANY CHANGES OR REVISIONS TO THE

APPLICATION MUST BE PRE-APPROVED BY THE PROGRAMS & EDUCATION DIRECTOR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0074

2021

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Department of the Treasury
Internal Revenue Service

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

Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	20	896,234	
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	28000	10,214,149	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER GOODS)	X	57	106,732	
26 Other ▶ (CAPITAL ASSETS)	X	3	166,640	
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 | 2

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**SCHEDULE O
(Form 990)**

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.

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OMB No. 1545-0047

2021

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Name of the organization

FOOD FOR LANE COUNTY

Employer identification number

93-0888347

FORM 990 - ORGANIZATION'S MISSION

FOOD FOR LANE COUNTY IS A PRIVATE, NONPROFIT FOOD BANK DEDICATED TO
REDUCING HUNGER BY ENGAGING OUR COMMUNITY TO CREATE ACCESS TO FOOD. WE
ACCOMPLISH THIS BY SOLICITING, COLLECTING, RESCUING, GROWING, PREPARING AND
PACKAGING FOOD FOR DISTRIBUTION TO A NETWORK OF SOCIAL SERVICE AGENCIES AND
PROGRAMS, AND THROUGH PUBLIC AWARENESS, EDUCATION AND COMMUNITY ADVOCACY.
WE DISTRIBUTE PRODUCTS TO FOOD PANTRIES, MEAL SITES, SHELTERS, AFFORDABLE
HOUSING SITES, AND NON-EMERGENCY PROGRAMS.

FORM 990, PART I, LINE 6

VOLUNTEERS HELP REPACKAGE RESCUED FOOD, SORT AND CLEAN DONATED PRODUCE AND
CANNED FOOD FROM FOOD DRIVES, PREPARE LUNCHES FOR KIDS IN THE SUMMER,
PERFORM A VARIETY OF GARDEN ACTIVITIES, SERVE MEALS AND CLEAN IN OUR
DINING ROOM, ASSIST WITH FOOD DISTRIBUTION, PROVIDE OFFICE ASSISTANCE, AND
ASSIST WITH MAJOR FUND RAISING EVENTS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS REVIEWED AND APPROVED BY THE BUDGET & FINANCE COMMITTEE.
THE TREASURER OR DIRECTOR OF FINANCE THEN GIVES A REPORT TO THE FULL BOARD
AT THEIR NEXT MEETING FOLLOWING THAT REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS ARE PROVIDED A BOARD MEMBER NOTEBOOK THAT CONTAINS FFLC'S
CONFLICT OF INTEREST POLICY. IN ADDITION, AT LEAST ANNUALLY, THE BOARD
CHAIR REMINDS THE MEMBERS OF THE POLICY AND EACH YEAR BOARD MEMBERS ARE

Name of the organization

Employer identification number

FOOD FOR LANE COUNTY

93-0888347

REQUIRED TO SIGN THE LAST PAGE OF THE AGREEMENT TITLED "ACKNOWLEDGEMENT OF RECEIPT AND AGREEMENT TO COMPLY."



FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR THE EXECUTIVE DIRECTOR IS SET BY THE BOARD OF DIRECTORS IN EXECUTIVE SESSION. IT IS BASED UPON LOCAL AND REGIONAL SURVEY DATA, LOCAL AND REGIONAL NON-PROFIT EXECUTIVE COMPENSATION, AND OTHER PERFORMANCE AND EXPERIENCE FACTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE DIRECTOR OF FINANCE & IT'S SALARY IS SET BY THE EXECUTIVE DIRECTOR, WITH APPROVAL FROM THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ANY FUTURE RAISES (OUTSIDE OF COLA) WOULD BE ASSESSED BY THE EXECUTIVE DIRECTOR BUT APPROVED BY EITHER THE BUDGET AND FINANCE COMMITTEE OR THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FINANCIAL STATEMENTS ON WEBSITE. OTHER DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION	
SPECIAL EVENTS EXPENSE	\$ 60,719
LOSS ON ASSET DISPOSAL	\$ 95,891
SPECIAL EVENTS EXPENSE	\$ -60,719
LOSS ON ASSET DISPOSAL	\$ -95,891