

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019

Open to Public Inspection

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

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

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 NORTHWEST HARVEST EMM Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 12272 City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98102 F Name and address of principal officer: THOMAS REYNOLDS SAME AS C ABOVE	D Employer identification number 91-0826037 E Telephone number (206) 625-0755 G Gross receipts \$ 91,113,418. 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 ▶
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: ▶ WWW.NORTHWESTHARVEST.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1967 M State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LEADING THE FIGHT FOR THE HUNGRY STATEWIDE TO ACCESS NUTRITIOUS FOOD WHILE RESPECTING THEIR DIGNITY. 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 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 111 6 Total number of volunteers (estimate if necessary) 6 6170 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="right">Prior Year</th> <th align="right">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">60,585,873.</td> <td align="right">70,537,579.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">1,100,257.</td> <td align="right">4,632,746.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">-5,954.</td> <td align="right">6,047,579.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">61,680,176.</td> <td align="right">81,217,904.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	60,585,873.	70,537,579.	9 Program service revenue (Part VIII, line 2g)	1,100,257.	4,632,746.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-5,954.	6,047,579.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,680,176.	81,217,904.							
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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 THOMAS REYNOLDS, CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name HOWARD DONKIN, CPA	Preparer's signature HOWARD DONKIN, CPA	Date 05/17/21	Check if self-employed <input type="checkbox"/>	PTIN P00147726
	Firm's name ▶ JACOBSON JARVIS & CO, PLLC	Firm's EIN ▶ 91-2011386			
	Firm's address ▶ 200 FIRST AVE WEST, SUITE 200 SEATTLE, WA 98119-4219		Phone no. (206) - 628-8990		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: LEADING THE FIGHT FOR HUNGRY PEOPLE STATEWIDE TO HAVE ACCESS TO NUTRITIOUS FOOD WHILE RESPECTING THEIR DIGNITY AND PROMOTING GOOD HEALTH. OUR VISION IS ENDING HUNGER IN WA STATE.

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

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

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

4a (Code:) (Expenses \$ 50,542,548. including grants of \$ 41,925,200.) (Revenue \$ 4,632,746.) NORTHWEST HARVEST COLLECTS FOOD AND CASH DONATIONS TO PURCHASE AND DISTRIBUTE FOOD TO FRONTLINE HUNGER RELIEF PROGRAMS AND INDIVIDUALS AT NO CHARGE. DURING THE 2020 FISCAL YEAR, MORE THAN 25.5 MILLION POUNDS OF FOOD WAS DISTRIBUTED. HIGHLIGHTS INCLUDE:

DISTRIBUTION - NORTHWEST HARVEST JOINED THE STATE'S COVID-19 HUNGER RELIEF TASK FORCE IN AN UNPRECEDENTED EMERGENCY PARTNERSHIP. IN THE LEAD COUNTY STRATEGY, NWH PROVIDED PROVISIONS FOR A THIRD OF THE STATE - 13 OF THE TOTAL 39 COUNTIES - WITH 12- TO 15-POUND EMERGENCY FOOD BOXES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) ACCESS - WE EXPANDED RURAL & BIPOC ACCESS BY SERVING ADDITIONAL AREAS UNDER THE LEAD COUNTY STRATEGY; BY PILOTING A CASH-EQUIVALENT PROGRAM WITH MAJOR CORPORATE SUPPORT; AND BY ADDING VARIOUS CBOS (IMMIGRANT ORGANIZATIONS, TRANSITIONAL HOUSING SITES, FAITH COMMUNITIES, SHELTERS & CLINICS) IN FOOD DELIVERIES IN SOUTH KING, PIERCE, YAKIMA & SPOKANE COUNTIES.

PUBLIC POLICY - WE HAD MAJOR POLICY SUCCESSES: EXPANDING THE COMMUNITY ELIGIBILITY PROVISION FOR SCHOOL MEAL ACCESS; INCREASING THE VALUE OF WIC FARMERS MARKET VOUCHERS; FORMALIZING THE STATE FOOD POLICY FORUM; INCREASING OUR STATE'S MATCH FOR SNAP DOLLARS; INVESTING IN COLD STORAGE AT FOOD BANKS; EXPANDING OUR FARM TO FOOD PANTRY PROGRAM.

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 50,542,548.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 111		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization		X
15b			X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **WA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
THOMAS REYNOLDS - 206-625-0755
PO BOX 12272, SEATTLE, WA 98102

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS REYNOLDS CEO	40.00			X			175,187.	0.	30,027.	
(2) LAURA HAMILTON-EWING CHIEF ADVANCEMENT OFFICER	40.00					X	104,358.	0.	40,895.	
(3) CARMEN D'ARCHANGELO STRATEGIC TALENT AND ORG DEV DIR	40.00					X	113,766.	0.	16,547.	
(4) DAVID COE IT MANAGER	40.00					X	100,710.	0.	28,321.	
(5) SCOTT MCQUILKIN BOARD CHAIR	3.00	X		X			0.	0.	0.	
(6) DIANA AXNESS TREASURER	3.00	X		X			0.	0.	0.	
(7) CRIS HALES SECRETARY	3.00	X		X			0.	0.	0.	
(8) RACHEL BEDA MD BOARD MEMBER	3.00	X					0.	0.	0.	
(9) NEAL BOLING BOARD MEMBER	3.00	X					0.	0.	0.	
(10) ALAN CAPLAN BOARD MEMBER	3.00	X					0.	0.	0.	
(11) CONNIE FALON BOARD MEMBER	3.00	X					0.	0.	0.	
(12) TIM GROVES BOARD MEMBER	3.00	X					0.	0.	0.	
(13) VIN GUPTA BOARD MEMBER	3.00	X					0.	0.	0.	
(14) SHAMSO ISSAK BOARD MEMBER	3.00	X					0.	0.	0.	
(15) RHONDA MEDOWS BOARD MEMBER	3.00	X					0.	0.	0.	
(16) BRANDON PEDERSEN BOARD MEMBER	3.00	X					0.	0.	0.	
(17) KEN PRICE BOARD MEMBER	3.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MIKE REGIS BOARD MEMBER	3.00	X						0.	0.	0.
(19) DWIGHT RIVES BOARD MEMBER	3.00	X						0.	0.	0.
(20) JAN STILL BOARD MEMBER	3.00	X						0.	0.	0.
1b Subtotal								494,021.	0.	115,790.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								494,021.	0.	115,790.

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 **4**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	70,537,579.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 39,743,895.				
	h Total. Add lines 1a-1f		70,537,579.				
Program Service Revenue	2 a WSDA EMERGENCY BOXES	Business Code	624200	4,042,148.	4,042,148.		
	b SMART BUYS		624200	348,670.	348,670.		
	c TEFAP SVCS PROVIDED		624200	241,928.	241,928.		
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			4,632,746.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			298,814.		298,814.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	710,443.	14,933,836.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		702,715.	9,192,799.		
	c Gain or (loss)	7c		7,728.	5,741,037.		
	d Net gain or (loss)			5,748,765.		5,748,765.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			81,217,904.	4,632,746.	0.	6,047,579.	

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	41,925,200.	41,925,200.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	182,409.		182,409.	
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	5,234,438.	2,753,452.	1,235,093.	1,245,893.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,239,656.	1,129,326.	48,347.	61,983.
10 Payroll taxes	386,279.	351,900.	15,065.	19,314.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	369,408.	146,552.	122,582.	100,274.
12 Advertising and promotion	519,467.	25,350.	12,511.	481,606.
13 Office expenses				
14 Information technology	400,510.	244,931.	82,554.	73,025.
15 Royalties				
16 Occupancy	1,851,544.	1,851,544.		
17 Travel	182,338.	85,207.	67,390.	29,741.
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	620,795.	517,946.	41,716.	61,133.
23 Insurance				
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 OTHER OPERATING EXPENSE	1,434,274.	1,058,043.	259,873.	116,358.
b FOOD AND NON-FOOD TRANS	453,097.	453,097.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	54,799,415.	50,542,548.	2,067,540.	2,189,327.
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	813,185.	1	20,418,973.
	2 Savings and temporary cash investments	1,516,040.	2	18,230,146.
	3 Pledges and grants receivable, net	697,050.	3	400,000.
	4 Accounts receivable, net	336,860.	4	2,770,261.
	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	4,365,420.	8	6,009,029.
	9 Prepaid expenses and deferred charges	239,452.	9	189,222.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,553,595.		
	b Less: accumulated depreciation	10b 4,699,530.		
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,357,463.	15	7,963,349.
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,692,565.	16	58,835,045.	
Liabilities	17 Accounts payable and accrued expenses	1,216,979.	17	1,461,407.
	18 Grants payable		18	
	19 Deferred revenue	104,389.	19	4,282,666.
	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	1,321,368.	26	5,744,073.
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	18,497,714.	27	36,476,515.
	28 Net assets with donor restrictions	7,873,483.	28	16,614,457.
	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	26,371,197.	32	53,090,972.
33 Total liabilities and net assets/fund balances	27,692,565.	33	58,835,045.	

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	81,217,904.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,799,415.
3	Revenue less expenses. Subtract line 2 from line 1	3	26,418,489.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,371,197.
5	Net unrealized gains (losses) on investments	5	301,286.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	53,090,972.

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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	52795235.	51152346.	45160358.	60585873.	74824392.	284518204
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	52795235.	51152346.	45160358.	60585873.	74824392.	284518204
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)						35631310.
6 Public support. Subtract line 5 from line 4.						248886894

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	52795235.	51152346.	45160358.	60585873.	74824392.	284518204
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	56,518.	36,620.	13,042.	88,383.	298,814.	493,377.
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.)						
11 Total support. Add lines 7 through 10						285011581
12 Gross receipts from related activities, etc. (see instructions)					12	5,504,689.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	87.33 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	77.03 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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)	
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

NORTHWEST HARVEST EMM

Employer identification number

91-0826037

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization NORTHWEST HARVEST EMM	Employer identification number 91-0826037
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>4,921,137.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,474,715.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,394,815.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,341,624.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,980,878.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,762,351.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHWEST HARVEST EMM	Employer identification number 91-0826037
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,663,445.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,515,405.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>1,426,926.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHWEST HARVEST EMM	Employer identification number 91-0826037
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD _____ _____ _____	\$ <u>4,921,137.</u>	_____
2	FOOD _____ _____ _____	\$ <u>2,474,715.</u>	_____
3	FOOD _____ _____ _____	\$ <u>2,394,815.</u>	_____
6	FOOD _____ _____ _____	\$ <u>1,762,351.</u>	_____
8	FOOD _____ _____ _____	\$ <u>1,515,405.</u>	_____
9	FOOD _____ _____ _____	\$ <u>1,426,926.</u>	_____

Name of organization NORTHWEST HARVEST EMM	Employer identification number 91-0826037
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

2019

Open to Public Inspection

Name of the organization **NORTHWEST HARVEST EMM** Employer identification number **91-0826037**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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.

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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	6,257,163.	239,706.	215,902.	196,217.	200,939.
b Contributions		6,000,000.			
c Net investment earnings, gains, and losses	521,512.	17,457.	23,804.	19,685.	-4,722.
d Grants or scholarships					
e Other expenditures for facilities and programs	6,633.				
f Administrative expenses					
g End of year balance	6,772,042.	6,257,163.	239,706.	215,902.	196,217.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 9.50 %
 - b Permanent endowment .00 %
 - c Term endowment 90.50 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		348,436.	254,122.	94,314.
c Leasehold improvements				
d Equipment				
e Other		7,205,159.	4,445,408.	2,759,751.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,854,065.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS	7,799,884.
(2) SECURITY DEPOSITS	163,465.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	7,963,349.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	82,150,884.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	301,286.	
b	Donated services and use of facilities	2b	631,694.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	932,980.
3	Subtract line 2e from line 1		3	81,217,904.
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	81,217,904.

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	55,431,109.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	631,694.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	631,694.
3	Subtract line 2e from line 1		3	54,799,415.
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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	54,799,415.

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 X, LINE 2:

THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS AND A LOSS CONTINGENCY IS RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT A LIABILITY HAS BEEN INCURRED AND THE AMOUNT CAN BE REASONABLY ESTIMATED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

NORTHWEST HARVEST EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASIAN COUNSELING AND REFERRAL SERVICE - 3639 MARTIN LUTHER KING JR WAY S - SEATTLE, WA 98144-6847	91-0916176	501C3	0.	245,087.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
RAINIER VALLEY FOOD BANK 4205 RAINIER AVE. S. SEATTLE, WA 98118	91-1500768	501C3	0.	216,540.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BALLARD FOOD BANK 5130 LEARY AVE NW SEATTLE, WA 98107-4819	91-1428805	501C3	0.	89,308.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
DES MOINES AREA FOOD BANK PO BOX 98788 DES MOINES, WA 98198	91-1183154	501C3	0.	157,683.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BYRD BARR PLACE 722 18TH AVE SEATTLE, WA 98122	91-0786727	501C3	0.	139,058.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ADRA BERRY MEMORIAL FOOD BANK PO BOX 948 PRESTON, WA 98050	91-0982213	501C3	0.	62,110.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 309.

3 Enter total number of other organizations listed in the line 1 table ▶ 32.

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNNWOOD FOOD BANK 5320 176TH ST SW LYNNWOOD, WA 98037-3035	84-1642388	501C3	0.	119,571.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA SULTAN PO BOX 268 SULTAN, WA 98294-0268	91-0577129	501C3	0.	37,524.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA EVERETT PO BOX 839 EVERETT, WA 98206-0839	91-0577129	501C3	0.	154,812.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA - MILL CREEK FOOD BANK - PO BOX 839 - EVERETT, WA 98206-0839	91-0577129	501C3	0.	13,106.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EL CENTRO DE LA RAZA FOOD BANK 2524 16TH AVE S SEATTLE, WA 98144-5104	91-0899927	501C3	0.	115,972.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LATINO HOT MEAL (EL CENTRO) 2524 16TH AVE S SEATTLE, WA 98144-5104	91-0899927	501C3	0.	15,176.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OTHELLO FOOD BANK PO BOX 152 OTHELLO, WA 99344-0152	91-1269359	501C3	0.	28,706.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
RITZVILLE FOOD PANTRY PO BOX 442 RITZVILLE, WA 99169-0442	56-2312501	501C3	0.	24,814.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TRI-CITIES RICHLAND FOOD BANK 420 W DESCHUTES AVE KENNEWICK, WA 99336-3636	91-1011971	501C3	0.	52,333.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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TRI-CITIES BENTON CITY FOOD BANK 420 W DESCHUTES AVE KENNEWICK, WA 99336-3636	91-1011971	501C3	0.	40,436.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TRI-CITIES KENNEWICK FOOD BANK 420 W DESCHUTES AVE KENNEWICK, WA 99336-3636	91-1011971	501C3	0.	120,218.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
IMMANUEL COMMUNITY SERVICES FOOD BANK - 1215 THOMAS ST - SEATTLE, WA 98109-5427	26-0881300	501C3	0.	20,150.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PIKE MARKET FOOD BANK 85 PIKE ST STE 200 SEATTLE, WA 98101-2077	91-1034838	501C3	0.	130,572.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FAMILY WORKS FOOD BANK 1501 N 45TH SEATTLE, WA 98103	91-1757277	501C3	0.	91,582.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL GEORGETOWN 5950 4TH AVE S SEATTLE, WA 98108-3208	91-0583891	501C3	0.	168,309.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HIGHLINE AREA FOOD BANK PO BOX 66427 BURIEN, WA 98166	91-1665389	501C3	0.	128,283.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PUGET SOUND LABOR AGENCY 2800 1ST AVE STE 126 SEATTLE, WA 98121-1113	91-0927902	501C3	0.	89,361.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MAPLE VALLEY FOOD BANK & EMERGENCY SERVICES - PO BOX 322 - MAPLE VALLEY, WA 98038-0322	91-6057006	501C3	0.	161,783.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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ALGONA/PACIFIC FOOD PANTRY 603 3RD AVE SE PACIFIC, WA 98047-1431	91-1498750	501C3	0.	51,775.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
THE FOOD BANK @ ST. MARY'S 611 20TH AVE. S. SEATTLE, WA 98144	91-1989445	501C3	0.	309,618.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WEST SEATTLE FOOD BANK 3419 SW MORGAN ST. SEATTLE, WA 98126-3133	91-1464412	501C3	0.	172,206.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
RENEWAL FOOD BANK 12819 SE 38TH ST, PMB #241 BELLEVUE, WA 98006	46-1502418	501C3	0.	78,413.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ISSAQUAH FOOD & CLOTHING BANK 179 1ST AVE. SE ISSAQUAH, WA 98027	91-1245499	501C3	0.	31,372.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
JEWISH FAMILY SERVICE 1601 16TH AVE. SEATTLE, WA 98122	91-0565537	501C3	0.	66,998.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YWCA ANGELINE'S CENTER 2030 THIRD AVE SEATTLE, WA 98121	91-0482890	501C3	0.	10,193.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CHICKEN SOUP BRIGADE (LIFELONG AIDS ALLIANCE) - P.O. BOX 80547 - SEATTLE, WA 98108	91-1215715	501C3	0.	108,766.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MILLIONAIR CLUB 2515 WESTERN AVE SEATTLE, WA 98121-1307	91-0607513	501C3	0.	6,240.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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DOWNTOWN EMERGENCY SERVICE CENTER - RAINIER HOUSE - 515 3RD AVE - SEATTLE, WA 98104-2304	91-1275815	501C3	0.	10,879.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
DOWNTOWN EMERGENCY SERVICE CENTER - EVANS HOUSE - 515 3RD AVE - SEATTLE, WA 98104-2304	91-1275815	501C3	0.	5,459.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CATHEDRAL KITCHEN 804 NINTH AVE. SEATTLE, WA 98104	91-0567738	501C3	0.	15,675.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ROOTS SHELTER & FRIDAY FEAST 1415 NE 43RD ST SEATTLE, WA 98105-5804	91-2110379	501C3	0.	5,748.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOQUIAM SCHOOL DISTRICT - LINCOLN ELEMENTARY - 700 WOOD AVE - HOQUIAM, WA 98550-1066	91-6001563	GOVERNMENT	0.	5,378.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOQUIAM SCHOOL DISTRICT - CENTRAL ELEMENTARY - 310 SIMPSON AVE - HOQUIAM, WA 98550-2411	91-0982116	GOVERNMENT	0.	6,574.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BRINNON FOOD BANK 51 CANAL LANE BRINNON, WA 98320	91-1377493	501C3	0.	27,212.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PORT TOWNSEND FOOD BANK PO BOX 1795 PORT TOWNSEND, WA 98368-0209	91-1377493	501C3	0.	54,365.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
QUILCENE FOOD BANK PO BOX 112 QUILCENE, WA 98376-0112	91-1377493	501C3	0.	20,132.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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TRI-AREA FOOD BANK PO BOX 124 PORT HADLOCK, WA 98339-0124	91-1377493	501C3	0.	52,046.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OPERATION NIGHTWATCH PO BOX 21181 SEATTLE, WA 98111-3181	91-0964027	501C3	0.	11,463.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PHINNEY RIDGE LUTHERAN CHURCH FOOD BANK - 7500 GREENWOOD AVE N - SEATTLE, WA 98103-4668	91-0581656	501C3	0.	35,263.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PIKE MARKET SENIOR CENTER MEALS 85 PIKE ST STE 200 SEATTLE, WA 98101-2077	91-1034838	501C3	0.	18,190.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PLATEAU OUTREACH MINISTRIES PO BOX 391 ENUMCLAW, WA 98022-0391	91-1965830	501C3	0.	81,310.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PROVIDENCE REGINA HOUSE 8201 10TH AVE S #6 SEATTLE, WA 98108	91-1996732	501C3	0.	168,520.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEATTLE INDIAN CENTER FOOD BANK 1265 S MAIN ST STE 105 SEATTLE, WA 98144-2003	91-0877683	501C3	0.	80,788.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
UNIVERSITY DISTRICT FOOD BANK 5017 ROOSEVELT WAY NE SEATTLE, WA 98105-3610	91-1224834	501C3	0.	196,052.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VASHON-MAURY COMMUNITY FOOD BANK PO BOX 1205 VASHON, WA 98070-1205	94-3165664	501C3	0.	84,132.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

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WHITE CENTER FOOD BANK 10829 EIGHTH AVE SW SEATTLE, WA 98146	91-1167830	501C3	0.	196,558.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EDMONDS FOOD BANK 828 CASPERS ST EDMONDS, WA 98020-2618	91-0652053	501C3	0.	161,868.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CONCERN FOR NEIGHBORS FOOD BANK 4700 228TH ST. SW MOUNTLAKE TERRACE, WA 98043-4429	91-2027084	501C3	0.	70,427.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GRANITE FALLS FOOD BANK PO BOX 1947 GRANITE FALLS, WA 98252-1947	41-2103240	501C3	0.	25,987.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MARYSVILLE COMMUNITY FOOD BANK PO BOX 917 MARYSVILLE, WA 98270-0917	91-1347507	501C3	0.	113,398.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SKY VALLEY FOOD BANK PO BOX 724 MONROE, WA 98272-0724	91-1186822	501C3	0.	145,666.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SNOHOMISH COMMUNITY FOOD BANK P.O. BOX 1364 SNOHOMISH, WA 98291	91-1334772	501C3	0.	85,859.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TULALIP FOOD BANK 1330 MARINE DRIVE NE TULALIP, WA 98271	26-0078444	501C3	0.	47,159.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WESTGATE CHAPEL FOOD BANK 22901 EDMONDS WAY EDMONDS, WA 98020-5043	91-0774622	501C3	0.	64,338.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

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ALGER FOOD BANK 1195 ALGER CAIN LAKE RD SEDRO WOOLLEY, WA 98284	91-1517719	501C3	0.	17,148.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CONCRETE FOOD BANK PO BOX 53 CONCRETE, WA 98237-0053	91-1643893	501C3	0.	12,023.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SKAGIT FRIENDSHIP HOUSE PO BOX 517 MOUNT VERNON, WA 98273-0517	91-1335750	501C3	0.	7,118.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HELPING HANDS FOOD BANK PO BOX 632 SEDRO WOOLLEY, WA 98284-0632	91-1203572	501C3	0.	77,833.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SKAGIT VALLEY NEIGHBORS IN NEED PO BOX 394 MOUNT VERNON, WA 98273-0394	91-0951646	501C3	0.	77,474.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
STEVENSON FOOD BANK P.O. BOX 507 STEVENSON, WA 98648	91-0793062	501C3	0.	35,417.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COMMUNITY CUPBOARD - MEND PO BOX 772 LEAVENWORTH, WA 98826-0772	91-1415660	501C3	0.	10,826.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LAKE CHELAN FOOD BANK PO BOX 2684 CHELAN, WA 98816-2684	30-0843675	501C3	0.	27,962.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CASHMERE FOOD BANK PO BOX 225 CASHMERE, WA 98815-0225	46-5630025	501C3	0.	10,131.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

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SAGE 710 N CHELAN WENATCHEE, WA 98801	91-1018890	501C3	0.	8,982.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ST VINCENT DE PAUL, ST. JOSEPH CONFERENCE - 625 S. ELLIOTT - WENATCHEE, WA 98801	13-5562362	501C3	0.	33,295.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WENATCHEE FOOD BANK 134 VIEW RIDGE CIR WENATCHEE, WA 98801-9040	94-3036847	501C3	0.	34,935.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MAKAH FOOD BANK PO BOX 115 NEAH BAY, WA 98357-0115	91-0492517	501C3	0.	58,311.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NEW HOPE FOOD BANK PO BOX 247 SEKIU, WA 98381-0247	91-1352736	501C3	0.	5,329.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PORT ANGELES FOOD BANK PO BOX 1885 PORT ANGELES, WA 98362-0282	91-1192596	501C3	0.	108,284.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
QUILEUTE FOOD BANK PO BOX 279 LA PUSH, WA 98350-0279	91-0761286	501C3	0.	7,368.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CASTLE ROCK LIONS FOOD BANK PO BOX 776 CASTLE ROCK, WA 98611-0776	91-6054280	501C3	0.	19,660.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FISH OF COWLITZ COUNTY PO BOX 135 LONGVIEW, WA 98632	23-7452250	501C3	0.	44,703.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

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KALAMA HELPING HAND PO BOX 621 KALAMA, WA 98625	91-1343233	501C3	0.	14,238.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL LONGVIEW PO BOX 2957 LONGVIEW, WA 98632-8934	41-2218247	501C3	0.	70,704.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WOODLAND ACTION CENTER PO BOX 1475 WOODLAND, WA 98674-1400	91-2105285	501C3	0.	52,535.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MANSFIELD FOOD BANK PO BOX 191 MANSFIELD, WA 98830-0191	91-2168580	501C3	0.	9,994.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ROCK ISLAND FOOD BANK 1420 DEMAR PL ROCK ISLAND, WA 98850-9554	94-3036847	501C3	0.	19,073.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WATERVILLE FOOD BANK PO BOX 553 WATERVILLE, WA 98858-0553	83-0477714	501C3	0.	11,347.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BASIN CITY HELP SERVICES 1880 DRUMMOND RD MESA, WA 99343	91-1544022	501C3	0.	34,653.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOZO FOOD BANK 1350 S RAINIER ST KENNEWICK, WA 99337-3326	91-1184020	501C3	0.	227,482.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COMMUNITY SERVICES OF MOSES LAKE PO BOX 683 MOSES LAKE, WA 98837-0099	91-0664984	501C3	0.	226,704.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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MOSES LAKE SCHOOL DISTRICT LARSON HEIGHTS - 700 LINDBERG LANE - MOSES LAKE, WA 98837	91-6001956	GOVERNMENT	0.	7,551.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MOSES LAKE SCHOOL DISTRICT NORTH ELEMENTARY - 1200 W CRAIG ST - MOSES LAKE, WA 98837-3307	91-6001956	GOVERNMENT	0.	5,217.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MOSES LAKE SCHOOL DISTRICT LONGVIEW ELEMENTARY - 9783 APPLE RD NE - MOSES LAKE, WA 98837-4234	91-6001956	GOVERNMENT	0.	5,877.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EPHRATA FOOD BANK PO BOX 804 EPHRATA, WA 98823	91-1391859	501C3	0.	104,929.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CARE & SHARE - GRAND COULEE P.O. BOX 671 GRAND COULEE, WA 99133	91-1363219	501C3	0.	45,057.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
QUINCY COMMUNITY FOOD BANK PO BOX 413 QUINCY, WA 98848-0413	91-1612682	501C3	0.	85,965.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ROYAL CITY FOOD BANK PO BOX 144 ROYAL CITY, WA 99357	91-1910402	501C3	0.	243,403.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BREMERTON FOODLINE PO BOX 824 BREMERTON, WA 98337-0173	91-1111086	501C3	0.	97,473.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CENTRAL KITSAP FOOD BANK PO BOX 748 SILVERDALE, WA 98383-0748	91-1425561	501C3	0.	80,332.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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HELPLINE HOUSE 282 KNECHTEL WAY NE BAINBRIDGE IS, WA 98110-1840	91-0902503	501C3	0.	47,410.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LORD'S NEIGHBORHOOD DINER 700 CALLAHAN DRIVE BREMERTON, WA 98310	31-1692002	501C3	0.	7,211.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SHARENET FOOD BANK PO BOX 250 KINGSTON, WA 98346-0250	91-1229210	501C3	0.	56,021.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOUTH KITSAP HELPLINE 1012 MITCHELL AVE PORT ORCHARD, WA 98366	91-1117868	501C3	0.	98,004.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL BREMERTON 1137 N. CALLOW BREMERTON, WA 98312	91-0635027	501C3	0.	89,191.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
APOYO 111 PEAVINE ROAD ELLENSBURG, WA 98926	91-1970470	501C3	0.	161,882.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GOLDENDALE FOOD BANK PO BOX 48 BINGEN, WA 98605-0001	91-1086619	501C3	0.	34,752.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WASHINGTON GORGE ACTION PROGRAMS PO BOX 805 BINGEN, WA 98605	91-0793062	501C3	0.	131,988.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HUB CITY MISSION FOOD BANK 132 KIRKLAND RD CHEHALIS, WA 98532-8724	44-0577787	501C3	0.	16,957.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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GREATER CHEHALIS FOOD BANK PO BOX 1311 CHEHALIS, WA 98532-0309	51-0180724	501C3	0.	35,078.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOMMA FOOD BANK PO BOX 116 SILVER CREEAK, WA 98585	91-1302453	501C3	0.	7,529.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TOLEDO FOOD BANK PO BOX 311 ETHEL, WA 98542-0311	91-1357619	501C3	0.	9,104.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WHITE PASS COMMUNITY FOOD BANK PO BOX 175 RANDLE, WA 98377	80-0184689	501C3	0.	11,955.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WINLOCK-VADER FOOD BANK PO BOX 304 WINLOCK, WA 98596	46-4465558	501C3	0.	12,520.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CARE & SHARE - LINCOLN COUNTY PO BOX 217 DAVENPORT, WA 99122-0217	91-1228920	501C3	0.	31,516.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BREWSTER FOOD BANK PO BOX 826 BREWSTER, WA 98812-0826	91-0569880	501C3	0.	26,480.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COLVILLE CONFEDERATED TRIBES FOOD BANK - PO BOX 150 - NESPELEM, WA 99155-0150	91-0557683	501C3	0.	242,074.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CONCONULLY FOOD BANK 713 E DEWBERRY AVE OMAK, WA 98841-9331	91-0972261	501C3	0.	8,856.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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OKANOGAN FOOD BANK PO BOX 1067 OKANOGAN, WA 98840-1067	91-0814162	501C3	0.	41,104.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OMAK FOOD BANK PO BOX 4337 OMAK, WA 98841-4337	91-1190398	501C3	0.	46,198.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OROVILLE FOOD BANK PO BOX 471 OROVILLE, WA 98844-0471	31-1543077	501C3	0.	23,128.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
THE COVE PO BOX 895 TWISP, WA 98856-0895	91-2051659	501C3	0.	13,136.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TONASKET FOOD BANK 101 HWY 97 TONASKET, WA 98855	52-1350098	501C3	0.	27,615.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CUSICK FOOD BANK PO BOX 126 CUSICK, WA 99119-0126	91-1102635	501C3	0.	62,285.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EMERGENCY FOOD BANK OF IONE P.O. BOX 493 IONE, WA 99139	27-2588364	501C3	0.	11,636.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NEWPORT FOOD BANK PO BOX 1952 NEWPORT, WA 99156-1952	91-1637970	501C3	0.	115,054.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ALLEN AME FOOD PANTRY 1223 MARTIN LUTHER KING JR WAY TACOMA, WA 98405-3927	91-1593175	501C3	0.	7,997.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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PUYALLUP FOOD BANK PO BOX 202 PUYALLUP, WA 98371-0022	23-7259739	501C3	0.	174,864.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MY SISTER'S PANTRY 621 TACOMA AVE S TACOMA, WA 98402-2301	91-1975606	501C3	0.	41,135.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEA MAR ADULT TREATMENT 1415 CENTER ST. TACOMA, WA 98409	91-1020139	501C3	0.	6,028.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GRAHAM SOUTH HILL NOURISH FOOD BANK - 1702 S 72ND ST STE E - TACOMA, WA 98408-1238	91-1198391	501C3	0.	102,241.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LAKES AREA NOURISH FOOD BANK 6900 STEILACOOM BLVD SW LAKEWOOD, WA 98499-1944	91-1198391	501C3	0.	46,268.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NOURISH PIERCE COUNTY MOBILE 1702 S 72ND ST STE E TACOMA, WA 98408-1238	91-1198391	501C3	0.	33,768.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOUTHEAST NOURISH 1704 E 85TH TACOMA, WA 98445	91-1198391	501C3	0.	68,111.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NW TACOMA NOURISH FOOD BANK 2710 N MADISON ST TACOMA, WA 98407-5230	91-1198391	501C3	0.	79,814.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EDGEWOOD COMMUNITY NOURISH FOOD BANK - 3607 122ND AVE E, STE B - EDGEWOOD, WA 98372	91-1198391	501C3	0.	52,984.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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SUMNER FISH FOOD BANK PO BOX 475 SUMNER, WA 98390-0080	91-2061833	501C3	0.	8,823.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TACOMA ADVENTIST COMMUNITY SERVICES - PO BOX 11291 - TACOMA, WA 98411	72-1547205	501C3	0.	19,798.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ST. LEO'S FOOD CONNECTION 710 S. 13TH ST TACOMA, WA 98405	91-0622353	501C3	0.	212,328.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CHEWELAH FOOD BANK PO BOX 628 CHEWELAH, WA 99109-0628	91-1084840	501C3	0.	23,689.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VOLUNTEER FOOD RESOURCE CENTER COLVILLE FOOD BANK - 210 S. WYNNE ST - COLVILLE, WA 99114	91-1192094	501C3	0.	61,463.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FORD FOOD PANTRY FORD SUNSET CLUB, PO BOX 184 FORD, WA 99013	91-1367180	501C3	0.	38,459.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KETTLE FALLS COMMUNITY CHEST PO BOX 1145 KETTLE FALLS, WA 99141-1145	91-1328160	501C3	0.	12,838.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LOON LAKE FOOD BANK PO BOX 64 LOON LAKE, WA 99148-0064	91-1236018	501C3	0.	477,330.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTHPORT FOOD BANK PO BOX 411 NORTHPORT, WA 99157-0411	91-2073170	501C3	0.	8,153.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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SPOKANE TRIBE FOOD BANK PO BOX 540 WELLPINIT, WA 99040-0540	91-0606339	501C3	0.	69,186.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TUM TUM COMMUNITY FOOD PANTRY 6424 HWY 291 NINE MILE FALLS, WA 99026	27-2469928	501C3	0.	60,354.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YELM COMMUNITY SERVICES PO BOX 5320 YELM, WA 98597-5320	23-7226534	501C3	0.	71,597.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BELLINGHAM FOOD BANK 1824 ELLIS ST BELLINGHAM, WA 98225-4619	91-0918619	501C3	0.	165,271.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BLAINE FOOD BANK PO BOX 472 BLAINE, WA 98231-0472	91-1160595	501C3	0.	82,038.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FOOTHILLS FOOD BANK 5568 MT BAKER HWY DEMING, WA 98244-9506	91-1347974	501C3	0.	37,460.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LUMMI NATION FOOD BANK 2665 KWINA RD BELLINGHAM, WA 98226-9291	91-1836621	501C3	0.	51,503.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NOOKSACK VALLEY FOOD BANK PO BOX 525 EVERSON, WA 98247-0525	91-1339292	501C3	0.	56,680.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FERNDALE FOOD BANK PO BOX 1593 FERNDALE, WA 98248	91-1166240	501C3	0.	36,243.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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GRANDVIEW SEVENTH-DAY ADVENTIST FOOD BANK - PO BOX 1409 - PROSSER, WA 99350	91-1230403	501C3	0.	152,940.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SELAH FOOD BANK 1107 W. FREMONT AVE. SELAH, WA 98942	91-0940244	501C3	0.	147,095.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA ROTARY FOOD BANK PO BOX 2221 YAKIMA, WA 98907-2221	91-1397598	501C3	0.	1,383,280.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA SEVENTH-DAY ADVENTIST FOOD BANK - 507 N. 35TH AVE. - YAKIMA, WA 98902	91-0932432	501C3	0.	1,098,151.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OIC OF WA FOOD BANK 815 FRUITVALE BLVD YAKIMA, WA 98902-1467	91-0873024	501C3	0.	281,350.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ZILLAH FOOD BANK PO BOX 1442 ZILLAH, WA 98953	91-1347733	501C3	0.	45,649.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NOOKSACK TRIBAL FOOD BANK PO BOX 157 DEMING, WA 98244-0157	91-1487296	501C3	0.	10,118.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FAITH CENTER FOOD BANK 1209 MINOR RD. KELSO, WA 98626	91-1393264	501C3	0.	59,095.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOAP LAKE FOOD BANK PO BOX 925 SOAP LAKE, WA 98851-0925	91-1454702	501C3	0.	257,232.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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WHITE SWAN COMMUNITY FOOD BANK PO BOX 40 WHITE SWAN, WA 98952	91-0878380	501C3	0.	272,770.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD COASTAL HARVEST DIST. CTR P.O. BOX 616 HOQUIAM, WA 98550	94-3252669	501C3	0.	1,063,874.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COASTAL HARVEST MOBILE FOOD BANK PO BOX 616 HOQUIAM, WA 98550-0616	94-3252669	501C3	0.	93,753.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PIERCE COUNTY WAREHOUSING 3318 92 ST S LAKEWOOD, WA 98499	94-3131776	501C3	0.	65,901.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SALVATION ARMY CENTRALIA PO BOX 488 CENTRALIA, WA 98531-0488	94-1156347	501C3	0.	41,484.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD NOURISH OF PIERCE COUNTY 621 TACOMA AVE S STE 202 TACOMA, WA 98402-2330	91-1198391	501C3	0.	6,659.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL PASCO PO BOX 4273 PASCO, WA 99302-4273	91-0726356	501C3	0.	992,541.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SALVATION ARMY RENTON PO BOX 977 RENTON, WA 98057-0977	94-1156347	501C3	0.	168,313.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOUTH WHIDBEY GOOD CHEER FOOD BANK PO BOX 144 LANGLEY, WA 98260-0144	23-7047914	501C3	0.	71,953.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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SUNRISE OUTREACH CENTER WAPATO FOOD PANTRY - PO BOX 10413 - YAKIMA, WA 98909-1413	27-1028426	501C3	0.	726,519.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ADDY RESCUE MISSION PO BOX 38 ADDY, WA 99101-0038	91-1394575	501C3	0.	9,572.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FAIRVIEW SEVENTH-DAY ADVENTIST FOOD BANK - 1331 ASPEN SPRINGS LANE - YAKIMA, WA 98903	91-1218657	501C3	0.	41,415.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CLEAR LAKE COMMUNITY COVENANT CHURCH & FOOD BANK - PO BOX 188 - CLEARLAKE, WA 98235-0188	68-0650377	501C3	0.	8,251.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MARY'S PLACE PO BOX 1711 SEATTLE, WA 98111-1711	27-2087950	501C3	0.	15,656.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PE ELL COMMUNITY FOOD BANK PO BOX 235 PE ELL, WA 98572-0235	91-1724698	501C3	0.	6,035.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FAMILIES UNLIMITED NETWORK FOOD BANK - PO BOX 65672 - UNIVERSITY PL, WA 98464-1672	20-0435496	501C3	0.	33,825.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MARGIE WILLIAMS HELPING HANDS PO BOX 2145 RENTON, WA 98056-0145	75-3163092	501C3	0.	56,439.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TUKWILA PANTRY 3118 S 140 ST TUKWILA, WA 98168	75-2974441	501C3	0.	260,095.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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PARADISE OF PRAISE FOOD BANK 1316 SW HOLDEN ST SEATTLE, WA 98106-2059	30-0116000	501C3	0.	47,649.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTH HELPLINE BITTERLAKE 12736 33RD AVE. NE, #100 SEATTLE, WA 98125	91-1475182	501C3	0.	34,715.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTH HELPLINE FOOD BANK 12736 33RD AVE NE STE 100 SEATTLE, WA 98125-4504	91-1475182	501C3	0.	192,363.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BREAD OF LIFE - MARBLEMOUNT 3302 CEDARDALE RD STE D100 MOUNT VERNON, WA 98274-9552	91-1335192	501C3	0.	14,160.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GIFTS FROM THE HEART FOOD BANK PO BOX 155 COUPEVILLE, WA 98239-0155	02-0549032	501C3	0.	75,397.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HIGHLAND FOOD BANK PO BOX 232 COWICHE, WA 98923	90-0714318	501C3	0.	182,465.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OPERATION SACK LUNCH PO BOX 4128 SEATTLE, WA 98194-0128	91-1658187	501C3	0.	16,427.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PEOPLES PANTRY OF FERRY COUNTY PO BOX 1114 REPUBLIC, WA 99166-1114	47-1246202	501C3	0.	17,881.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TRI-PARISH FOOD BANK 935 PETERSON RD BURLINGTON, WA 98233-2663	91-0778147	501C3	0.	26,907.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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ST. MICHAELS FOOD PANTRY 5 S NACHES AVE YAKIMA, WA 98901-2726	91-0564996	501C3	0.	80,998.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TOPPENISH COMMUNITY CHEST 4 NORTH B ST TOPPENISH, WA 98948	55-0845518	501C3	0.	199,139.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COUNCIL AGING & HUMAN SERVICES FOOD BANK - PO BOX 107 - COLFAX, WA 99111-0107	91-0964790	501C3	0.	143,612.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTH KITSAP FISHLINE PO BOX 1517 POULSBO, WA 98370-0168	91-1244431	501C3	0.	103,886.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GREENHOUSE COMMUNITY CENTER PO BOX 62 DEER PARK, WA 99006-0062	02-0797827	501C3	0.	122,720.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE VALLEY PARTNERS FOOD BANK PO BOX 141360 SPOKANE VALLEY, WA 99214	91-1478830	501C3	0.	687,450.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OUR PLACE COMMUNITY MINISTRIES 1509 W COLLEGE AVE SPOKANE, WA 99201-1917	91-1384287	501C3	0.	33,021.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTH COUNTY FOOD PANTRY PO BOX 388 ELK, WA 99009-0388	94-3167688	501C3	0.	89,395.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTHEAST FOOD PANTRY PO BOX 7398 SPOKANE, WA 99207-0398	90-0724290	501C3	0.	65,430.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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GARFIELD COUNTY FOOD BANK PO BOX 15 POMEROY, WA 99347-0015	91-1657333	501C3	0.	22,097.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SUNRISE OUTREACH CENTER MABTON FOOD BANK - PO BOX 10413 - YAKIMA, WA 98909-1413	27-1028426	501C3	0.	144,839.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SUNRISE OUTREACH CENTER SUNNYSIDE FOOD BANK - PO BOX 10413 - YAKIMA, WA 98909-1413	27-1028426	501C3	0.	105,751.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SUNRISE OUTREACH CENTER YAKIMA OUR DAILY BREAD FB - PO BOX 10413 - YAKIMA, WA 98909-1413	27-1028426	501C3	0.	639,909.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOPESOURCE FOOD BANK 700 E MOUNTAIN VIEW AVE, STE 5 ELLENSBURG, WA 98926	91-0814544	501C3	0.	37,927.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WOMEN'S & CHILDREN'S FREE REST 1408 N. WASHINGTON SPOKANE, WA 99201	91-1399742	501C3	0.	39,213.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PANTRY SHELF OF WALLA WALLA 325 S 1ST AVE WALLA WALLA, WA 99362-3370	91-2143214	501C3	0.	13,928.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PASTOR'S PANTRY PO BOX 880 MORTON, WA 98356-0880	94-2712386	501C3	0.	11,817.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
THURSTON COUNTY FOOD BANK 220 THURSTON AVE NE OLYMPIA, WA 98501-1138	23-7297837	501C3	0.	523,226.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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VOLUNTEERS OF AMERICA CROSSWALK 525 W. SECOND AVE. SPOKANE, WA 99201	91-0577131	501C3	0.	26,650.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MATTAWA AREA FOOD BANK BOX 853 MATTAWA, WA 99349	02-0789497	501C3	0.	160,123.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SALVATION ARMY SPOKANE CORPS 222 E INDIANA AVE SPOKANE, WA 99207-2318	94-1156347	501C3	0.	449,449.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HIGHLINE SCHOOL DISTRICT MOUNT VIEW ELEMENTARY - 10811 12TH AVE SW - SEATTLE, WA 98146-2125	91-6001631	GOVERNMENT	0.	10,017.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TENINO FOOD BANK PLUS PO BOX 1239 TENINO, WA 98589-1239	91-2144590	501C3	0.	26,426.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HAMILTON COMMUNITY FOOD BANK PO BOX 75 HAMILTON, WA 98255-0075	91-1351355	501C3	0.	21,388.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HARRINGTON FOOD BANK 204 N 3RD ST HARRINGTON, WA 99134-9707	91-0956984	501C3	0.	35,426.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CLOVER PARK SCHOOL DISTRICT LAKEVIEW HOPE ACADEMY - 10501 47TH AVE SW - LAKEWOOD, WA 98499-3712	91-6001563	GOVERNMENT	0.	7,979.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CLOVER PARK SCHOOL DISTRICT FOUR HEROES ELEMENTARY - 9101 LAKEWOOD DR SW - LAKEWOOD, WA 98499-3901	91-6001563	GOVERNMENT	0.	7,326.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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YAKIMA SCHOOL DISTRICT ADAMS ELEMENTARY - 723 S 8TH ST - YAKIMA, WA 98901-3322	91-6001550	GOVERNMENT	0.	5,561.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT BARGE-LINCOLN ELEMENTARY - 219 E I ST - YAKIMA, WA 98901-1962	91-6001550	GOVERNMENT	0.	5,972.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD SKAGIT COUNTY DIST. CENTER 220 MICHAEL STREET SEDRO WOOLLEY, WA 98284	91-1140086	501C3	0.	68,356.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MIDWEST FOOD BANK 1703 VETERANS PARKWAY BLOOMINGTON, IL 61701	41-2120170	501C3	0.	319,054.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD LEWIS COUNTY FOOD COALITION PO BOX 307 CHEHALIS, WA 98532	91-1391826	501C3	0.	118,765.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SERVE SPOKANE FOOD PANTRY 8303 N DIVISION ST SPOKANE, WA 99208-5715	20-4040980	501C3	0.	74,835.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SHALOM MINISTRIES PO BOX 4684 SPOKANE, WA 99220-0684	91-1878389	501C3	0.	27,548.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EAST CENTRAL COMMUNITY CENTER 500 S STONE ST SPOKANE, WA 99202-4150	91-1143596	501C3	0.	246,841.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WAUCONDA FOOD BANK PO BOX 27 WAUCONDA, WA 98859-0027	41-2208079	501C3	0.	6,940.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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MULTI-SERVICE CENTER PO BOX 23699 FEDERAL WAY, WA 98093-0699	23-7120815	501C3	0.	267,268.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ENTIAT VALLEY COMMUNITY SERVICES FOOD BANK - PO BOX 697 - ENTIAT, WA 98822-0697	26-0901943	501C3	0.	10,524.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GRANGER FOOD BANK PO BOX 791 GRANGER, WA 98932	91-2070485	501C3	0.	56,384.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
THE PANTRY AT MOXEE 7203 MIERAS ROAD YAKIMA, WA 98901	91-1010989	501C3	0.	41,233.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TOPPENISH SCHOOL DISTRICT VALLEY VIEW ELEMENTARY - 515 ZILLAH AVE - TOPPENISH, WA 98948-1485	91-6001615	GOVERNMENT	0.	5,033.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TOPPENISH SCHOOL DISTRICT LINCOLN ELEMENTARY - 309 N ALDER ST - TOPPENISH, WA 98948-1308	91-6001615	GOVERNMENT	0.	5,294.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ORTING FOOD BANK PO BOX 1877 ORTING, WA 98360-1877	20-8562623	501C3	0.	52,448.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PROJECT HOPE FOOD BANK 205 S BRITISH COLUMBIA AVE LYNDEN, WA 98264-2053	91-0858511	501C3	0.	48,435.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ORCAS ISLAND FOOD BANK PO BOX 424 EASTSOUND, WA 98245-0424	91-1255700	501C3	0.	17,398.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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AUBURN FOOD BANK PO BOX 464 AUBURN, WA 98071-0464	91-1215485	501C3	0.	242,205.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ELOISE COOKING POT PO BOX 94545 SEATTLE, WA 98124	54-2092145	501C3	0.	371,189.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YWCA - CENTRAL AREA FOOD BANK 2820 E CHERRY ST SEATTLE, WA 98122-5032	91-0482890	501C3	0.	36,341.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SKAGIT FOOD DISTRIBUTION CENTER, CAP - 330 PACIFIC PL - MOUNT VERNON, WA 98273-5427	91-1140086	501C3	0.	37,937.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT HOLMES ELEMENTARY - 2600 W SHARP AVE - SPOKANE, WA 99201-2996	91-6001550	GOVERNMENT	0.	6,900.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT LOGAN ELEMENTARY - 1001 E MONTGOMERY AVE - SPOKANE, WA 99207-2674	91-6001550	GOVERNMENT	0.	8,601.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT LONGFELLOW ELEMENTARY - 800 E PROVIDENCE AVE - SPOKANE, WA 99207-2974	91-6001550	GOVERNMENT	0.	6,731.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT BEMISS ELEMENTARY - 2323 E BRIDGEPORT AVE - SPOKANE, WA 99207-5705	91-6001550	GOVERNMENT	0.	8,371.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT GRANT ELEMENTARY - 1300 E 9TH AVE - SPOKANE, WA 99202-2409	91-6001550	GOVERNMENT	0.	8,840.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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KETTLE RIVER LINC 365 MAIN ST ORIENT, WA 99160-9416	26-4139251	501C3	0.	6,954.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ALL SAINTS FOOD PANTRY 314 S SPRUCE ST SPOKANE, WA 99201-5823	91-6017136	501C3	0.	74,136.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FALL CITY COMMUNITY FOOD PANTRY PO BOX 640 FALL CITY, WA 98024-0640	91-6198453	501C3	0.	12,865.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOUSE OF CHARITY PO BOX 2253 SPOKANE, WA 99210	91-0569880	501C3	0.	34,476.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NEW HOPE RANCH MEAL PROGRAM 13507 W CHARLES RD NINE MILE FLS, WA 99026-9608	91-1630914	501C3	0.	8,255.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NEW HOPE RANCH FOOD BANK 13507 W CHARLES RD NINE MILE FLS, WA 99026-9608	91-1630914	501C3	0.	73,584.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PASCO COMMUNITY SERVICES 1468 OXFORD AVE RICHLAND, WA 99352-7615	91-0160609	501C3	0.	338,869.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VALLEY FOOD PANTRY PO BOX 81 VALLEY, WA 99181	27-1907351	501C3	0.	62,562.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LA CONNER SUNRISE FOOD BANK PO BOX 922 LA CONNER, WA 98257	80-0866528	501C3	0.	18,887.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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EAST VALLEY BAPTIST CHURCH FOOD PANTRY - 14516 E WELLESLEY - SPOKANE, WA 99216	36-4546005	501C3	0.	36,395.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPRAGUE HORIZONS COMMUNITY FOOD BANK - PO BOX 178 - SPRAGUE, WA 99032-0178	26-2231541	501C3	0.	24,942.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NOAH'S ARK PO BOX 1562 YAKIMA, WA 98907	20-3070634	501C3	0.	36,214.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ROD'S HOUSE 204 S NACHES AVE YAKIMA, WA 98901-2910	36-4659738	501C3	0.	11,974.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OL' MILL FOOD BANK PO BOX 301 KLINKITAT, WA 98628	91-0793062	501C3	0.	16,861.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEEDS OF GRACE 7314 44TH AVE NE MARYSVILLE, WA 98270-3716	91-1643947	501C3	0.	27,030.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOPELINK BELLEVUE 14812 MAIN ST BELLEVUE, WA 98007-5245	91-0982116	GOVERNMENT	0.	532,889.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOPELINK KIRKLAND 10675 WILLOWS RD #275 REDMOND, WA 98052	91-0982116	GOVERNMENT	0.	131,082.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOPELINK REDMOND P.O. BOX 3577 REDMOND, WA 98073	91-0982116	GOVERNMENT	0.	58,283.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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HOPELINK SNO-VALLEY PO BOX 485 CARNATION, WA 98014-0485	91-0982116	GOVERNMENT	0.	24,081.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NCWDC-CHELAN/DOUGLAS CAC 4 KITTITAS ST WENATCHEE, WA 98801	91-6064514	501C3	0.	33,528.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FISH OF ELLENSBURG 804 ELMVIEW ROAD ELLENSBURG, WA 98926	91-1059920	501C3	0.	31,264.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SBP-GIG HARBOR PENINSULA FISH PO BOX 154 GIG HARBOR, WA 98335	91-1307991	501C3	0.	17,077.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SNOQUALMIE VALLEY FOOD BANK PO BOX 1541 NORTH BEND, WA 98045	46-4388454	501C3	0.	82,414.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD RURAL RESOURCES 956 SOUTH MAIN STREET COLVILLE, WA 99114	91-0793447	501C3	0.	27,213.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD CLARK COUNTY FOOD BANK 6502 NE 47TH AVE VANCOUVER, WA 98661	91-1307564	501C3	0.	592,427.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD BELLINGHAM FOOD BANK 1824 ELLIS STREET BELLINGHAM, WA 98225	91-0918619	501C3	0.	92,633.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD OKANOGAN CAC PO BOX 1067 OKANOGAN, WA 98840	91-0814162	501C3	0.	197,350.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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SEQUIM FOOD BANK P.O. BOX 1453 SEQUIM, WA 98382	91-1215709	501C3	0.	66,119.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD COMM SERV OF MOSES LAKE PO BOX 683 MOSES LAKE, WA 98837	91-0664984	501C3	0.	11,941.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD WA GORGE ACTION PROGRAMS PO BOX 805 BINGEN, WA 98605	91-0793062	501C3	0.	9,680.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD NCWDC-CHELAN/DOUGLAS CAC 4 KITTITAS ST WENATCHEE, WA 98801	91-6064514	501C3	0.	284,899.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ASOTIN COUNTY FOOD BANK 1546 MAPLE ST CLARKSTON, WA 99403-1128	82-0388109	501C3	0.	16,615.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KEY PENINSULA BISCHOFF FOOD BANK PO BOX 554 VAUGHN, WA 98394-0554	46-5405179	501C3	0.	31,568.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL CLARKSTON 604 2ND ST CLARKSTON, WA 99403	23-7278799	501C3	0.	89,842.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BLUE MOUNTAIN ACTION COUNCIL FOOD BANK - 921 W CHERRY ST - WALLA WALLA, WA 99362-1864	91-0793597	501C3	0.	122,637.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PEOPLE FOR PEOPLE 1008 W AHTANUM STE 3 UNION GAP, WA 98903	91-0783225	501C3	0.	41,677.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINERAL NEIGHBORHOOD CENTER PO BOX 157 MINERAL, WA 98355	91-1191174	501C3	0.	8,692.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CARITAS OUTREACH MINISTRIES 1612 W DALKE AVE SPOKANE, WA 99205-6857	91-1569891	501C3	0.	56,754.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
JUBILEE MINISTRY PROSSER 1429 STACY AVE PROSSER, WA 99350-1173	94-3061007	501C3	0.	44,158.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KENT FOOD BANK AND EMERGENCY SERVICES - 515 W HARRISON ST STE 107 - KENT, WA 98032-4403	91-0881434	501C3	0.	69,900.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FORKS FOOD BANK PO BOX 270 FORKS, WA 98331-0270	91-1102628	501C3	0.	11,406.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
STANWOOD CAMANO FOOD BANK PO BOX 1285 STANWOOD, WA 98292-1285	91-1155426	501C3	0.	31,057.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105-3901	91-0564748	501C3	0.	13,382.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COMMUNITY FOOD BANK OF DAYTON 111 S FIRST ST DAYTON, WA 99328	91-1240257	501C3	0.	13,932.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FEED SPOKANE 1114 N FANCHER #109 SPOKANE VALLEY, WA 99212	77-0669783	501C3	0.	63,909.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION CENTER 350 SE FAIRMONT RD PULLMAN, WA 99163	94-3080214	501C3	0.	127,380.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WARDEN SCHOOL DISTRICT WARDEN ELEMENTARY - 1010 W. BECK WAY - WARDEN, WA 98857	91-6012236	GOVERNMENT	0.	5,724.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VETERAN'S OUTREACH OF NE WASHINGTON		501C3	0.	35,812.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
JAMESTOWN S'KLALLAM TRIBAL FOOD BANK - 72 ZACCARDO RD - SEQUIM, WA 98382-9607		TRIBAL	0.	9,440.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LOWER ELWHA KLALLAM TRIBE FOOD PANTRY - 3080 LOWER ELWHA ROAD - PORT ANGELES, WA 98363		TRIBAL	0.	6,332.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ANACORTES 100 FOOD BANK 512 4TH ST. ANACORTES, WA 98221	94-3142388	501C3	0.	42,811.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ARLINGTON FOOD BANK 19118 63RD AVE NE ARLINGTON, WA 98223-8729	94-1445025	501C3	0.	33,708.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LAKE STEVENS COMMUNITY FOOD BANK 2111 117TH AVE NE LAKE STEVENS, WA 98258	91-1215080	501C3	0.	13,270.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MALTBY FOOD BANK 21104 86TH AVE SE SNOHOMISH, WA 98296	91-1607217	501C3	0.	55,511.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUKILTEO FOOD BANK 4514 84TH STREET SW MUKILTEO, WA 98275	91-1999844	501C3	0.	8,372.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD EMERGENCY FOOD NETWORK 3318 92ND ST SOUTH LAKEWOOD, WA 98499	94-3131776	501C3	0.	2,031,413.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WORLD RELIEF HILLSIDE CHURCH KENT, WA 98031	23-6393344	501C3	0.	71,437.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
THE PLAIN PANTRY 12565 CHAPEL DIRVE LEAVENWORTH, WA 98826	91-6066767	501C3	0.	10,377.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOUTH PARK SENIOR CENTER 8201 10TH AVE S SEATTLE, WA 98108	91-1317638	501C3	0.	8,580.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVE S TACOMA, WA 98447-0001	91-0565571	501C3	0.	7,748.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PARKWAY COMMUNITY SERVICES 7808 207TH ST CT. EAST SPANAWAY, WA 98387	82-1318383	501C3	0.	19,429.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CITY GATES MINISTRIES 1416 26TH AVE NE OLYMPIA, WA 98506	73-1729574	501C3	0.	18,388.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EMERGENCY FEEDING PROGRAM 851 HOUSER WAY N RENTON, WA 98057	91-1902023	501C3	0.	90,354.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEDERAL WAY SENIOR CENTER 4016 S 352ND ST AUBURN, WA 98001	91-0936089	501C3	0.	14,931.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ENUMCLAW FOOD BANK 1350 COLE ST ENUMCLAW, WA 98022	91-1503603	501C3	0.	5,678.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PRAISEALUJAH 20832 INTERNATIONAL BOULEVARD SEATAC, WA 98198	01-0964541	501C3	0.	126,211.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
THE STOREHOUSE (STOREHOUSE FOOD BANK) - 26201 180TH AVE SE - COVINGTON, WA 98042	02-0551015	501C3	0.	34,929.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SHAW MIDDLE SCHOOL 4106 N COOK SPOKANE, WA 99208	26-1581358	GOVERNMENT	0.	11,174.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MCKINLEY INDIAN MISSION 1101 S MCKINLEY RD TOPPENISH, WA 98948	16-1778694	501C3	0.	16,199.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SALVATION ARMY YAKIMA 9 S 6TH ST YAKIMA, WA 98902	94-1156347	501C3	0.	111,791.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ST. VINCENT CENTERS OF YAKIMA 2629 MAIN ST. UNION GAP, WA 98903		501C3	0.	122,886.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
UNION GOSPEL MISSION YAKIMA 1300 N.1ST ST. YAKIMA, WA 98901	23-7050061	501C3	0.	11,674.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKAMA CONFEDERATED TRIBES 802 E 1ST AVE TOPPENISH, WA 98948		TRIBAL	0.	167,464.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FEED CHENEY 615 4TH CHENEY, WA 99004		501C3	0.	6,096.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CENTRAL VALLEY SCHOOL DIST. 19307 E. CATALDO AVE SPOKANE VALLEY, WA 99216	91-6008402	GOVERNMENT	0.	13,162.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MERCY HOUSING (NW) 6930 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118	91-1546525	501C3	0.	29,658.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MEAD SCHOOL DIST 12520 N MARKET SPOKANE, WA 99021	91-0793152	GOVERNMENT	0.	19,238.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FAMILY SUPPORT CENTER 1202 WOOD AVE SUMNER, WA 98390	91-0783342	GOVERNMENT	0.	5,130.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NEWBIRTH MINISTRIES 12643 RENTON AVE S SEATTLE, WA 98178	31-1786853	501C3	0.	14,394.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COLUMBIA CITY STATION APARTMENTS 4484 MARTIN LUTHER KING JR WAY S #1 SEATTLE, WA 98108	91-1546525	501C3	0.	5,344.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ERITREAN ASSOCIATION 1954 S. MASSACHUSETTS ST SEATTLE, WA 98144	91-1703201	501C3	0.	7,456.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGOLESE INTEGRATION NETWORK 19550 INTERNATIONAL BLVD SUTE 103 SEATAC, WA 98188	81-3511834	501C3	0.	17,907.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
UNKITAWA INDIGINOUS ORGANIZATION 23103 S. MARINE VIEW DR. DES MOINES, WA 98198	83-2398323	501C3	0.	10,665.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CRESTON POINT APARTMENTS 13445 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98178		501C3	0.	8,014.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TACOMA HOUSING AUTHORITY 902 S L ST TACOMA, WA 98405	81-0557198	GOVERNMENT	0.	25,631.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SACRED BRIDGE 10608 221ST AVE E BUCKLEY, WA 98321	82-4701110	501C3	0.	6,300.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
DESC- MAIN SHELTER 517 3RD AVE SEATTLE, WA 98104	91-1275815	501C3	0.	41,970.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SALISHAN GARDENS 4401 E R ST TACOMA, WA 98404	90-5004991	501C3	0.	5,124.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MULTICULTURAL CHILD AND FAMILY 2021 S 19TH ST TACOMA, WA 98405	35-2266626	501C3	0.	22,272.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HARBOR VIEW MANOR 919 FAWCETT AVE TACOMA, WA 98402		501C3	0.	8,582.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PRISON SCHOLAR FUND 1752 NW MARKET ST, #953 SEATTLE, WA 98107	41-2175677	501C3	0.	36,885.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
THE ZONE PROJECT 4001 N. COOK STREET SPOKANE, WA 99207	91-1196071	501C3	0.	7,149.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
AREA AGENCY ON AGING DELIVERY-201 WANITY DR. TOPPENISH, WA 98948		TRIBAL	0.	5,564.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTHEAST WA FOOD COALITION 347 W. 2ND, STE B COLVILLE, WA 99114	46-3051292	501C3	0.	12,145.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
INABA PRODUCE FARMS, INC 8351 MCDONALD RD WAPATO, WA 98951-9312			0.	66,800.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KENT COMMUNITY FOUNDATION 8226 S 208TH ST KENT, WA 98032	91-1349506	501C3	0.	149,585.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PEACEKEEPER SOCIETY 60 MAUCH ALLEY ST. HARRAH, WA 98933	47-3686988	501C3	0.	7,286.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EMERGENCY FOOD NETWORK 3318 92ND ST. S. LAKEWOOD, WA 98499-9328	94-3131776	501C3	75,000.	0.			DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
THE COUNCIL AGING & HUMAN SERVICES PO BOX 107 COLFAX, WA 99111-0107	91-0964790	501C3	5,000.	0.			DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990)

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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:

FOOD IS DISTRIBUTED TO HUNGER PROGRAMS WHO SERVE INDIVIDUALS IN NEED

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: **NORTHWEST HARVEST EMM** Employer identification number: **91-0826037**

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS REYNOLDS CEO	(i)	175,187.	0.	0.	10,511.	19,516.	205,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE FOLLOWING FACTORS ARE TAKEN INTO ACCOUNT FOR DETERMINING THE
COMPENSATION OF THE CEO: THE PAST PERFORMANCE OF THE CEO, THE PRESENT AND
FUTURE NEEDS OF THE AGENCY, AND THE COMPENSATION OF THE COMPARABLE CEO'S IN
THE REGION. COMPENSATION OF THE CEO IS DISCUSSED AND DETERMINED ANNUALLY BY
THE BOARD OF DIRECTORS IN A PRIVATE EXECUTIVE SESSION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

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 **NORTHWEST HARVEST EMM** Employer identification number **91-0826037**

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	61	456,246	FMV
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	23534663	39,287,649	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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.		

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

Schedule M (Form 990) 2019

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.

SCHEDULE M, PART I, COLUMN (B):

FOOD INVENTORY IS COUNTED IN POUNDS, DONATED STOCK AND NON-FOOD GOODS
ARE COUNTED BASED ON THE NUMBER OF ITEMS CONTRIBUTED

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

NORTHWEST HARVEST EMM

Employer identification number

91-0826037

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

THE ENTIRE BOARD RECEIVES A COPY OF THE FORM 990 BEFORE FILING. THE CHIEF FINANCIAL OFFICER REVIEWS THE FORM 990 BEFORE SUBMITTING IT TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL LISTED MEMBERS OF THE BOARD ARE COVERED BY THIS POLICY. DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST MUST BE MADE IMMEDIATELY TO THE CEO AND BOARD CHAIR WHO WILL MAKE THE DETERMINATION OF POTENTIAL CONFLICT AND THE CONFLICT WILL BE REVIEWED BY THE ENTIRE BOARD. IF A CONFLICT IS DISCOVERED, THE BOARD MEMBER LEAVES THE DISCUSSION AND DOES NOT VOTE ON THE MATTER.

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

THE FOLLOWING FACTORS ARE TAKEN INTO ACCOUNT FOR DETERMINING THE COMPENSATION OF THE CEO: THE PAST PERFORMANCE OF THE CEO, THE PRESENT AND FUTURE NEEDS OF THE AGENCY, AND THE COMPENSATION OF THE COMPARABLE CEO'S IN THE REGION. COMPENSATION OF THE CEO IS DISCUSSED AND DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS IN A PRIVATE EXECUTIVE SESSION.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE HAS NOT CHANGED HOW IT REVIEWS THE AUDITED FINANCIAL STATEMENTS.