

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable:	C Name of organization LINN BENTON FOOD SHARE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 545 SW 2ND ST City or town, state or province, country, and ZIP or foreign postal code CORVALLIS, OR 97333-4466	D Employer identification number 93-1099406 E Telephone number (541) 752-1010 G Gross receipts \$ 9,582,499. 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 H(c) Group exemption number
<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	F Name and address of principal officer: RYAN VOGT SAME AS C ABOVE	
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 J Website: HTTP://WWW.CSC.GEN.OR.US/FOODSHARE.HTM		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other GOVER L Year of formation: 1980 M State of legal domicile: OR		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: LINN BENTON FOOD SHARE IS THE REGIONAL FOOD BANK FOR LINN AND BENTON COUNTIES. SINCE 1981, FOOD		
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)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	939
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	8,239,150.	9,336,583.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	233,679.	245,909.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-71.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	7.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,472,758.	9,582,499.
14	Benefits paid to or for members (Part IX, column (A), line 4)	6,951,281.	8,387,594.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,659.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	990,178.	954,595.
19	Revenue less expenses. Subtract line 18 from line 12	7,941,459.	9,342,189.
20	Total assets (Part X, line 16)	531,299.	240,310.
21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
22	Net assets or fund balances. Subtract line 21 from line 20	6,795,292.	6,982,868.
		398,972.	346,238.
		6,396,320.	6,636,630.

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 TONG LEE, FINANCE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name RYAN T. PASQUARELLA, CPA Preparer's signature RYAN T. PASQUARELLA Date 05/14/25 Check if self-employed <input type="checkbox"/> PTIN P01304274 Firm's name REDW, LLC Firm's address 475 COTTAGE STREET NE, SUITE 200 SALEM, OR 97301 Phone no. 503-581-7788	

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

