



NORTHWEST HARVEST EMM
PO BOX 12272
SEATTLE, WA 98102

DEAR THOMAS,

ENCLOSED ARE THE FOLLOWING INCOME TAX RETURNS PREPARED ON BEHALF OF NORTHWEST HARVEST EMM FOR THE YEAR ENDED JUNE 30, 2019.

2018 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
2018 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
2018 SCHEDULE B - SCHEDULE OF CONTRIBUTORS
2018 SCHEDULE C - POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES
2018 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS
2018 SCHEDULE I - GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S.
2018 SCHEDULE J - COMPENSATION INFORMATION
2018 SCHEDULE M - NONCASH CONTRIBUTIONS
2018 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ

THE ORIGINAL OF EACH OF THE ABOVE MENTIONED RETURNS SHOULD BE DATED AND SIGNED IN ACCORDANCE WITH THE FOLLOWING INSTRUCTIONS INCLUDED WITH THE COPY OF THE RETURN. THIS COPY IS FOR YOUR USE AND SHOULD BE RETAINED FOR YOUR FILES.

THESE RETURN(S) WERE PREPARED FROM INFORMATION PROVIDED BY YOU OR YOUR REPRESENTATIVE. THE PREPARATION OF TAX RETURNS DOES NOT INCLUDE THE INDEPENDENT VERIFICATION OF INFORMATION USED. THEREFORE, WE RECOMMEND YOU REVIEW THE RETURN(S) BEFORE SIGNING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS. IF YOU NOTE ANYTHING WHICH MAY REQUIRE A CHANGE TO THE RETURN(S), PLEASE CONTACT US BEFORE FILING THEM.

WE APPRECIATE THIS OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS OR IF WE MAY BE OF FURTHER ASSISTANCE.

SINCERELY,

A handwritten signature in black ink, appearing to read "Steven B. Bishop".

STEVEN B. BISHOP
BADER MARTIN, P.S.
CERTIFIED PUBLIC ACCOUNTANTS

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. COPY NORTHWEST HARVEST EMM	Employer identification number (EIN) or 91-0826037
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 12272	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98102	
	Enter filer's identifying number, see instructions	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THOMAS REYNOLDS

• The books are in the care of ▶ PO BOX 12272 SEATTLE WA 98102

Telephone No. ▶ 206 625-0755 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20____ or
▶ tax year beginning 07/01, 2018, and ending 06/30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **990**

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)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **07/01, 2018**, and ending **06/30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTHWEST HARVEST EMM		D Employer identification number 91-0826037
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (206) 625-0755
	PO BOX 12272		
City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98102			G Gross receipts \$ 61,775,313. 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 ▶
F Name and address of principal officer: THOMAS REYNOLDS PO BOX 12272, SEATTLE, WA 98102			
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: M State of legal domicile: WA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE NUTRITIOUS FOOD TO HUNGRY PEOPLE STATEWIDE IN A MANNER THAT RESPECTS THEIR DIGNITY, WHILE FIGHTING TO ELIMINATE HUNGER.
	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 2018 (Part V, line 2a) 5 108.
	6 Total number of volunteers (estimate if necessary) 6 6,072.
	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 34 7b 0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	45,160,358.	60,585,873.
	9 Program service revenue (Part VIII, line 2g)	1,843,643.	1,100,257.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,198.	-5,954.
	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)	47,024,199.	61,680,176.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,229,159.	43,636,397.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,146,058.	6,487,762.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,071,227.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,778,429.	4,237,219.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,153,646.	54,361,378.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,129,447.	7,318,798.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 20,172,029.	End of Year 27,692,565.
	21 Total liabilities (Part X, line 26)	1,097,757.	1,321,368.
	22 Net assets or fund balances. Subtract line 21 from line 20.	19,074,272.	26,371,197.

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	COPY	05/15/2020
	Signature of officer THOMAS REYNOLDS Type or print name and title CEO	Date

Paid Preparer Use Only	Print/Type preparer's name STEVEN B BISHOP	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00045374
	Firm's name ▶ BADER MARTIN, P.S.	Firm's EIN ▶ 91-1501421		Phone no. 206-621-1900	
	Firm's address ▶ 1000 2ND AVE 34TH FLOOR SEATTLE, WA 98104-1022				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

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:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

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

4a (Code:) (Expenses \$ 50,386,405. including grants of \$) (Revenue \$ 1,100,257.)

NORTHWEST HARVEST SUPPLIES NUTRITIOUS FOOD TO MORE THAN 375 FOOD BANKS, MEAL PROGRAMS AND SCHOOLS IN WASHINGTON STATE, COLLECTING FOOD AND CASH DONATIONS TO PURCHASE AND DISTRIBUTE FOOD. DURING THE 2019 FISCAL YEAR, MORE THAN 24.8 MILLION POUNDS OF FOOD WAS DISTRIBUTED TO FRONTLINE HUNGER RELIEF PROGRAMS AND INDIVIDUALS AT NO CHARGE. NORTHWEST HARVEST HAS A STRONG FOCUS ON NUTRITION. 76% OF THE FOOD SUPPLIED WAS FRUITS, VEGETABLES AND PROTEIN. PROGRAM REVENUE IS DERIVED FROM THE PROVISION OF WAREHOUSING AND TRANSPORTATION SERVICES FOR A STATEWIDE HUNGER RELIEF PROGRAM AND FROM THE DISTRIBUTION OF BULK FOOD THROUGH THE NORTHWEST HARVEST SMART BUYS PROGRAM.

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

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

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

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

4e Total program service expenses ▶ 50,386,405.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and excess benefit transactions.

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, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, 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. 108		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		
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?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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? 13a Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i> 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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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.
19 Describe in 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

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) BRANDON PEDERSON MEMBER	2.00 0.	X						0.	0.	0.
(2) CRIS HALES SECRETARY	2.00 0.	X		X				0.	0.	0.
(3) CONNIE FALON MEMBER	2.00 0.	X						0.	0.	0.
(4) DIANA AXNESS CHAIR	4.00 0.	X		X				0.	0.	0.
(5) DWIGHT RIVES TREASURER	2.00 0.	X		X				0.	0.	0.
(6) JAN STILL MEMBER	2.00 0.	X						0.	0.	0.
(7) KEN PRICE MEMBER AS OF 6/2018	2.00 0.	X						0.	0.	0.
(8) MIKE REGIS MEMBER (ON LEAVE 9/18-6/19)	1.00 0.	X						0.	0.	0.
(9) NEAL BOLING MEMBER	2.00 0.	X						0.	0.	0.
(10) RACHEL BEDA MEMBER (AS OF 2/2018)	2.00 0.	X						0.	0.	0.
(11) SASA KIRKPATRICK MEMBER (UNTIL 6/2019)	2.00 0.	X						0.	0.	0.
(12) SCOTT MCQUILKIN CHAIR ELECT	2.00 0.	X						0.	0.	0.
(13) SHAMSO ISSAK MEMBER (AS OF 7/2018)	2.00 0.	X						0.	0.	0.
(14) TIM GROVES MEMBER	2.00 0.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15) VIN GUPTA MEMBER (AS OF 7/2018)	2.00 0.	X					0.	0.	0.	
(16) THOMAS REYNOLDS CEO	40.00 0.			X			170,746.	0.	31,713.	
(17) EU-WANDA EAGANS COO	40.00 0.			X			114,644.	0.	30,186.	
(18) MARK VON HAGEL INTERIM CFO (UNTIL 6/2019)	40.00 0.			X			27,265.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							312,655.	0.	61,899.	
d Total (add lines 1b and 1c)							312,655.	0.	61,899.	

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 **▶** 2

	Yes	No
3 Did the organization list any former officer, director, or 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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	60,585,873.				
	g Noncash contributions included in lines 1a-1f: \$		41,663,425.				
	h Total. Add lines 1a-1f ▶			60,585,873.			
Program Service Revenue	2a SMART BUYS	Business Code					
		624200		944,582.	944,582.		
	b TEFAP SVCS PROVIDED	624200		155,675.	155,675.		
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			1,100,257.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			88,383.			88,383.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			0.			
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			800.				
	b Less: cost or other basis and sales expenses	11,464.	83,673.				
	c Gain or (loss)	-11,464.	-82,873.				
	d Net gain or (loss) ▶			-94,337.			-94,337.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a			0.			
	b Less: direct expenses b			0.			
c Net income or (loss) from fundraising events ▶			0.				
9a Gross income from gaming activities. See Part IV, line 19 a			0.				
b Less: direct expenses b			0.				
c Net income or (loss) from gaming activities ▶			0.				
10a Gross sales of inventory, less returns and allowances a			0.				
b Less: cost of goods sold b			0.				
c Net income or (loss) from sales of inventory ▶			0.				
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			0.				
12 Total revenue. See instructions. ▶			61,680,176.	1,100,257.			-5,954.

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Payroll taxes, and Total functional expenses.

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	743,544.	1	813,185.
	2 Savings and temporary cash investments	4,071,065.	2	1,516,040.
	3 Pledges and grants receivable, net	0.	3	697,050.
	4 Accounts receivable, net	292,984.	4	336,860.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	2,707,464.	8	4,365,420.
	9 Prepaid expenses and deferred charges	53,764.	9	255,452.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,774,670.		
	b Less: accumulated depreciation	10b 7,407,575.	10,881,863.	10c 12,367,095.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	1,421,345.	15	7,341,463.
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,172,029.	16	27,692,565.	
Liabilities	17 Accounts payable and accrued expenses	1,097,757.	17	1,216,979.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	104,389.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,097,757.	26	1,321,368.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	16,865,898.	27	18,497,711.
	28 Temporarily restricted net assets	1,034,672.	28	721,895.
	29 Permanently restricted net assets	1,173,702.	29	7,151,588.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	19,074,272.	33	26,371,194.
34 Total liabilities and net assets/fund balances	20,172,029.	34	27,692,562.	

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	61,680,176.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,361,378.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,318,798.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,074,272.
5	Net unrealized gains (losses) on investments	5	53,124.
6	Donated services and use of facilities	6	-75,000.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,371,194.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

NORTHWEST HARVEST EMM

Employer identification number

91-0826037

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2018

JSA
8E1210 1.000

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	52,059,922.	52,795,235.	51,152,346.	45,160,358.	61,100,980.	262,268,841.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	52,059,922.	52,795,235.	51,152,346.	45,160,358.	61,100,980.	262,268,841.
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).						60,051,816.
6 Public support. Subtract line 5 from line 4						202,217,025.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	52,059,922.	52,795,235.	51,152,346.	45,160,358.	61,100,980.	262,268,841.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	65,517.	56,123.	36,620.	13,042.	88,383.	259,685.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						262,528,526.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2018 (line 6, column (f) divided by line 11, column (f)).	14	77.03 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	76.32 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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			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 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

Schedule of Contributors

2018

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

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

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

Name of organization **NORTHWEST HARVEST EMM**

Employer identification number
91-0826037

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		\$ 7,110,317.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,011,173.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,432,644.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 4,071,729.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,773,586.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,683,958.	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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,683,958.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,669,040.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,651,461.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 6,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHWEST HARVEST EMM

Employer identification number

91-0826037

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	DONATED FOOD _____ _____ _____	\$ 7,110,317.	06/30/2019
2	DONATED FOOD _____ _____ _____	\$ 4,011,173.	06/30/2019
3	DONATED FOOD _____ _____ _____	\$ 2,432,644.	06/30/2019
4	DONATED FOOD _____ _____ _____	\$ 4,071,729.	06/30/2019
5	DONATED FOOD _____ _____ _____	\$ 1,773,586.	06/30/2019
6	DONATED FOOD _____ _____ _____	\$ 1,698,699.	06/30/2019

Name of organization **NORTHWEST HARVEST EMM**

Employer identification number

91-0826037

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
7	DONATED FOOD _____ _____ _____	\$ 1,683,958.	06/30/2019
8	DONATED FOOD _____ _____ _____	\$ 1,669,040.	06/30/2019
9	DONATED FOOD _____ _____ _____	\$ 1,651,461.	06/30/2019
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **NORTHWEST HARVEST EMM**

Employer identification number
91-0826037

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 information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2018

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

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

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

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

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

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

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

Name of organization NORTHWEST HARVEST EMM	Employer identification number 91-0826037
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2018

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No															

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

PART II-B, LINE 1

NORTHWEST HARVEST EMPLOYS A PUBLIC POLICY MANAGER TO PERFORM EDUCATION AND ADVOCACY WORK IN OLYMPIA. VOLUNTEERS PARTICIPATED IN HUNGER ACTION DAY AT THE STATE CAPITOL. THERE IS NO VALUE REPORTED ON PART II-B, LINE 10, COLUMN (B) BECAUSE THE EXPENSES ASSOCIATED WITH THIS ACTIVITY ARE NOT ASCERTAINABLE.

BECAUSE THE EXPENSES ASSOCIATED WITH THIS ACTIVITY ARE NOT ASCERTAINABLE

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

NORTHWEST HARVEST EMM

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

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 are a 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 programs
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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment 97.8000 %
c Temporarily restricted endowment 2.2000 %

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

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

- (i) unrelated organizations
(ii) related organizations

Table with 3 columns: Question, Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, rows (2) through (9), and Total.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 61,680,176.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 54,361,378.

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.

Part XIII Supplemental Information *(continued)*

**SCHEDULE I
(Form 990)**

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OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

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▶ Attach to Form 990.

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Name of the organization

NORTHWEST HARVEST EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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

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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
(1) ABERDEEN FOOD BANK PO BOX 444 ABERDEEN, WA 98520-0102	91-0841015			8,064.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) ADDY RESCUE MISSION PO BOX 38 ADDY, WA 99101-0038	91-1394575			15,580.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) ADRA BERRY MEMORIAL FOOD BANK PO BOX 948 PRESTON, WA 98050	91-0982213			78,115.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) ALGER FOOD BANK 1195 ALGER CAIN LAKE RD	91-1517719			21,746.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) ALGONA/PACIFIC FOOD PANTRY 603 3RD AVE SE PACIFIC, WA 98047-1431	91-1498750			58,830.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) ALL SAINTS FOOD PANTRY 314 S SPRUCE ST SPOKANE, WA 99201-5823	91-6017136			89,700.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) ALL SAINTS SOUP KITCHEN 314 S SPRUCE ST SPOKANE, WA 99201-5823	91-6017136			13,660.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) ALOHA INN PO BOX 217 SEATTLE, WA 98111-0217	91-1585652			12,314.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) ANACORTES 100 FOOD BANK 512 4TH ST. ANACORTES, WA 98221	94-3142388			53,501.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) APOYO 111 PEAVINE ROAD ELLENSBURG, WA 98926	91-1970470			145,534.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) ARLINGTON FOOD BANK 19118 63RD AVE NE ARLINGTON, WA 98223-8729	94-1445025			31,251.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) ASIAN COUNSELING AND REFERRAL SERVICE 3639 MARTIN LUTHER KING JR WAY S	91-0916176			439,400.	BOOK	FOOD	DISTRIBUTION OF FOOD

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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

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Name of the organization

NORTHWEST HARVEST EMM

Employer identification number

91-0826037

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- 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
(1) ASOTIN COUNTY FOOD BANK 1546 MAPLE ST CLARKSTON, WA 99403-1128	82-0388109			42,631.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) AUBURN FOOD BANK PO BOX 464 AUBURN, WA 98071-0464	91-1215485			252,669.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) BALLARD FOOD BANK 5130 LEARY AVE NW SEATTLE, WA 98107-4819	91-1428805			133,128.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) BASIN CITY HELP SERVICES 1880 DRUMMOND RD MESA, WA 99343	91-1544022			41,479.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) BELLINGHAM FOOD BANK 1824 ELLIS ST BELLINGHAM, WA 98225-4619	91-0918619			344,820.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) BLAINE FOOD BANK PO BOX 472 BLAINE, WA 98231-0472	91-1160595			117,183.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) BLUE MOUNTAIN ACTION COUNCIL FOOD BANK 921 W CHERRY ST WALLA WALLA, WA 99362-1864	91-0793597			149,815.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) BONNEY LAKE FOOD BANK PO BOX 7521 BONNEY LAKE, WA 98391-0923	27-0270499			27,578.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) BOTHELL COMMUNITY KITCHEN 18204 83RD AVE NE KENMORE, WA 98028-2820	91-0670299			5,064.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) BREAD OF LIFE - MARBLEMOUNT 3302 CEDARDALE RD STE D100	91-1335192			37,489.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) BREMERTON FOODLINE PO BOX 824 BREMERTON, WA 98337-0173	91-1111086			179,332.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) BREWSTER FOOD BANK PO BOX 826 BREWSTER, WA 98812-0826	91-0569880			56,493.	BOOK	FOOD	DISTRIBUTION OF FOOD

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

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Schedule I (Form 990) (2018)

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Part I General Information on Grants and Assistance

- 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
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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
(1) BRINNON FOOD BANK 51 CANAL LANE BRINNON, WA 98320	91-1377493			24,748.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) BYRD BARR PLACE 722 18TH AVE SEATTLE, WA 98122	91-0786727			197,836.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) CARE & SHARE - GRAND COULEE P.O. BOX 671 GRAND COULEE, WA 99133	91-1363219			47,366.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) CARE & SHARE - LINCOLN COUNTY PO BOX 217 DAVENPORT, WA 99122-0217	91-1228920			31,657.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) CARITAS OUTREACH MINISTRIES 1612 W DALKE AVE SPOKANE, WA 99205-6857	91-1569891			52,682.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) CASHMERE FOOD BANK PO BOX 225 CASHMERE, WA 98815-0225	46-5630025			17,371.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) CASTLE ROCK LIONS FOOD BANK PO BOX 776 CASTLE ROCK, WA 98611-0776	91-6054280			33,094.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) CATHEDRAL KITCHEN 804 NINTH AVE. SEATTLE, WA 98104	91-0567738			22,232.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) CENTRAL KITSAP FOOD BANK PO BOX 748 SILVERDALE, WA 98383-0748	91-1425561			129,905.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) CHEWELAH FOOD BANK PO BOX 628 CHEWELAH, WA 99109-0628	91-1084840			32,751.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) CHICKEN SOUP BRIGADE (LIFELONG AIDS ALLIANC P.O. BOX 80547 SEATTLE, WA 98108	91-1215715			186,886.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) CLEAR LAKE COMMUNITY COVENANT CHURCH & FOOD PO BOX 188 CLEARLAKE, WA 98235-0188	68-0650377			8,073.	BOOK	FOOD	DISTRIBUTION OF FOOD

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Schedule I (Form 990) (2018)

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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
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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
(1) CLOVER PARK SCHOOL DISTRICT FOUR HEROES ELE 9101 LAKEWOOD DR SW LAKEWOOD, WA 98499-3901	91-6001563			8,720.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) CLOVER PARK SCHOOL DISTRICT TYEE PARK ELEME 11920 SEMINOLE RD SW TACOMA, WA 98499-4939	91-6001563			6,725.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) COASTAL HARVEST MOBILE FOOD BANK PO BOX 616 HOQUIAM, WA 98550-0616	94-3252669			99,275.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) COLVILLE CONFEDERATED TRIBES FOOD BANK PO BOX 150 NESPELEM, WA 99155-0150	91-0557683			255,516.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) COMMUNITY ACTION CENTER 350 SE FAIRMONT RD PULLMAN, WA 99163	94-3080214			70,820.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) COMMUNITY CUPBOARD - MEND PO BOX 772 LEAVENWORTH, WA 98826-0772	91-1415660			48,103.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) COMMUNITY FOOD BANK OF DAYTON 111 S FIRST ST DAYTON, WA 99328	91-1240257			22,586.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) COMMUNITY FOOD PANTRY PO BOX 1858 BELFAIR, WA 98528-1858	45-5576783			19,377.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) COMMUNITY SERVICES OF MOSES LAKE PO BOX 683 MOSES LAKE, WA 98837-0099	91-0664984			440,899.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) CONCERN FOR NEIGHBORS FOOD BANK 4700 228TH ST. SW	91-2027084			89,239.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) CONCONULLY FOOD BANK 713 E DEWBERRY AVE OMAK, WA 98841-9331	91-0972261			18,988.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) CONCRETE FOOD BANK PO BOX 53 CONCRETE, WA 98237-0053	91-1643893			14,590.	BOOK	FOOD	DISTRIBUTION OF FOOD

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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
(1) COUNCIL AGING & HUMAN SERVICES FOOD BANK PO BOX 107 COLFAX, WA 99111-0107	91-0964790			181,544.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) CUSICK FOOD BANK PO BOX 126 CUSICK, WA 99119-0126	91-1102635			62,504.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) DES MOINES AREA FOOD BANK PO BOX 98788 DES MOINES, WA 98198	91-1183154			169,036.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) DOWNTOWN EMERGENCY SERVICE CENTER - EVANS H 515 3RD AVE SEATTLE, WA 98104-2304	91-1275815			12,919.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) DOWNTOWN EMERGENCY SERVICE CENTER - RAINIER 515 3RD AVE SEATTLE, WA 98104-2304	91-1275815			17,147.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) EAST CENTRAL COMMUNITY CENTER 500 S STONE ST SPOKANE, WA 99202-4150	91-1143596			265,817.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) EAST VALLEY BAPTIST CHURCH FOOD PANTRY 14516 E WELLESLEY SPOKANE, WA 99216	36-4546005			38,404.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) EDGEWOOD COMMUNITY NOURISH FOOD BANK 3607 122ND AVE E, STE B EDGEWOOD, WA 98372	91-1198391			62,092.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) EDMONDS FOOD BANK 828 CASPERS ST EDMONDS, WA 98020-2618	91-0652053			209,585.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) EL CENTRO DE LA RAZA FOOD BANK 2524 16TH AVE S SEATTLE, WA 98144-5104	91-0899927			172,169.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) ELOISE COOKING POT PO BOX 94545 SEATTLE, WA 98124	54-2092145			254,585.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) EMERGENCY FOOD BANK OF IONE P.O. BOX 493 IONE, WA 99139	27-2588364			6,360.	BOOK	FOOD	DISTRIBUTION OF FOOD

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(1) ENTIAT VALLEY COMMUNITY SERVICES FOOD BANK PO BOX 697 ENTIAT, WA 98822-0697	26-0901943			17,737.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) EPHRATA FOOD BANK PO BOX 804 EPHRATA, WA 98823	91-1391859			156,989.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) FAIRVIEW SEVENTH-DAY ADVENTIST FOOD BANK 1331 ASPEN SPRINGS LANE YAKIMA, WA 98903	91-1218657			66,790.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) FAITH CENTER FOOD BANK 1209 MINOR RD. KELSO, WA 98626	91-1393264			113,323.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) FALL CITY COMMUNITY FOOD PANTRY PO BOX 640 FALL CITY, WA 98024-0640	91-6198453			14,867.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) FAMILIES UNLIMITED NETWORK FOOD BANK PO BOX 65672 UNIVERSITY PL, WA 98464-1672	20-0435496			31,310.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) FAMILY WORKS FOOD BANK 1501 N 45TH SEATTLE, WA 98103	91-1757277			126,670.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) FEED SPOKANE 1114 N FANCHER #109	77-0669783			87,959.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) FERNDALE FOOD BANK PO BOX 1593 FERNDALE, WA 98248	91-1166240			73,879.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) FISH OF COWLITZ COUNTY PO BOX 135 LONGVIEW, WA 98632	23-7452250			79,394.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) FISH OF ELLENSBURG 1513 NORTH B. STREET ELLENSBURG, WA 98926	91-1059920			25,174.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) FOOTHILLS FOOD BANK 5568 MT BAKER HWY DEMING, WA 98244-9506	91-1347974			88,463.	BOOK	FOOD	DISTRIBUTION OF FOOD

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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
(1) FORD FOOD PANTRY FORD SUNSET CLUB FORD, WA 99013	91-1367180			28,842.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) FORKS FOOD BANK PO BOX 270 FORKS, WA 98331-0270	91-1102628			16,771.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) GARFIELD COUNTY FOOD BANK PO BOX 15 POMEROY, WA 99347-0015	91-1657333			16,607.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) GIFTS FROM THE HEART FOOD BANK PO BOX 155 COUPEVILLE, WA 98239-0155	02-0549032			48,174.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) GOLDEN AGE FOOD SHARE PO BOX 4467 PASCO, WA 99302-4467	31-1515790			14,692.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) GOLDENDALE FOOD BANK PO BOX 48 BINGEN, WA 98605-0001	91-1086619			47,734.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) GRAHAM SOUTH HILL NOURISH FOOD BANK 1702 S 72ND ST STE E TACOMA, WA 98408-1238	91-1198391			106,132.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) GRANDVIEW SEVENTH-DAY ADVENTIST FOOD BANK PO BOX 1409 PROSSER, WA 99350	91-1230403			175,775.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) GRANGER FOOD BANK PO BOX 791 GRANGER, WA 98932	91-2070485			83,435.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) GRANITE FALLS FOOD BANK PO BOX 1947 GRANITE FALLS, WA 98252-1947	41-2103240			40,225.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) GREATER CHEHALIS FOOD BANK PO BOX 1311 CHEHALIS, WA 98532-0309	51-0180724			46,175.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) GREENHOUSE COMMUNITY CENTER PO BOX 62 DEER PARK, WA 99006-0062	02-0797827			131,674.	BOOK	FOOD	DISTRIBUTION OF FOOD

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

NORTHWEST HARVEST EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- 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
- 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.

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(1) HAMILTON COMMUNITY FOOD BANK PO BOX 75 HAMILTON, WA 98255-0075	91-1351355			29,389.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) HARRINGTON FOOD BANK 204 N 3RD ST HARRINGTON, WA 99134-9707	91-0956984			37,615.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) HELPING HANDS FOOD BANK PO BOX 632 SEDRO WOOLLEY, WA 98284-0632	91-1203572			109,502.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) HELPLINE HOUSE 282 KNECHTEL WAY NE	91-0902503			54,642.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) HIGHLAND FOOD BANK PO BOX 232 COWICHE, WA 98923	90-0714318			146,525.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) HIGHLINE AREA FOOD BANK PO BOX 66427 BURIEN, WA 98166	91-1665389			122,937.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) HIGHLINE SCHOOL DISTRICT BEVERLY PARK ELEME 1201 S 104TH ST SEATTLE, WA 98168-1549	91-6001631			6,710.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) HIGHLINE SCHOOL DISTRICT HAZEL VALLEY ELEME 402 SW 132ND ST BURIEN, WA 98146-3236	91-6001631			6,710.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) HIGHLINE SCHOOL DISTRICT MOUNT VIEW ELEMENT 10811 12TH AVE SW SEATTLE, WA 98146-2125	91-6001631			6,692.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) HOH TRIBAL FOOD BANK P O BOX 2196 FORKS, WA 98331	91-0887990			5,976.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) HOPELINK BELLEVUE 14812 MAIN ST BELLEVUE, WA 98007-5245	91-0982116			807,376.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) HOPESOURCE FOOD BANK 700 E MOUNTAIN VIEW AVE, STE 5	91-0814544			39,736.	BOOK	FOOD	DISTRIBUTION OF FOOD

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Schedule I (Form 990) (2018)

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(Form 990)**

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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
(1) HOQUIAM FOOD & CLOTHING BANK PO BOX 472 HOQUIAM, WA 98550-0472	94-3249593			8,064.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) HOQUIAM SCHOOL DISTRICT - CENTRAL ELEMENTAR 310 SIMPSON AVE HOQUIAM, WA 98550-2411	91-0982116			7,071.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) HOQUIAM SCHOOL DISTRICT - LINCOLN ELEMENTAR 700 WOOD AVE HOQUIAM, WA 98550-1066	91-6001563			7,094.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) HOUSE OF CHARITY PO BOX 2253 SPOKANE, WA 99210	91-0569880			34,805.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) HUB CITY MISSION FOOD BANK 132 KIRKLAND RD CHEHALIS, WA 98532-8724	44-0577787			28,862.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) HUNTERS FOOD BANK PO BOX 24 HUNTERS, WA 99137-0024	91-1285211			8,615.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) IMMANUEL COMMUNITY SERVICES FOOD BANK 1215 THOMAS ST SEATTLE, WA 98109-5427	26-0881300			26,199.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) INTERFAITH ASSOCIATION OF NORTHWEST WASHING PO BOX 12824 EVERETT, WA 98206-2824	91-1340220			10,494.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) ISSAQUAH FOOD & CLOTHING BANK 179 1ST AVE. SE ISSAQUAH, WA 98027	91-1245499			23,823.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) JEWISH FAMILY SERVICE 1601 16TH AVE. SEATTLE, WA 98122	91-0565537			101,738.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) JUBILEE MINISTRY PROSSER 1429 STACY AVE PROSSER, WA 99350-1173	94-3061007			74,881.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) KALAMA HELPING HAND PO BOX 621 KALAMA, WA 98625	91-1343233			20,573.	BOOK	FOOD	DISTRIBUTION OF FOOD

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Schedule I (Form 990) (2018)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Name of the organization

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Part I General Information on Grants and Assistance

- 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
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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
(1) KENT FOOD BANK AND EMERGENCY SERVICES 515 W HARRISON ST STE 107	91-0881434			30,303.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) KENT SCHOOL DISTRICT EAST HILL ELEMENTARY 9825 S 240TH ST KENT, WA 98031-4842	91-6001646			5,027.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) KENT SCHOOL DISTRICT KENT ELEMENTARY SCHOOL 24700 64TH AVE S KENT, WA 98032-6169	91-6001646			6,366.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) KENT SCHOOL DISTRICT PARK ORCHARD ELEMENTAR 11010 SE 232ND ST KENT, WA 98031-3457	91-6001646			6,402.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) KENT SCHOOL DISTRICT SCENIC HILL ELEMENTARY 20625 WOODLAND WAY S KENT, WA 98030	91-6001646			6,492.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) KENT SCHOOL DISTRICT SPRINGBROOK ELEMENTARY 20035 100TH AVE SE KENT, WA 98031-4309	91-6001646			5,145.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) KETTLE FALLS COMMUNITY CHEST PO BOX 1145 KETTLE FALLS, WA 99141-1145	91-1328160			17,312.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) KETTLE RIVER LINC 365 MAIN ST ORIENT, WA 99160-9416	26-4139251			10,830.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) KEY PENINSULA BISCHOFF FOOD BANK PO BOX 554 VAUGHN, WA 98394-0554	46-5405179			82,929.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) LA CONNER SUNRISE FOOD BANK PO BOX 922 LA CONNER, WA 98257	80-0866528			14,311.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) LAKE CHELAN FOOD BANK PO BOX 2684 CHELAN, WA 98816-2684	30-0843675			77,293.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) LAKE STEVENS COMMUNITY FOOD BANK 2111 117TH AVE NE LAKE STEVENS, WA 98258				36,531.	BOOK	FOOD	DISTRIBUTION OF FOOD

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(1) LAKES AREA NOURISH FOOD BANK 6900 STEILACOOM BLVD SW	91-1198391			75,076.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) LATINO HOT MEAL (EL CENTRO) 2524 16TH AVE S SEATTLE, WA 98144-5104	91-0899927			21,393.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) LOON LAKE FOOD BANK PO BOX 64 LOON LAKE, WA 99148-0064	91-1236018			668,171.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) LORD'S NEIGHBORHOOD DINER 700 CALLAHAN DRIVE BREMERTON, WA 98310	31-1692002			11,027.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) LUMMI NATION FOOD BANK 2665 KWINA RD BELLINGHAM, WA 98226-9291	91-1836621			69,296.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) LYNNWOOD FOOD BANK 5320 176TH ST SW LYNNWOOD, WA 98037-3035	84-1642388			173,470.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) MAKAH FOOD BANK PO BOX 115 NEAH BAY, WA 98357-0115	91-0492517			93,907.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) MALTBY FOOD BANK 21104 86TH AVE SE SNOHOMISH, WA 98296				43,710.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) MANSFIELD FOOD BANK PO BOX 191 MANSFIELD, WA 98830-0191	91-2168580			16,012.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) MAPLE VALLEY FOOD BANK & EMERGENCY SERVICES PO BOX 322 MAPLE VALLEY, WA 98038-0322	91-6057006			192,392.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) MARGIE WILLIAMS HELPING HANDS PO BOX 2145 RENTON, WA 98056-0145	75-3163092			76,859.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) MARYSVILLE COMMUNITY FOOD BANK PO BOX 917 MARYSVILLE, WA 98270-0917	91-1347507			143,595.	BOOK	FOOD	DISTRIBUTION OF FOOD

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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
(1) MATTAWA AREA FOOD BANK BOX 853 MATTAWA, WA 99349	02-0789497			185,959.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) MIDWEST FOOD BANK 1703 VETERANS PARKWAY BLOOMINGTON, IL 61701	41-2120170			504,988.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) MILLIONAIR CLUB 2515 WESTERN AVE SEATTLE, WA 98121-1307	91-0607513			12,699.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) MINERAL NEIGHBORHOOD CENTER PO BOX 157 MINERAL, WA 98355	91-1191174			5,879.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) MOSES LAKE SCHOOL DISTRICT LARSON HEIGHTS 700 LINDBERG LANE MOSES LAKE, WA 98837	91-6001956			6,695.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) MOSES LAKE SCHOOL DISTRICT LONGVIEW ELEMENT 9783 APPLE RD NE MOSES LAKE, WA 98837-4234	91-6001956			6,461.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) MOSES LAKE SCHOOL DISTRICT MIDWAY ELEMENTAR 502 S C ST MOSES LAKE, WA 98837-2080	91-6001956			6,102.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) MOSES LAKE SCHOOL DISTRICT NORTH ELEMENTARY 1200 W CRAIG ST MOSES LAKE, WA 98837-3307	91-6001956			6,683.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) MOSES LAKE SCHOOL DISTRICT PENINSULA ELEMEN 2406 W TEXAS ST MOSES LAKE, WA 98837-2857	91-6001956			6,648.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) MT SI HELPING HAND FOOD BANK PO BOX 2464 NORTH BEND, WA 98045-2464	94-3073249			78,039.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) MUKILTEO FOOD BANK 4514 84TH STREET SW MUKILTEO, WA 98275				7,271.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) MULTI-SERVICE CENTER PO BOX 23699 FEDERAL WAY, WA 98093-0699	23-7120815			299,198.	BOOK	FOOD	DISTRIBUTION OF FOOD

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(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
(1) MY SISTER'S PANTRY 621 TACOMA AVE S TACOMA, WA 98402-2301	91-1975606			69,328.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) NEW HOPE FOOD BANK PO BOX 247 SEKIU, WA 98381-0247	91-1352736			10,233.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) NEW HOPE RANCH FOOD BANK 13507 W CHARLES RD	91-1630914			90,898.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) NEW HOPE RANCH MEAL PROGRAM 13507 W CHARLES RD	91-1630914			14,470.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) NEWPORT FOOD BANK PO BOX 1952 NEWPORT, WA 99156-1952	91-1637970			104,195.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) NOAH'S ARK PO BOX 1562 YAKIMA, WA 98907	20-3070634			42,292.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) NOEL HOUSE 118 BELL ST SEATTLE, WA 98121	91-1099134			10,585.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) NOOKSACK TRIBAL FOOD BANK PO BOX 157 DEMING, WA 98244-0157	91-1487296			10,625.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) NOOKSACK VALLEY FOOD BANK 205 REEDS LN #6 EVERSON, WA 98247	91-1339292			80,591.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) NORTH COUNTY FOOD PANTRY PO BOX 388 ELK, WA 99009-0388	94-3167688			87,968.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) NORTH HELPLINE BITTERLAKE 12736 33RD AVE. NE, #100 SEATTLE, WA 98125	91-1475182			44,321.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) NORTH HELPLINE FOOD BANK 12736 33RD AVE NE STE 100	91-1475182			318,653.	BOOK	FOOD	DISTRIBUTION OF FOOD

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(Form 990)**

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(1) NORTH KITSAP FISHLINE PO BOX 1517 POULSBO, WA 98370-0168	91-1244431			108,362.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) NORTH WHIDBEY HELP HOUSE 1091 SE HATHAWAY STREET				27,952.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) NORTHEAST FOOD PANTRY PO BOX 7398 SPOKANE, WA 99207-0398	90-0724290			92,417.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) NORTHPORT FOOD BANK PO BOX 411 NORTHPORT, WA 99157-0411	91-2073170			14,231.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) NOURISH PIERCE COUNTY MOBILE 1702 S 72ND ST STE E TACOMA, WA 98408-1238	91-1198391			37,265.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) NW TACOMA NOURISH FOOD BANK 2710 N MADISON ST TACOMA, WA 98407-5230	91-1198391			81,824.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) OCEAN SHORES FOOD BANK PO BOX 1293 OCEAN SHORES, WA 98569-1293	46-3480003			10,748.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) OIC OF WA FOOD BANK 815 FRUITVALE BLVD. YAKIMA, WA 98902	91-0873024			459,630.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) OKANOGAN FOOD BANK PO BOX 1067 OKANOGAN, WA 98840-1067	91-0814162			89,327.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) OL' MILL FOOD BANK PO BOX 301 KLICKITAT, WA 98628	91-0793062			19,825.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) OMAK FOOD BANK PO BOX 4337 OMAK, WA 98841-4337	91-1190398			118,930.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) OPERATION NIGHTWATCH PO BOX 21181 SEATTLE, WA 98111-3181	91-0964027			20,282.	BOOK	FOOD	DISTRIBUTION OF FOOD

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

NORTHWEST HARVEST EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- 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
- 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
(1) OPERATION SACK LUNCH PO BOX 4128 SEATTLE, WA 98194-0128	91-1658187			21,440.	BOOK	FOOD	DISTRIBUTION OF FOOD
(2) ORCAS ISLAND FOOD BANK PO BOX 424 EASTSOUND, WA 98245-0424	91-1255700			18,854.	BOOK	FOOD	DISTRIBUTION OF FOOD
(3) OROVILLE FOOD BANK PO BOX 471 OROVILLE, WA 98844-0471	31-1543077			56,652.	BOOK	FOOD	DISTRIBUTION OF FOOD
(4) ORTING FOOD BANK PO BOX 1877 ORTING, WA 98360-1877	20-8562623			67,956.	BOOK	FOOD	DISTRIBUTION OF FOOD
(5) OTHELLO FOOD BANK PO BOX 152 OTHELLO, WA 99344-0152	91-1269359			45,752.	BOOK	FOOD	DISTRIBUTION OF FOOD
(6) OUR PLACE COMMUNITY MINISTRIES 1509 W COLLEGE AVE SPOKANE, WA 99201-1917	91-1384287			50,967.	BOOK	FOOD	DISTRIBUTION OF FOOD
(7) OZANAM HOUSE 801 9TH AVE SEATTLE, WA 98104-3200	91-1099134			12,857.	BOOK	FOOD	DISTRIBUTION OF FOOD
(8) PANTRY SHELF OF WALLA WALLA 325 S 1ST AVE WALLA WALLA, WA 99362-3370	91-2143214			18,465.	BOOK	FOOD	DISTRIBUTION OF FOOD
(9) SD NCWDC-CHELAN/DOUGLAS CAC 620 LEWIS STREET WENATCHEE, WA 98801				74,543.	BOOK	FOOD	DISTRIBUTION OF FOOD
(10) SD WA GORGE ACTION PROGRAMS PO BOX 805 BINGEN, WA 98605	91-0793062			14,303.	BOOK	FOOD	DISTRIBUTION OF FOOD
(11) TOLEDO FOOD BANK PO BOX 311 ETHEL, WA 98542-0311	91-1357619			12,553.	BOOK	FOOD	DISTRIBUTION OF FOOD
(12) ZILLAH FOOD BANK PO BOX 1442 ZILLAH, WA 98953	91-1347733			24,668.	BOOK	FOOD	DISTRIBUTION OF FOOD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 361.

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

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

Schedule I (Form 990) (2018)

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2

FOOD IS DISTRIBUTED TO HUNGER PROGRAMS WHO SERVE INDIVIDUALS IN NEED

Y

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWEST HARVEST EMM

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

2018

Open to Public Inspection

Employer identification number

91-0826037

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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				
THOMAS REYNOLDS 1 CEO	(i)	170,462.	284.	0.	10,245.	21,468.	202,459.	
	(ii)	0.	0.	0.				
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**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				
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	24,847,021.	41,494,534.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		16.	168,891.	
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.		

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

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

PART I, COLUMN (B)

FOOD INVENTORY IS COUNTED IN POUNDS, DONATED STOCK DONATIONS AND NON-FOOD

GOODS ARE COUNTED BASED ON THE NUMBER OF ITEMS CONTRIBUTED

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
NONFOOD GOODS FOR DISTRIB	X	12.	127,156.	FAIR MARKET VALUE
MISC ITEMS	X	4.	41,735.	
TOTALS		<u>16.</u>	<u>168,891.</u>	

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWEST HARVEST EMM

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

91-0826037

FORM 990, PART I, LINE 6

VOLUNTEER TIME IS TRACKED BY THIS ORGANIZATION ON AN HOURS SERVED BASIS.

BASED ON THE 72,860 VOLUNTEER HOURS DONATED DURING THE YEAR, NORTHWEST

HARVEST HAD AN ESTIMATED 6,072 VOLUNTEERS. THE VOLUNTEERS ASSISTED IN

FOOD DISTRIBUTION, FUND-RAISING ACTIVITIES AND PROGRAM SUPPORT. 16

VOLUNTEERS ALSO SERVED AS MEMBERS OF THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION B, LINE 11

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 AND STAFF 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 CEOS

IN THE REGION. COMPENSATION OF THE CEO IS DISCUSSED AND DETERMINED

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

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF NORTHWEST HARVEST IS TO LEAD THE FIGHT FOR HUNGRY PEOPLE STATEWIDE TO HAVE ACCESS TO NUTRITIOUS FOOD - WHILE RESPECTING THEIR DIGNITY AND PROMOTING GOOD HEALTH. FOOD FROM NORTHWEST HARVEST IS ALWAYS FREE TO ANYONE IN NEED. THE ORGANIZATION'S VISION IS TO END HUNGER IN WASHINGTON STATE.