			** PUBLIC DISCLOSURE COPY	* *						
	0	90	Return of Organization Exempt Fror	m Ir	ncome Tax	⊦	OMB No. 1545-0047			
Forr	n J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	•		ons)	ZUZ I			
Depa	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
			▶ Go to www.irs.gov/Form990 for instructions and the la ar year, or tax year beginning JUL 1, 2021 and ending		UN 30, 2022		Inspection			
-		1	organization		D Employer identifi					
D C	heck if pplicab	le:	organization			cauo	in number			
	Addre		HWEST HARVEST EMM							
	Name Chang	ge Doing bu	usiness as		91-08260	37				
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address)	/suite	E Telephone numbe					
	Final returr termi	1/	OX 12272		206-625-					
	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code	- F	G Gross receipts \$		58,627,632.			
	_lreturr		TLE, WA 98102		H(a) Is this a group re					
	Appli tion pend	^{IF} F Name ar	nd address of principal officer: THOMAS REYNOLDS AS C ABOVE		for subordinates					
<u> </u>		empt status:			H(b) Are all subordinates in					
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or NORTHWESTHARVEST.ORG	527	If "No," attach a					
					H(c) Group exemption f formation: 1967					
	rt I	Summary		Teal U						
	1	Briefly describ	e the organization's mission or most significant activities: GROWING	FO	OD JUSTICE	THE	ROUGH			
nce	•	COLLECT	IVE ACTION.							
Activities & Governance	2	Check this bo	x	more	than 25% of its net as	ssets				
ove	3	Number of vot		15						
Ğ	4	Number of ind		15						
es 8	5	Total number of		126						
viti	6	Total number of	of volunteers (estimate if necessary)				952			
Acti	7 a		d business revenue from Part VIII, column (C), line 12				0.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b		0.			
					Prior Year		Current Year			
ne	8		and grants (Part VIII, line 1h)		76,019,875.	4	47,661,586.			
Revenue	9		ce revenue (Part VIII, line 2g)		19,246,180.		6,794,925. 947,794.			
Re	10		vestment income (Part VIII, column (A), lines 3, 4, and 7d)							
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		832,770. 96,557,942.		835,058. 56,239,363.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	40,743,176.		36,716,683.			
	13 14		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		0.	-	0.			
6	14		compensation, employee benefits (Part IX, column (A), line 4)		9,660,182.		9,473,805.			
Ise			indraising foos (Part IX, column (A), line 11a)		0.		0.			
Expenses			ng expenses (Part IX, column (D), line 25) \blacktriangleright 2,709,122.		•••		•••			
Ě	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1	12,976,748.		7,105,513.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	(63,380,106.	5	53,296,001.			
	19		expenses. Subtract line 18 from line 12		33,177,836.		2,943,362.			
s or ces				Beg	inning of Current Year		End of Year			
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		90,036,518.	9	90,945,620.			
at As	21	Total liabilities	(Part X, line 26)		4,137,607.		4,170,103.			
	22		fund balances. Subtract line 21 from line 20	8	85,898,911.	6	36,775,517.			
	rt II	•								
			declare that I have examined this return, including accompanying schedules and s			y knov	wledge and belief, it is			
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	eparer h	nas any knowledge.					

		· · · · · · · · · · · · · · · · · · ·	
Sign Here	Signature of officer THOMAS REYNOLDS, CEO Type or print name and title		Date
Paid	Print/Type preparer's name HOWARD DONKIN, CPA	Preparer's signature HOWARD DONKIN, CPA	Date Check PTIN 05/09/23
Preparer	Firm's name JACOBSON JARVIS	& CO, PLLC	Firm's EIN ▶ 91-2011386
Use Only	Firm's address 200 FIRST AVE WE		
	SEATTLE, WA 9811	.9-4219	Phone no. (206) - 628 - 8990
May the I	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No
132001 12-0	09-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2021)

Form	NORTHWEST HARVEST EMM 91-0826037 Page 2
	rt 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:
	THE ORGANIZATION'S MISSION IS GROWING FOOD JUSTICE THROUGH COLLECTIVE
	ACTION. THE ORGANIZATION'S VISION IS ENDING HUNGER IN WASHINGTON
	STATE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 47,630,236. including grants of \$ 36,716,683.) (Revenue \$ 6,794,925.
	NORTHWEST HARVEST COLLECTS FOOD AND CASH DONATIONS TO PURCHASE AND
	DISTRIBUTE FOOD TO FRONTLINE HUNGER RELIEF PROGRAMS AND INDIVIDUALS AT
	NO CHARGE. DURING THE 2022 FISCAL YEAR, MORE THAN 24.2 MILLION POUNDS
	OF FOOD WAS DISTRIBUTED. HIGHLIGHTS INCLUDE:
	DISTRIBUTION - NORTHWEST HARVEST WAS PART OF THE STATE'S COVID-19 HUNGER RELIEF TASK FORCE IN AN UNPRECEDENTED EMERGENCY PARTNERSHIP.
	HUNGER RELIEF TASK FORCE IN AN UNPRECEDENTED EMERGENCI PARTNERSHIP.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
-10	(Code:) (Expenses \$including grants of \$) (Revenue \$including grants of \$including
	PEOPLE OF COLOR BY SERVING ADDITIONAL AREAS AND FACILITATED A
	CASH-EQUIVALENT PROGRAM WITH MAJOR CORPORATE SUPPORT; AND BY
	ADDING VARIOUS COMMUNITY BASED ORGANIZATIONS (IMMIGRANT ORGANIZATIONS,
	TRANSITIONAL HOUSING SITES, FAITH COMMUNITIES, SHELTERS & CLINICS) IN
	FOOD DELIVERIES IN SOUTH KING, PIERCE, YAKIMA & SPOKANE COUNTIES.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PUBLIC POLICY - EXPANDED ACCESS TO SCHOOL MEALS SUCH THAT OVER HALF OF
	ALL WASHINGTON STUDENTS CAN ACCESS SCHOOL MEALS WITHOUT COST OR
	BARRIERS, INCREASED FUNDING FOR A STATE FOOD BOX PROGRAM THAT SUPPORTS
	BLACK, INDIGENOUS, AND OTHER PEOPLE OF COLOR OWNED FARM AND FOOD
	BUSINESSES TO PROVIDE FOOD TO COMMUNITIES WITH HIGHER RATES OF HUNGER
	AND FOOD INSECURITY, SECURED A DIAPER SUBSIDY FOR FAMILIES WITH
	CHILDREN IN DEEPEST POVERTY THROUGH TANF, AND PASSED LEGISLATION TO
	INCREASE ACCESS FOR PEOPLE TO APPLY FOR PUBLIC BENEFITS IN-PERSON.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 47,630,236.
1000-	Form 990 (2021

 Form 990 (2021)
 NORTHWEST
 HARVEST
 EMM

 Part IV
 Checklist of Required Schedules
 EMM

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		Λ
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Dar	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	х	
	עמווטייויש אייויויושט נט צווצב איווויביט:	1c	43 I	

Form	1990 (2021) NORTHWEST HARVEST EMM 91-0826	037	P	age 5						
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	-						
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 126									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on 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)?	4a		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?	5a		X						
b		5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
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?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	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?	7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			v						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
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?	8								
9	Sponsoring organizations maintaining donor advised funds.	0-								
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a									
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a									
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
D	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	u								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	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.	100								
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									
с	Enter the amount of reserves on hand 13c									
		14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								

If "Yes," complete Form 6069.

Form	990	(2021))

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
h	Enter the number of voting members included on line 1a, above, who are independent 1b 15											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
-	officer, director, trustee, or key employee?											
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
•	of officers, directors, trustees, or key employees to a management company or other person?											
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X X								
6	Did the organization have members or stockholders?	6		X								
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?	7a		x								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
~	persons other than the governing body?	7b		x								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
	The governing body?	8a	х									
b	Each committee with authority to act on behalf of the governing body?	8b	Х									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-										
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х									
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	on Schedule O how this was done	12c	X									
13	Did the organization have a written whistleblower policy?	13	Х									
14	Did the organization have a written document retention and destruction policy?	14	Х									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a	X									
	Other officers or key employees of the organization	15b		Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
	taxable entity during the year?	16a		Х								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright 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) availa	able								
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other (explain on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial									
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records											
	THOMAS REYNOLDS - 206-625-0755											
	PO BOX 12272, SEATTLE, WA 98102											

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated
	Employees, and	d Independe	ent Contrac	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average	(do	not c	Position t check more than one			one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is to officer and a director/to				h an	compensation	compensation	amount of		
	week							i/uus	lee)	from	from related	other
	(list any hours for	ndividual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the		
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization		
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 1120)	and related		
	below	id ual 1	Institutional trustee	5	mplo	est co o yee	er			organizations		
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			C C		
(1) THOMAS REYNOLDS	40.00											
CEO				X				235,020.	0.	34,737.		
(2) WAYNE SHORTER	40.00											
COO						Х		180,271.	0.	23,416.		
(3) LAURA HAMILTON EWING	40.00											
CHIEF ADVANCEMENT OFFICER						Х		149,940.	0.	46,498.		
(4) JAMES GIBBS	40.00											
CHIEF OF STAFF						х		135,444.	0.	18,582.		
(5) CHRISTINA WONG	40.00											
DIRECTOR OF PUBLIC POLICY						Х		125,534.	0.	18,079.		
(6) LARISA LUMBA	40.00											
DIRECTOR OF LEARNING AND IMPACT						Х		120,622.	0.	18,225.		
(7) CYNTHIA CHAVEZ	40.00											
CFO				X				101,977.	0.	17,145.		
(8) SCOTT MCQUILKIN	3.00											
BOARD CHAIR		Х		X				Ο.	0.	Ο.		
(9) BRANDON PEDERSEN	3.00											
TREASURER		Х		X				Ο.	0.	0.		
(10) CRIS HALES	3.00											
SECRETARY		Х		X				Ο.	0.	0.		
(11) RACHEL BEDA	3.00											
CHAIR-ELECT		Х		X				Ο.	0.	0.		
(12) NEAL BOLING	3.00											
BOARD MEMBER		Х						Ο.	0.	0.		
(13) SHAMSO ISSAK	3.00											
BOARD MEMBER		Х						Ο.	0.	0.		
(14) MELANNIE DENISE CUNNINGHAM	3.00											
BOARD MEMBER		Х						Ο.	0.	Ο.		
(15) CONNIE FALON	3.00											
BOARD MEMBER		х						Ο.	0.	0.		
(16) KEN PRICE	3.00											
BOARD MEMBER		х						Ο.	0.	0.		
(17) TIM GROVES	3.00											
BOARD MEMBER		Х						0.	0.	0.		
										– – – – – – – – – –		

Form 990 (2021)

Form	990	(2021)
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0		-		(D) (E)			(F)		
Name and title	Average	Position (do not check more than one						Reportable	Reportable				ьd
	hours per		not cl , unles					compensation	compensation	า		nount	
	week	offi	cer an	d a di	irecto	or/trus	tee)	from	from related			other	
	(list any	ctor						the	organizations		com	pensa	ition
	hours for	r dire				ted		organization	(W-2/1099-MIS	C/	fr	om th	е
	related	stee c	rustee			ien sa		(W-2/1099-MISC/	1099-NEC)		u v	anizat	
	organizations	al trus	nal tr		loyee	e e		1099-NEC)				d relat	
	below	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	anizati	ons
	line)	hd	lnst	Offi	Key	Hig	For						
(18) DWIGHT RIVES	3.00									~			•
BOARD MEMBER		X						0.		0.			0.
(19) ESTHER MAGASIS	3.00												•
BOARD MEMBER		Х						0.		0.			0.
(20) TRANG LE	3.00												
BOARD MEMBER		Х						0.		0.			0.
(21) VIN GUPTA	3.00												
BOARD MEMBER		X						0.		0.			0.
(22) ALAN CAPLAN	3.00												
BOARD MEMBER		X						0.		0.			0.
(23) RHONDA MEDOWS	3.00												
BOARD MEMBER		x						0.		Ο.			0.
(24) DEIDRA WAGER	3.00												
BOARD MEMBER		x						0.		Ο.			0.
1b Subtotal							_	1,048,808.		0.	17	6 6	82.
1b Subtotal								0.		0.	176,682.		
c Total from continuation sheets to Part VI								1,048,808.		0.	176,682.		
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n									000 of reportable		/	0,0	02.
1 5		1056	liste	u ai	JUVE	<i>=)</i> wi	101		,000 of reportable				12
compensation from the organization												Yes	No
• Did the summination list and former officer	-1						1- 1-					163	
3 Did the organization list any former officer,			•	-	-				-				х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su	•		•						•			х	
and related organizations greater than \$150											4	~	
5 Did any person listed on line 1a receive or a								•					37
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	ich j	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	-									pens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithi	n the organization's tax	year.				
(A)								(B)		_	(0		
Name and business	address							Description of s	ervices	C	ompe	nsatio	n
TRI-PLY CONSTRUCTION LLC										-			
PO BOX 2872, YAKIMA, WA	98902							CONSTRUCTION		6	,35	3,9	84.
SMART TALENT													
PO BOX 2205, GIG HARBOR, WA 98335								LABOR			31	8,7	45.
2 Total number of independent contractors (ii	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	ore than				
\$100,000 of compensation from the organized	•					2							

		Check if Schedule O	conta	ans a resp	unse	or note to any lin		/ D \		L
							(A) Total revenue	(b) Related or exempt function revenue	Unrelated	Revenue exclud
2	1 a	Federated campaigns		1a						
		•• • • •		1b						
		Fundraising events		······						
		Related organizations								
		Government grants (cont				3,395,528.				
5		All other contributions, gifts		· · · · · · · · · · · · · · · · · · ·						
	•	similar amounts not include				44,266,058.				
5	~				<u></u>	17,374,357.				
	g	Noncash contributions included i					47,661,586.			
<u>'</u>	n	Total. Add lines 1a-1f				Business Code	47,001,000.			
	• •	WODA EMEDGENCY FOOT	~			624200	6 333 420	6 333 420		
					6,333,420.	6,333,420.				
	b	·			624200	448,139.	448,139.			
	С	SMART BUYS				624200	13,366.	13,366.		
	d									
	е									
	f	All other program service								
+	g	Total. Add lines 2a-2f					6,794,925.			
	3	Investment income (inclu	-							
		other similar amounts)					940,781.			940,7
	4	Income from investment			•	· · ·				
	5	Royalties								
				(i) Rea	ıl	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (los	s)			►				
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a	2,395,	282.					
	b	Less: cost or other basis								
		and sales expenses	7b	2,388,	269.					
	c	Gain or (loss)			013.					
		Net gain or (loss)					7,013.			7,0
		Gross income from fundrais					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,.
	0 a	including \$	ing ev							
			o lino	of						
		contributions reported or		,						
		Part IV, line 18								
		Less: direct expenses			8b					
		Net income or (loss) from		-		····· 🕨				
	9 a	Gross income from gami	-							
		Part IV, line 19								
		Less: direct expenses			9b					
		Net income or (loss) from	-	-	es	▶				
1.	10 a	Gross sales of inventory,								
		and allowances			10a					
1	b	Less: cost of goods sold			10b					
	С	Net income or (loss) from	n sale:	s of invento	ory	►				
						Business Code				
, ·	11 a	AMORTIZATION OF DEP	FERRI	ED GAIN		900099	835,058.			835,0
	b									
5	С									
:		All other revenue								
1							835,058.			
		Total. Add lines 11a-11d								

132009 12-09-21

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 respor	use or note to any line in	this Part IX	,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		скрепаеа	general expenses	expenses
•	and domestic governments. See Part IV, line 21	36,716,683.	36,716,683.		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16 \ldots				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	411,782.		411,782.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,717,027.	1,270,382.	77,478.	369,167.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	323,377.		74,321.	56,078
9	Other employee benefits	1,208,312.	721,069.	277,704.	209,539
10	Payroll taxes	5,813,307.	3,469,132.	1,336,061.	1,008,114
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	53,703.		53,703.	
	Lobbying	23,480.	23,480.	-	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A), amount, list line 11g expenses on Sch 0.)	969,702.	449,220.	233,906.	286,576
12	Advertising and promotion	217,803.	1,800.	15,891.	200,112
13	Office expenses	748,957.	217,034.	197,876.	334,047
14	Information technology	380,691.	228,023.	84,736.	67,932
15	Royalties				
16	Occupancy	2,847,225.	2,735,268.	64,374.	47,583
17	Travel	254,632.	106,195.	82,101.	66,336
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	592,542.	486,932.	41,972.	63,638.
23	Insurance		,	,	
23 24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	FOOD/NON-FOOD TRANSPORT	890,338.	885,600.	4,738.	
b	NON-FOOD ADJUSTMENTS/DI	126,440.	126,440.		
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	53,296,001.	47,630,236.	2,956,643.	2,709,122
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
	12.00.21		I		Eorm 990 (2021

Part X Balance Sheet

Fai	πλ	Balance Sneet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			18,532,346.	1	6,874,486.
	2	Savings and temporary cash investments		F	43,085,286.	2	41,787,733.
	3	Pledges and grants receivable, net			490,000.	3	2,759,909.
	4	Accounts receivable, net			949,820.	4	1,808,863.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10,749,587.	8	2,463,624.
Ä	9	Prepaid expenses and deferred charges			402,556.	9	390,637.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	32,286,812.			
	b	Less: accumulated depreciation	10b	5,676,014.	6,346,187.	10c	26,610,798.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	9,480,736.	15	8,249,570.		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	90,036,518.	16	90,945,620.
	17	Accounts payable and accrued expenses	1,807,053.	17	2,718,830.		
	18	Grants payable		18			
	19	Deferred revenue	2,330,554.	19	1,451,273.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
ilit		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes		22			
-	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D	4,137,607.	25	4,170,103.		
	26	Total liabilities. Add lines 17 through 25			4,137,007.	26	4,170,103.
es		Organizations that follow FASB ASC 958, cher	скner				
anc	07	and complete lines 27, 28, 32, and 33.			62,523,376.	27	62,743,603.
3ala	27	Net assets without donor restrictions	23,375,535.	27	24,031,914.		
ЫБ	28	Net assets with donor restrictions	23,373,333.	28	24,031,J14.		
Fur		Organizations that do not follow FASB ASC 99 and complete lines 29 through 33.	50, Che				
r	200					20	
Net Assets or Fund Balances	29 20	Capital stock or trust principal, or current funds				29 30	
Ass	30 31	Paid-in or capital surplus, or land, building, or eq		F		30	
let /	31	Retained earnings, endowment, accumulated inc		F	85,898,911.	31	86,775,517.
Z	32 33	Total net assets or fund balances			90,036,518.	33	90,945,620.
	00				50,000,0100	00	Form 990 (2021)

Form **990** (2021)

Form 990 (2021)

Form	1 990 (2021) NORTHWEST HARVEST EMM	91-	-0826	5037	Pa	ge 12
Pa	rt 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		5,23		
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,29		
3	Revenue less expenses. Subtract line 2 from line 1	3	2	2,94	3,3	62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	85	5,89	8,9	11.
5	Net unrealized gains (losses) on investments	5	-2	2,06	6,7	56.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	86	5,77	5,5	17.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	з,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2021)

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support 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.

	OMB No. 1545-0047
1	2021
	Open to Public Inspection
Employer	identification number

Name of the o	rganization
---------------	-------------

Tan		NORT	HWEST HARV	EST EMM					1-0826037			
Pa	rt I	Reason for Public			omplete th	nis part.) S	See instruction		1 0020007			
The	orgar	nization is not a private found										
1	Ŭ	A church, convention of ch										
2			A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3			A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6		A federal, state, or local go		nental unit described in s	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	ally receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in			
		section 170(b)(1)(A)(vi). (C	complete Part II.)		-			-				
8		A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)							
9		An agricultural research or				ed in conju	unction with a	land-grant	college			
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	le or			
		university:										
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from			
		activities related to its exer										
		income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)									
11		An organization organized	and operated exclus	ively to test for public sa	ifety. See	section 50	09(a)(4).					
12		An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e purposes of one or			
		more publicly supported o	rganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section &	509(a)(3). 🤇	Check the box on			
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.				
а		Type I. A supporting org	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	typically by	/ giving			
		the supported organizati	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	es of the s	supporting			
	_	organization. You must	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	ganization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving			
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported			
	_	organization(s). You mus	st complete Part IV,	Sections A and C.								
С		Type III functionally interest	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,			
		its supported organizatio	on(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionall						-				
		that is not functionally in	• •	v ,			•	d an attent	iveness			
	_	requirement (see instruct										
е		Check this box if the org					а Туре I, Туре	II, Type III				
		functionally integrated, o		nally integrated support	ing organiz	zation.						
f		er the number of supported	•									
g		vide the following informatio (i) Name of supported	n about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization	(1) 2.11	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)			
		-		above (see instructions))	103							
Tota	1											

Schedule	A (Form 990) 202 ⁻
Part II	Support Sc

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	45160358.	60585873.	70537579.	76019875.	47661586.	299965271
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	45160358.	60585873.	70537579.	76019875.	47661586.	299965271
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)						17059884.
6	Public support. Subtract line 5 from line 4.						282905387
Sec	tion B. Total Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	45160358.	60585873.	70537579.	76019875.	47661586.	299965271
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	13,042.	88,383.	298,814.	456,985.	940,781.	1798005.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				832,770.	835,058.	
11	Total support. Add lines 7 through 10						303431104
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12 33	,617,751.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publ		-				02.04
	Public support percentage for 2021 (14	93.24 %
	Public support percentage from 2020					15	91.10 %
16a	33 1/3% support test - 2021. If the d	•					
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the d	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact		-	•		e e	
_	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets th				• •		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instruction	s ►

Schedule A (Form 990) 2021

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	[
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 d	3 received from disgualified 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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	e organization's f	I irst second third	fourth or fifth tax	vear as a section -	1 501(c)(3) orga	nization
	all a shall be been shall all an beaus						
Sec	tion C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2021 (in Public support percentage from 2020)					16	%
	ction D. Computation of Inves					10	%
	•					17	0/
	Investment income percentage for 202						%
	Investment income percentage from 2					18	line 17 is not
19a	33 1/3% support tests - 2021. If the	-					
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization	1 did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	····· • /=

16

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **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)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If "Yes," provide detail in* Part VI.
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A	(Form 990)	2021	NORTHWEST	HARVEST	EMM
Part IV	Support	ing Org	ganizations _{(continued}	()	

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type I	Supporting	Organizations	

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

Yes No Schedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Part V

1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on	Nov. 20, 1970 (explain in	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functio		d Type III supporting or	anization (see

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

Schedule A (Form 990) 2021

Schedule A	(Earm 000)	0021
Schedule A	(FOULL 390)) 202 I

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued	d)	
Secti	ion D - Distributions			/	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	· · · ·			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets	·· · ·		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021		Distributable Amount for 2021
	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	NORTHWEST	HARVEST	EMM		91-0826037 Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV,	, 6, 9a, 9b, 9c, 1 Section E, lines	equired by Part II, line 10; 1a, 11b, and 11c; Part IV, 1c, 2a, 2b, 3a, and 3b; Pa nd 6. Also complete this pa	Section B, lines 1 art V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
	(See instructions.)					

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

91-0826037

	NORTHWEST	HARVEST	EMM
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ergunzation type (one of o	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B	(Form 990)	(2021)

Name of organization

Part I

NORTHWEST HARVEST EMM

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u></u>		\$ <u>3,235,608.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>2</u>		\$ <u>2,612,221.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ <u>1,182,771.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>4</u> -		\$ <u>5,070,717.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>5</u> .		\$ <u>2,499,909.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u> </u>		\$ <u>1,721,877.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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

Employer identification number 91 - 0826037

Page 2

Schedule B (Form 990) (2021)	
------------------------------	--

Name of organization

NORTHWEST HARVEST EMM

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		\$ <u>1,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8		\$ <u>1,480,013.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
<u> </u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll				
(a)	(b)	(c)	(d)				
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No	(b)	(c) Total contributions	(d) Type of contribution				
<u>No.</u>	Name, address, and ZIP + 4	\$	Person Payroll Oncash Occupiete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)				

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91-0826037

Employer identification number

ORTH	WEST HARVEST EMM	91-	-0826037
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD & PPE		
		\$\$,235,608.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD		
		\$\$	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD		
		<u> </u>	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(c)		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		(s	

Schedule B (Form 990) (2021) Name of organization

Employer identification number

Schedule E	B (Form 990) (2021)		Page 4			
Name of o	rganization		Employer identification number			
NORTH	WEST HARVEST EMM		91-0826037			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	a) through (e) and the following line entropy the charitable, etc., contributions of \$1,000 or	try. For organizations less for the year. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift	t			
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee			
(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, a	Ind ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gif	 t			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-		(e) Transfer of gif				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047			
(Form 990)	(Form 990)				202	21		
For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.								
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Inspec		
If the organization ans	-	n Form 990, Part IV, line 3, or For			paign Acti	vities). then		
-		plete Parts I-A and B. Do not corr			Julgi / Ioti			
		D1(c)(3)) organizations: Complete F		Do not complete Par	rt I-B.			
 Section 527 organiz 	ations: Complete	e Part I-A only.						
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lir	ne 47 (Lobbying Act	ivities), th	en		
 Section 501(c)(3) or 	ganizations that	have filed Form 5768 (election und	der section 501(h)): Co	omplete Part II-A. Do i	not compl	ete Part II-B.		
		have NOT filed Form 5768 (electio				-		
-		n Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Forn	n 990-EZ ,	Part V, line 3	5c (Proxy	
Tax) (See separate inst		tions: Complete Part III						
Name of organization), or (6) organiza	tions: Complete Part III.			Employer	^r identificatio	n number	
Name of organization	NORTHWE	ST HARVEST EMM				1-08260		
Part I-A Comple		anization is exempt unde	r section 501(c)	or is a section 5				
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities ir	n Part IV.				
		ures			▶\$			
		gn activities						
	-	anization is exempt unde						
		incurred by the organization unde						
		incurred by organization manager						
		n 4955 tax, did it file Form 4720 fo				Yes		
						Yes	└── No	
b If "Yes," describe in Part I-C Complete		anization is exempt unde	r section 501(c).	except section	501(c)(3	3)_		
-	-	d by the filing organization for sect		•	► \$	·/-		
		ization's funds contributed to othe	•		· •			
			-		▶\$			
		. Add lines 1 and 2. Enter here an						
line 17b					▶\$			
		1120-POL for this year?				Yes	No No	
		nployer identification number (EIN						
		tion listed, enter the amount paid						
		omptly and directly delivered to a additional space is needed, provic			eparate se	egregated fun	d or a	
			1					
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fi filing organization		e) Amount of htributions rec		
				funds. If none, ente	er-0 I	promptly and	directly	
						lelivered to a s political organ		
						If none, ente		

Schedule C (Form 990) 2021

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
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 (a) Filing organization's totals
expenses, and share of excess lobbying expenditures). B Check ▶
B Check ► if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "levener ditures" means amounts paid or insurred.) (a) Filing organization's (b) Affiliated group totals
Limits on Lobbying Expenditures (a) Filing organization's totals
Limits on Lobbying Expenditures organization's totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)
b Total lobbying expenditures to influence a legislative body (direct lobbying)
c Total lobbying expenditures (add lines 1a and 1b)
d Other exempt purpose expenditures
e Total exempt purpose expenditures (add lines 1c and 1d)
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.
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?
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) 2018(b) 2019(c) 2020(d) 2021(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

Schedule C (Form 990) 2021

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	on	(;	a)	())
of the lobbying activity.		Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state,	, or				
local legislation, including any attempt to influence public opinion on a legislative matt	ter				
or referendum, through the use of:					
a Volunteers?		X			
b Paid staff or management (include compensation in expenses reported on lines 1c thr	- · · · -	Х			
c Media advertisements?			X		
d Mailings to members, legislators, or the public?			X		
e Publications, or published or broadcast statements?			X		
f Grants to other organizations for lobbying purposes?			X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		2.	3,480.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar me	ans?		X		
i Other activities?			X		
j Total. Add lines 1c through 1i				2.	3,480.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)			X		
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					
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), sectio	n 501(c)	(5), or se	ction	
501(c)(6).					
				Yes	No
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 exper					
Part III-B Complete if the organization is exempt under section 501					• •
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	e answered '	'NO" OF	(b) Part	III-A, IIn	e 3, IS
1 Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include am					
expenses for which the section 527(f) tax was paid).					
a Current year			2a		
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what po	ortion of the exce	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible	lobbying and po	olitical			
expenditure next year?			4		
5 Taxable amount of lobbying and political expenditures. See instructions			5		
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 I	I-A, lines 1 a	and 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:			-		
NORTHWEST HARVEST EMPLOYS A DIRECTOR OF PUBLIC	C POLICY	AND A	ADVOCA	СҮ ТО	
PERFORM EDUCATION AND ADVOCACY WORK IN OLYMPIA	A. VOLUNI	TEERS	PARTI	CIPATI	ED

IN HUNGER ACTION DAY AT THE STATE CAPITOL.

SCHEDULE	D
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Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)	
------------	--

132051 10-28-21

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number 91 – 0826037

OMB No. 1545-0047

	NORTHWEST HARVEST	91	91-0826037			
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.c	omplete if the		
	organization answered "Yes" on Form 990, Part IV, lir					
		(a) Donor advised funds	(b) Funds and	other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds			
5	are the organization's property, subject to the organization's	-		Yes No		
6	Did the organization inform all grantees, donors, and donor a					
0	for charitable purposes and not for the benefit of the donor of	8 8	,			
			ς Γ	Yes No		
Pa		appization answord "Vos" on Form 990				
		-	an iv, line 7.			
1	Purpose(s) of conservation easements held by the organizat		a historia allurinana arti			
	Preservation of land for public use (for example, recrea		a historically import			
	Protection of natural habitat	Preservation of	a certified historic s	tructure		
-	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form				
	day of the tax year.			the End of the Tax Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ıre			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	organization during	the tax		
	year ►					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements i	it holds?	[Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,			during the year		
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements duri	ng the year		
	▶\$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		[Yes No		
9	In Part XIII, describe how the organization reports conservat					
	balance sheet, and include, if applicable, the text of the foot	-		the		
	organization's accounting for conservation easements.	5				
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	ther Similar As	sets.		
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58. not to report in its revenue statement	nd balance sheet w	orks		
	of art, historical treasures, or other similar assets held for pul	•				
	service, provide in Part XIII the text of the footnote to its fina	, ,	•			
h	If the organization elected, as permitted under FASB ASC 95			of		
D	art, historical treasures, or other similar assets held for public	· ·				
	provide the following amounts relating to these items:			vice,		
			r c			
	(i) Revenue included on Form 990, Part VIII, line 1		N A			
~		an at attac similar accats for financia				
2	If the organization received or held works of art, historical tre		i gain, provide			
	the following amounts required to be reported under FASB A	U	► -			
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Sched	ule D (Form 990) 2021		

Sche		ST HARVEST						2603		ige 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, o	r Othe	r Simila	ar Asse	e ts (contir	nued)	
3	Using the organization's acquisition, accessio collection items (check all that apply):	n, and other records	s, check any of the	following that	make si	ignificant	use of its	6		
2	Public exhibition	d		hange prograr	m					
a L		u	Other	nange prograf	n					
b	Scholarly research	e								
с 4	Provide a description of the organization's co	lloctions and ovalair	bow thoy further t	ho organizatio	n's ovon	not purp	neo in Pa			
- 5	During the year, did the organization solicit or									
5	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part			in answered		1 0111 330	, i aitiv,	1110 0, 01		
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributior	ns or other ass	ets not i	included				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing table:							
								Amoun	t	
с	Beginning balance					. 1c				
	Additions during the year									
е	Distributions during the year					. 1e				
f	Ending balance					. 1f		-		
2a	Did the organization include an amount on Fo	rm 990, Part X, line :	21, for escrow or cu	ustodial accou	ınt liabili	ty?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete if			i			<u> </u>	1		
	_	(a) Current year	(b) Prior year	(c) Two years					,	
	Beginning of year balance	8,083,456.	6,772,042.	6,257	,163.		39,706.		215,	902.
	Contributions						00,000.			
	Net investment earnings, gains, and losses	-1,030,966.	1,717,069.	521	,512.		17,457.	,	23,	804.
	Grants or scholarships									
е	Other expenditures for facilities	6 954								
	and programs	6,254.	405,655.	6	,633.					
	Administrative expenses	7.046.026	0 002 450	6 770	0.4.0	<u> </u>	FR 160		220	700
-	End of year balance		8,083,456.		,042.	0,2	57,163.	,	239,	/06.
2	Provide the estimated percentage of the curre	ent year end balance 100		a)) held as:						
	Board designated or quasi-endowment ► Permanent endowment ► .0000		_%							
		%								
C	Term endowment ► .0000 % The percentages on lines 2a, 2b, and 2c should be a should be should be should be a should be a should be a should be a shou	-								
30	Are there endowment funds not in the posses	•	tion that are hold a	nd administor	od for th		votion			
Ja	by:	sion of the organiza	luon inai are neiu a			le organiz	ation	I	Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations									Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the]	I	
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investm	• • •	or other (other)	• •	cumulate	ed	(d) Boo	k value	;
1a	Land		,	6,385.				2,55	6,38	35.
	Buildings			8,436.	3	315,4	28.		3,00	
	Leasehold improvements					.,			, -	
	Equipment						<u> </u>			
	Other		29,38	1,991.	5,3	60,5	86.2	4,02	1,40	05.
	Add lines 1a through 1e. (Column (d) must eq					-		16,61		
_										

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 NORTHWEST H	ARVEST EMM	91-	0826037 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) BENEFICIAL INTEREST IN FU	NDS HELD BY C	THERS	8,017,189.
(2) SECURITY DEPOSITS			232,381.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		8,249,570.
Part X Other Liabilities.		······ •	-
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value

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

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

Schedule D (Form 990) 2021

	Revenue per Audited Financial Sta		ith Revenue per F	leturi	n.
i	ation answered "Yes" on Form 990, Part IV, li	ne 12a.			
				1	54,704,607.
	t not on Form 990, Part VIII, line 12:				
	n investments		-2,066,756.	_	
	acilities		532,000.		
c Recoveries of prior year grants		2c			
d Other (Describe in Part XIII.)		2d			
e Add lines 2a through 2d				2e	-1,534,756.
3 Subtract line 2e from line 1				3	56,239,363.
4 Amounts included on Form 990	0, Part VIII, line 12, but not on line 1:				
a Investment expenses not inclu-	ded on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		4b			
c Add lines 4a and 4b				4c	0.
	4c. (This must equal Form 990, Part I, line 12			5	56,239,363.
Complete if the organiza	Expenses per Audited Financial St ation answered "Yes" on Form 990, Part IV, lin	ne 12a.			53,828,001.
	audited financial statements			-	55,020,001
	t not on Form 990, Part IX, line 25:	2a	532,000.		
	acilities		552,000.	-	
		······		-	
				-	
					532,000.
				2e	
				3	53,296,001.
	0, Part IX, line 25, but not on line 1:				
•	ded on Form 990, Part VIII, line 7b			_	
		4b			
				4c	0.
	d 4c. (This must equal Form 990, Part I, line 1	8.)		5	53,296,001.
Part XIII Supplemental Info	ormation.				

Schedule D (Form 990) 2021

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.

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SCHEDULE I (Form 990)		Grants and Oth					OMB No. 1545-0047
		lete if the organizatio					2021
Department of the Treasury Internal Revenue Service	ср	-	Attach to For s.gov/Form990 for	m 990.			Open to Public Inspection
Name of the organization			•				Employer identification number
NORTHWEST	HARVEST	EMM					91-0826037
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government		(if applicable)	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	
ADVENTIST COMMUNITY SERVICES							
(AUBURN) - 402 29TH ST SE -							DISTRIBUTION OF FOOD TO
AUBURN, WA 98002-7542	30-0220751	501C3	0.	16,940.	воок	FOOD	LOW INCOME INDIVIDUALS
AFGHAN HEALTH INITIATIVE							
30607 134TH AVE SE							DISTRIBUTION OF FOOD TO
AUBURN, WA 98092	85-0906399	501C3	0.	17,900.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
AFRICAN AMERICANS REACH AND TEACH							
HEALTH MINISTRY - 901 RAINIER							
AVENUE NORTH, SUITE B 102 -							DISTRIBUTION OF FOOD TO
RENTON, WA 98057	27-0054883	501C3	٥.	8,150.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
ALGONA/PACIFIC FOOD PANTRY							
603 3RD AVE SE						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
PACIFIC, WA 98047-1431	91-1498750	501C3	0.	48,763.	BOOK	CARDS	LOW INCOME INDIVIDUALS
ALIMENTANDO AL PUEBLO							
15003 14TH AVE SW							DISTRIBUTION OF FOOD TO
BURIEN, WA 98166-1746	91-0616446	501C3	0.	19,124.	воок	FOOD	LOW INCOME INDIVIDUALS
	51 0010110	50105					
ALL SAINTS FOOD PANTRY							
314 S SPRUCE ST							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201-5823	91-6017136	501C3	0.	8,963.	воок	FOOD	LOW INCOME INDIVIDUALS
2 Enter total number of section 501(c)(3) a		rganizations listed in th		, , ,	I	1	▶ 362.
3 Enter total number of other organization	•	•					2.
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) 2021

Schedule I (Form 990) NORTHWEST HARVEST EMM

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Part II Continuation of Grants and Other			s and Domestic G	overnments (Sch	edule I (Form 990) Pa		1-0020037 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN AME FOOD PANTRY							
1223 MARTIN LUTHER KING JR WAY							DISTRIBUTION OF FOOD TO
TACOMA, WA 98405-3927	91-1593175	501C3	0.	46,550.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
AMERICAN HEART ASSOCIATION 2243 KENNEWICK PL NE RENTON, WA 98056	13-5613797	501C3	0.	55,650.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
				,			
APOYO P.O. BOX 194 ELLENSBURG						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
ELLENSBURG, WA 98926	91-1970470	501C3	0.	364,347.	BOOK	CARDS	LOW INCOME INDIVIDUALS
ARLINGTON COMMUNITY FOOD BANK 19118 63RD AVE NE							DISTRIBUTION OF FOOD TO
ARLINGTON, WA 98223-8729	94-1445025	501C3	٥.	79,100.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
ASIAN COUNSELING AND REFERRAL SERVICES (ACRS) - 919 S KING ST -							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98104-3040	91-0916176	501C3	0.	226,670.	воок	FOOD	LOW INCOME INDIVIDUALS
ASIAN PACIFIC ISLANDER COALITION 2007 LAKEVIEW DR YAKIMA, WA 98902	20-0697012	501C3	0.	11,200.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ASOTIN COUNTY FOOD BANK							
1546 MAPLE ST CLARKSTON, WA 99403-1128	82-0388109	501C3	0.	14,900.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
AUBURN FOOD BANK PO BOX 464							DISTRIBUTION OF FOOD TO
AUBURN, WA 98071-0464	91-1215485	501C3	٥.	9,650.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
BALLARD FOOD BANK							
1400 NW LEARY WAY SEATTLE, WA 98107-4819	91-1428805	501C3	0.	152,115.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	iovernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BASIN CITY HELP SERVICES							
1880 DRUMMOND RD							DISTRIBUTION OF FOOD TO
MESA, WA 99343	91-1544022	501C3	0.	54,651.	воок	FOOD	LOW INCOME INDIVIDUALS
BELLEVUE LIFESPRING							
302 BELLEVUE SQUARE							DISTRIBUTION OF FOOD TO
BELLEVUE, WA 98004	91-0658331	501C3	0.	73,450.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
				,			
BLESSINGS UNDER THE BRIDGE							
32 W. PACIFIC AVE,							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201	26-1620304	501C3	0.	16,138.	воок	FOOD	LOW INCOME INDIVIDUALS
BLUE MOUNTAIN ACTION COUNCIL FOOD							
BANK - 921 W CHERRY ST - WALLA							DISTRIBUTION OF FOOD TO
WALLA, WA 99362-1864	91-0793597	501C3	0.	350,635.	воок	FOOD	LOW INCOME INDIVIDUALS
BONNEY LAKE FOOD BANK							
PO BOX 7521						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
BONNEY LAKE, WA 98391-0923	27-0270499	501C3	0.	74,564.	воок	CARDS	LOW INCOME INDIVIDUALS
BOYS AND GIRLS CLUB RAINIER VISTA							
4520 MARTIN LUTHER KING JR.							DISTRIBUTION OF FOOD TO
	91-0532600	501C3	0.	20,200.	BOOK	GIFT CARDS	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98108	91-0552600	50103	U.	20,200.	BOOK	GIFI CARDS	LOW INCOME INDIVIDUALS
BRIDGE 58							
545 E. WELLESLEY							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99207	91-1018310	501C3	0.	37,645.	воок	FOOD	LOW INCOME INDIVIDUALS
,							
BYRD BARR PLACE							
722 18TH AVE						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98122	91-0786727	501C3	0.	114,030.	воок	CARDS	LOW INCOME INDIVIDUALS
CARE AND SHARE - GRAND COULEE							
P.O. BOX 671						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
GRAND COULEE, WA 99133	91-1363219	501C3	0.	33,431.	воок	CARDS	LOW INCOME INDIVIDUALS

Schedule I (Form 990) NORTHWEST HARVEST EMM

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE AND SHARE - LINCOLN COUNTY							
PO BOX 217						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
DAVENPORT, WA 99122-0217	91-1228920	501C3	٥.	19,327.	воок	CARDS	LOW INCOME INDIVIDUALS
CARITAS OUTREACH MINISTRIES							
1228 W. NEBRASKA AVE						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SPOKANE, WA 99205-6857	91-1569891	501C3	0.	62,416.	воок	CARDS	LOW INCOME INDIVIDUALS
CATHEDRAL KITCHEN 804 NINTH AVE.							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98104	91-0567738	501C3	0.	18,496.	BOOK	FOOD	LOW INCOME INDIVIDUALS
SEATTER, WA JOINT	51 0307730	50105	· ·	10,490.	BOOK	roob	HOW INCOME INDIVIDUALS
CEDAR PARK KENMORE FOOD BANK							
18737 68TH AVE NE							DISTRIBUTION OF FOOD TO
KENMORE, WA 98028	51-0137442	501C3	0.	22,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
CENTRAL AREA SENIOR CENTER, THE			-	, -			
, CENTRAL, CASC - GROCERY TOTE							
PROGRAM - 2208 SECOND AVENUE -							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98121	91-1870393	501C3	0.	18,300.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
i							
CENTRAL KITSAP FOOD BANK							
PO BOX 748							DISTRIBUTION OF FOOD TO
SILVERDALE, WA 98383-0748	91-1425561	501C3	0.	24,150.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
CHENEY FOOD BANK							
624 3RD ST.							DISTRIBUTION OF FOOD TO
CHENEY, WA 99004	91-1171888	501C3	0.	16,350.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
	51 11/1000	50105		10,550.	BOOK		
CHEWELAH FOOD BANK							
PO BOX 628							DISTRIBUTION OF FOOD TO
CHEWELAH, WA 99109-0628	91-1084840	501C3	0.	13,450.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
CHICKEN SOUP BRIGADE (LIFELONG							
AIDS ALLIANCE) - P.O. BOX 80547 -							DISTRIBUTION OF FOOD TO
	91-1215715	50103	0.	73,032.	BOOK	FOOD	LOW INCOME INDIVIDUALS
SEATTLE, WA 98108	91-1213/15	20103	J 0.	13,032.	BOOK	FOOD	HOW THCOME THDIATDOALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOOSE 180							
1416 SW 151ST ST.							DISTRIBUTION OF FOOD TO
BURIEN, WA 98166	46-4242313	501C3	0.	17,000.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
CITY GATE FELLOWSHIP							
170 S MADISON ST							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201-4531	91-1407104	501C3	0.	80,405.	воок	FOOD	LOW INCOME INDIVIDUALS
CITY GATES MINISTRIES							
1416 26TH AVE NE							DISTRIBUTION OF FOOD TO
OLYMPIA, WA 98506	73-1729574	501C3	0.	23,050.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
CLOVER PARK SCHOOL DISTRICT FOUR							
HEROES ELEMENTARY - 9101 LAKEWOOD							DISTRIBUTION OF FOOD TO
DR SW - LAKEWOOD, WA 98499-3901	91-6001563	GOVERNMENT	0.	9,435.	воок	FOOD	LOW INCOME INDIVIDUALS
CLOVER PARK SCHOOL DISTRICT LAKEVIEW HOPE ACADEMY - 10501 47TH							DISTRIBUTION OF FOOD TO
AVE SW - LAKEWOOD, WA 98499-3712	91-6001563	GOVERNMENT	0.	9,031.	BOOK	FOOD	LOW INCOME INDIVIDUALS
	51 0001303			5,001			
CLOVER PARK SCHOOL DISTRICT PARK							
LODGE ELEMENTARY - 6300 100TH ST							DISTRIBUTION OF FOOD TO
SW - LAKEWOOD, WA 98499-1766	91-6001563	GOVERNMENT	0.	9,031.	воок	FOOD	LOW INCOME INDIVIDUALS
CLOVER PARK SCHOOL DISTRICT TYEE							
PARK ELEMENTARY - 11920 SEMINOLE							DISTRIBUTION OF FOOD TO
RD SW - TACOMA, WA 98499-4939	91-6001563	GOVERNMENT	0.	9,031.	воок	FOOD	LOW INCOME INDIVIDUALS
CLOVER PARK TECHNICAL COLLEGE							
4500 STEILACOOM BLVD SW	01 1502641	50102		22.300	BOOM	CTEM CARDS	DISTRIBUTION OF FOOD TO
LAKEWOOD, WA 98499	91-1523641	501C3	0.	22,300.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
COASTAL HARVEST							
PO BOX 616							DISTRIBUTION OF FOOD TO
HOQUIAM, WA 98550-0616	94-3252669	501C3	0.	19,300.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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11-18-21	

COLVILLE CONFEDERATED TELESS FOOD BARE - PO BOX 150 - NEGPELEM, WA 93155 0150 91-0557683 501C3 0. 99,727.800K FOOD FOOD<	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
99155-015091-0557683501C30.99,727,800KFOODLON INCOME INDIVIDUALSCOMENNITIES IN SCHOOLS OF KENT 20350 1316T PL SE (SNT, WA 9803191-1523924501C30.11,050,800KFIFT CARDSLON INCOME INDIVIDUALSCOMENNITIES IN SCHOOLS OF LAREMOD 10828 GRAVELLY LAKE DR, SM, SUITE 10828 GRAVELLY LAKE DR, SM, SUITE 10828 GRAVELLY LAKE DR, SM, SUITE 91-1732922501C30.6,850,800KSIFT CARDSLON INCOME INDIVIDUALSCOMENNITIES IN SCHOOLS OF RENTON AND TUKHILA - 16828 128TH AVE SE P1-1689159501C30.6,850,800KSIFT CARDSLON INCOME INDIVIDUALSCOMMUNITIES IN SCHOOLS OF RENTON RENTON, WA 9805891-1689159501C30.20,932,800KFOOD AND GIFT CARDSLISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALSCOMMUNITIES IN SCHOOLS OF SEATTLE P0 B0X 2487291-1910330501C30.20,932,800KSIFT CARDSLOW INCOME INDIVIDUALSCOMMUNITIES IN SCHOOLS OF SEATTLE P1 B022 4021291-1910330501C30.20,932,800KSIFT CARDSLOW INCOME INDIVIDUALSCOMMUNITIES IN SCHOOLS OF SEATTLE P2 B02 2449791-1910330501C30.20,932,800KSIFT CARDSLOW INCOME INDIVIDUALSCOMMUNITIES OF COLOR COALIFION 21391 HIGHMAY 99 SUITE 10291-1910330501C30.30,300,800KSIFT CARDSLOW INCOME INDIVIDUALSCOMMUNITY ACTION CONFER 501 S53 OF SFAHEMONT RD P20 LAMA, WA 9916394-3082214501C30.81,746,800KPOODLOW INCOME INDIVIDUALSCOMMUNITY HEALTH ASSOCIATION SI D58 SFAHEMONT RD <br< td=""><td>COLVILLE CONFEDERATED TRIBES FOOD</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></br<>	COLVILLE CONFEDERATED TRIBES FOOD							
COMMUNITIES IN SCHOOLS OF KENT 20350 131ST PL SE KENT, WA \$8031 91-1523924 501C3 0. 11,050.BOOK SIFT CARDS 0. 11,050.BOOK SIFT CARDS 0. 11,050.BOOK SIFT CARDS 0. SIFT CARDS 0. S	BANK - PO BOX 150 - NESPELEM, WA							DISTRIBUTION OF FOOD TO
20350 131ST PL SE KENT, MA 9803191-1523924501C3011,050BOOKJIPT CARDSDISTRIBUTION OF POOD TO LOW INCOME INDIVIDUALSCOMMUNITIES IN SCHOOLS OF LAKEWOOD 10282 GANCHON, MA 9849991-1732922501C306,650.BOOKJIPT CARDSDISTRIBUTION OF POOD TO LOW INCOME INDIVIDUALSCOMMUNITIES IN SCHOOLS OF RENTON AND TUKHILA - 16828 128TH AVE SE NENTON, WA 9805891-1689158501C3020,932.BOOKCARDSDISTRIBUTION OF POOD TO LOW INCOME INDIVIDUALSCOMMUNITIES IN SCHOOLS OF SEATTLE PO BOX 2487291-1689158501C3020,932.BOOKCARDSDISTRIBUTION OF POOD TO LOW INCOME INDIVIDUALSCOMMUNITIES OF COLOR COALITION 23931 HIGHWAY 99 SUITE 10291-1910330501C340,000.0.DISTRIBUTION OF POOD TO LOW INCOME INDIVIDUALSCOMMUNITY ACTION CENTER 351 SS EFARTLE, NA 9802642-1697145501C3030,300.BOOKDIFT CARDSDISTRIBUTION OF POOD TO LOW INCOME INDIVIDUALSCOMMUNITY POOD FANTRY PO BOX 185894-3080214501C3081,746.BOOKFOODDISTRIBUTION OF POOD TO LOW INCOME INDIVIDUALSCOMMUNITY HEALTH ASSOCIATION PO BOX 185894-3080214501C3021,650.BOOKSIFT CARDSDISTRIBUTION OF POOD TO LOW INCOME INDIVIDUALSCOMMUNITY FOOD FANTRY PO BOX 185894-3080214501C3081,746.BOOKFOODDISTRIBUTION OF POOD TO DISTRIBUTION	99155-0150	91-0557683	501C3	0.	99,727.	BOOK	FOOD	LOW INCOME INDIVIDUALS
KENT, WA 9803191-152392490.1030.11,050.800KPIFT CARDSLOW INCOME INDIVIDUALSCOMMUNITIES IN SCHOOLS OF LAKEWOOD LAKEWOOD, WA 9809991-732922501C30.6,850.800KDIFT CARDSDISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALSCOMMUNITIES IN SCHOOLS OF RENYON AND TURKITES IN SCHOOLS OF SEATTLE PO BOX 2487291-1689158501C30.20,932.800KFOOD AND GIFTDISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALSCOMMUNITIES IN SCHOOLS OF SEATTLE PO BOX 2487291-191033501C30.20,932.800KFOODDISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALSCOMMUNITIES OF COLOR COALITION 23931 HIGHNAY 99 SUITE 10291-191033501C340,0000.LOWLOW INCOME INDIVIDUALSCOMMUNITIES OF COLOR COALITION 23931 HIGHNAY 99 SUITE 10291-3080214501C30.30,300.800KDIFT CARDSDISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALSCOMMUNITY ACTION CENTER 350 SE FAIRMONT RD PULLMAN, NA 9915394-3080214501C30.81,746.800KFOODLOW INCOME INDIVIDUALSCOMMUNITY HEADT HASSOCIATION SEVAME (CHAS) - 611 N TIKON BRIDES45-5576783501C30.21,650.800KSIFT CARDSLOW INCOME INDIVIDUALSCOMMUNITY HEALTH ASSOCIATION SPOKAME (CHAS) - 611 N TIKON BRIDES45-5576783501C30.21,650.800KSIFT CARDSLOW INCOME INDIVIDUALSCOMMUNITY HEALTH ASSOCIATION SPOKAME (CHAS) - 611 N TIKON BRIDESLOS COMMUNITY HEALTH ASSOCIATIONSIFT CARDSLOW INCOME INDIVIDUALS	COMMUNITIES IN SCHOOLS OF KENT							
COMMUNITIES IN SCHOOLS OF LAKEWOOD 1028 GRAVELLY LAKE DR. SW, SUITE 1028 GRAVELY LAKE DR. SW, SUITE 1020 AND GIFT 1020 AND GIFT 10	20350 131ST PL SE							DISTRIBUTION OF FOOD TO
10828 GRAVELLY LAKE DR. SW, SUITE 1 91-1732922 501C3 0. 6,850.800K SIFT CARDS DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS COMMUNITIES IN SCHOOLS OF RENTON AND TURWILA - 16828 128TH AVE SE - RENTON, WA 98058 91-1689158 501C3 0. 20,932.800K FOOD AND GIFT DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS COMMUNITIES IN SCHOOLS OF SEATTLE PO BOX 2472 91-1910330 501C3 0. 20,932.800K FOOD AND GIFT DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS COMMUNITIES OF COLOR COALITION 29331 HIGHWAY 99 SUITE 102 91-1910330 501C3 40,000. 0. SIFT CARDS DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS COMMUNITY ACTION CENTER 350 SE FAILER MAY 99 SUITE 102 91-3080214 501C3 0. 30,300.800K SIFT CARDS DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS COMMUNITY ACTION CENTER 350 SE FAIRMONT RD 94-3080214 501C3 0. 81,746.800K FOOD DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS COMMUNITY HOLLMAN, WA 99163 94-3080214 501C3 0. 81,746.800K FOOD DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS COMMUNITY HEADS 91-5576783 501C3 0. 21,650.800K SIFT CARDS DISTRIBUTION OF FOOD TO LOW	KENT, WA 98031	91-1523924	501C3	0.	11,050.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
10828 GRAVELLY LAKE DR. SW, SUITE 1 91-1732922 501C3 0. 6,850.BOOK DIFT CARDS DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS COMMUNITIES IN SCHOOLS OF RENTON AND TURWILA - 16828 128TH AVE SE - RENTON, WA 98058 91-1689158 501C3 0. 20,932.BOOK FOOD AND GIFT DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS COMMUNITIES IN SCHOOLS OF SEATTLE PO BOX 2472 91-1689158 501C3 0. 20,932.BOOK FOOD AND GIFT DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS COMMUNITIES OF COLOR COALITION 23931 HIGHWAY 99 SUITE 102 91-1910330 501C3 40,000. 0. SIFT CARDS DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS COMMUNITY ACTION CENTER 350 SE FAIRMONT RD PULLMAN, WA 99163 94-3080214 501C3 0. 30,300.BOOK DIFT CARDS DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS COMMUNITY ACTION CENTER 350 SE FAIRMONT RD PULLMAN, WA 99163 94-3080214 501C3 0. 81,746.BOOK FOOD DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS COMMUNITY HEALTH ASSOCIATION SPOKANE (CHAS) - 611 N IRON ERIDGE 45-5576783 501C3 0. 21,650.BOOK SIFT CARDS DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS	COMMINITIES IN SCHOOLS OF LAKEWOOD							
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PULLMAN, WA 9916394-3080214501C30.81,746.BOKFODLOW INCOME INDIVIDUALSCOMMUNITY FOOD PANTRY PO BOX 1858 BELFAIR, WA 98528-1858A5-5576783501C30.21,650.BOCKGIFT CARDSDISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALSCOMMUNITY HEALTH ASSOCIATION SPOKANE (CHAS) - 611 N IRON BRIDGECommunityCommu								DISTRIBUTION OF FOOD TO
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COMMUNITY HEALTH ASSOCIATION SPOKANE (CHAS) - 611 N IRON BRIDGE								DISTRIBUTION OF FOOD TO
SPOKANE (CHAS) - 611 N IRON BRIDGE	BELFAIR, WA 98528-1858	45-5576783	501C3	0.	21,650.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
SPOKANE (CHAS) - 611 N IRON BRIDGE	COMMINITY HEALTH ASSOCTATION							
							FOOD AND GIFT	DISTRIBUTION OF FOOD TO
		91-1641797	501C3	0.	43,801.	воок		

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Part II Continuation of Grants and Other			s and Domestic G	overnments (Sch	edule I (Form 990) Pr		1-0020037 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICES OF MOSES LAKE PO BOX 683 MOSES LAKE, WA 98837-0099	91-0664984	501C3	0.	131,497.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CONCERN FOR NEIGHBORS FOOD BANK 4700 228TH ST. SW MOUNTLAKE TERRACE, WA 98043-4429	91-2027084	501C3	0.	119,411.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COUNCIL ON AGING AND HUMAN SERVICES - PO BOX 107 - COLFAX, WA 99111-0107	91-0964790	501C3	0.	156,086.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CREATIVE JUSTICE 1225 S. WELLER ST., SUITE 400 SEATTLE, WA 98144	47-4257834	501C3	0.	40,150.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CURLEW FOOD BANK 10 S MAIN ST. CURLEW, WA 99118	83-3073824	501C3	0.	61,709.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CUSICK FOOD BANK PO BOX 126 CUSICK, WA 99119-0126	91-1102635	501C3	0.	20,586.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
DES MOINES AREA FOOD BANK PO BOX 98788 DES MOINES, WA 98198	91-1183154	501C3	0.	127,056.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
DIGNITY FOR DIVAS 306 DEXTER AVE N SEATTLE, WA 98109	46-0685664	501C3	0.	38,650.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
DOWNTOWN EMERGENCY SERVICE CENTER - RAINIER HOUSE - 515 3RD AVE - SEATTLE, WA 98104-2304	91-1275815	501C3	0.	11,795.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Othe							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST VALLEY BAPTIST CHURCH FOOD							
PANTRY - 14516 E WELLESLEY -							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99216	36-4546005	501C3	0.	32,049.	воок	FOOD	LOW INCOME INDIVIDUALS
EDMONDS FOOD BANK							
328 CASPERS ST						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
EDMONDS, WA 98020-2618	91-0652053	501C3	0.	157,006.	воок	CARDS	LOW INCOME INDIVIDUALS
EL CENTRO DE LA RAZA FOOD BANK							
2524 16TH AVE S							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98144-5104	91-0899927	501C3	0.	90,625.	воок	FOOD	LOW INCOME INDIVIDUALS
ELOISE COOKING POT							
PO BOX 94545						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98124	54-2092145	501C3	0.	703,755.	воок	CARDS	LOW INCOME INDIVIDUALS
EMERGENCY FEEDING PROGRAM (EFP)							
851 HOUSER WAY N							DISTRIBUTION OF FOOD TO
RENTON, WA 98057-5518	91-1902023	501C3	0.	766,105.	воок	FOOD	LOW INCOME INDIVIDUALS
ENDICOTT PANTRY							
101 BANTA ST							DISTRIBUTION OF FOOD TO
ENDICOTT, WA 99125	01-0961474	501C3	0.	14,275.	воок	FOOD	LOW INCOME INDIVIDUALS
EPHRATA FOOD BANK							
PO BOX 804							DISTRIBUTION OF FOOD TO
EPHRATA, WA 98823	91-1391859	501C3	0.	110,501.	воок	FOOD	LOW INCOME INDIVIDUALS
EVERETT BOYS AND GIRLS CLUB							
2316 12TH ST						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
EVERETT, WA 98201-1880	91-0549511	501C3	0.	32,730.	воок	CARDS	LOW INCOME INDIVIDUALS
FAIRVIEW SEVENTH-DAY ADVENTIST							
FOOD BANK - 1331 ASPEN SPRINGS							DISTRIBUTION OF FOOD TO
LANE - YAKIMA, WA 98903	91-1218657	501C3	0.	29,291.	воок	FOOD	LOW INCOME INDIVIDUALS

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Schedule I (Form 990) NOR I FWES I	L HARVESI	ISMM				ر د	1-0020037 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FALL CITY COMMUNITY FOOD PANTRY PO BOX 640 FALL CITY, WA 98024-0640	91-6198453	501C3	0.	7,651.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FAMILIES UNLIMITED NETWORK PO BOX 65672 UNIVERSITY PL, WA 98464-1672	20-0435496	501C3	0.	14,300.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FAMILY FIRST COMMUNITY CENTER (CITY OF RENTON) - 1055 S. GRADY WAY - RENTON, WA 98057		GOVERNMENT	0.	40,000.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FAMILY OF FAITH BREAKING BREAD MEAL PLAN - 1504 W CLEVELAND - SPOKANE, WA 99205	30-0588274	501C3	0.	6,845.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FAMILY WORKS FOOD BANK 1501 N 45TH SEATTLE, WA 98103	91-1757277	501C3	0.	87,107.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FARESTART 700 VIRGINIA ST SEATTLE, WA 98101	91-1546757	501C3	٥.	67,955.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FEED MEDICAL LAKE 223 S HALLETT MEDICAL LAKE, WA 99022	91-0890078	501C3	0.	6,760.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FEED SPOKANE 1114 N FANCHER #109 SPOKANE VALLEY, WA 99212	77-0669783	501C3	0.	108,439.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FEEDING FEASIBLE FEASTS 1509 97TH AVENUE CT E EDGEWOOD, WA 98371-1085	85-3289326	501C3	0.	41,286.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRCREST UNITED METHODIST CHURCH							
PANTRY - 1018 COLUMBIA AVE -							DISTRIBUTION OF FOOD TO
FIRCREST, WA 98466	91-1162494	501C3	0.	42,795.	воок	FOOD	LOW INCOME INDIVIDUALS
FIRST PLACE SCHOOLS							
172 20TH AVE						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98122	94-3092447	501C3	0.	46,704.	воок	CARDS	LOW INCOME INDIVIDUALS
FORD FOOD PANTRY							
FORD SUNSET CLUB, PO BOX 184							DISTRIBUTION OF FOOD TO
FORD, WA 99013	91-1367180	501C3	0.	28,899.	воок	FOOD	LOW INCOME INDIVIDUALS
FREEDOM CHURCH OF SEATTLE 7817 S 125TH STREET							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98178	91-1819218	501C3	0.	50,000.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
	51 1015210	50105			book		
FRIENDS OF YOUTH							
13116 NE 132ND ST							DISTRIBUTION OF FOOD TO
KIRKLAND, WA 98034	91-0672501	501C3	0.	44,450.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
GIFTS FROM THE HEART FOOD BANK							
PO BOX 155							DISTRIBUTION OF FOOD TO
COUPEVILLE, WA 98239-0155	02-0549032	501C3	0.	24,940.	воок	FOOD	LOW INCOME INDIVIDUALS
GIG HARBOR PENINSULA FISH							
PO BOX 154							DISTRIBUTION OF FOOD TO
GIG HARBOR, WA 98335	91-1307991	501C3	0.	99,550.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
	51 1307551	50105	· · ·				
GLOBAL TO LOCAL							
2800 S 192ND ST STE 104							DISTRIBUTION OF FOOD TO
SEATAC, WA 98188-5164	27-3133200	501C3	40,000.	0.			LOW INCOME INDIVIDUALS
GOOD SHEPHERD YOUTH OUTREACH							
720 S 333RD ST STE 100						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
FEDERAL WAY, WA 98003-7358	26-3713948	501C3	0.	276,736.	воок	CARDS	LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANDVIEW SEVENTH-DAY ADVENTIST							
FOOD BANK - PO BOX 1409 - PROSSER,						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
WA 99350	91-1230403	501C3	0.	141,588.	воок	CARDS	LOW INCOME INDIVIDUALS
				,			
GRANGER FOOD BANK							
PO BOX 791							DISTRIBUTION OF FOOD TO
GRANGER, WA 98932	91-2070485	501C3	٥.	73,338.	воок	FOOD	LOW INCOME INDIVIDUALS
GRANITE FALLS FOOD BANK							
PO BOX 1947	41-2103240	501C3	0.	20 227	DOO 77	ROOD	DISTRIBUTION OF FOOD TO
GRANITE FALLS, WA 98252-1947	41-2103240	50103	· ·	29,337.	BOOK	FOOD	LOW INCOME INDIVIDUALS
GREAT CHEHALIS FOOD BANK							
PO BOX 1311							DISTRIBUTION OF FOOD TO
CHEHALIS, WA 98532-0309	51-0180724	501C3	0.	19,700.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
,				,			
GREENHOUSE COMMUNITY CENTER							
PO BOX 62							DISTRIBUTION OF FOOD TO
DEER PARK, WA 99006-0062	02-0797827	501C3	٥.	42,968.	воок	FOOD	LOW INCOME INDIVIDUALS
GUARDIAN'S FOUNDATION							
115 N. STONE							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99207	45-1625374	501C3	0.	18,648.	BOOK	FOOD	LOW INCOME INDIVIDUALS
HAND IN HAND							
9502 19TH AVE SE SUITE F							DISTRIBUTION OF FOOD TO
EVERETT, WA 98208	01-0962762	501C3	0.	16,300.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
	01 0502702	50105		10,500.	Book		LOW INCOME INDIVIDUALD
HARRINGTON FOOD BANK							
204 N 3RD ST							DISTRIBUTION OF FOOD TO
HARRINGTON, WA 99134-9707	91-0956984	501C3	0.	24,209.	воок	FOOD	LOW INCOME INDIVIDUALS
HELPING HANDS							
PO BOX 632							DISTRIBUTION OF FOOD TO
SEDRO WOOLLEY, WA 98284-0632	91-1203572	501C3	0.	48,900.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPLINE HOUSE							DIGEDIDITION OF BOOD TO
282 KNECHTEL WAY NE	01 0000500	501 00		10 100			DISTRIBUTION OF FOOD TO
BAINBRIDGE IS, WA 98110-1840	91-0902503	501C3	0.	19,100.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
HERITAGE UNIVERSITY							
3240 FORT ROAD							DISTRIBUTION OF FOOD TO
TOPPENISH, WA 98948	91-1160585	501C3	٥.	18,286.	воок	FOOD	LOW INCOME INDIVIDUALS
HIGHLAND FOOD BANK							
PO BOX 232	00 0714210	50102		146 047	DOOT	East	DISTRIBUTION OF FOOD TO
COWICHE, WA 98923	90-0714318	501C3	0.	146,247.	BOOK	FOOD	LOW INCOME INDIVIDUALS
HIGHLINE AREA FOOD BANK							
PO BOX 66427						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
BURIEN, WA 98166	91-1665389	501C3	0.	105,510.	воок	CARDS	LOW INCOME INDIVIDUALS
				· · ·			
HIGHLINE COLLEGE STUDENT SERVICES							
2400 S. 240TH ST.							DISTRIBUTION OF FOOD TO
DES MOINES, WA 98198	91-0752489	501C3	٥.	7,400.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
UTCHLINE CONTRACTOR FOR TON							
HIGHLINE COMMUNITY FOUNDATION							
2400 S 240TH ST BUILDING 16 ROOM 18		50102	0	15 775	DOO 77	ROOD	DISTRIBUTION OF FOOD TO
DES MOINES, WA 98198	23-7428279	501C3	0.	15,775.	BOOK	FOOD	LOW INCOME INDIVIDUALS
HIGHLINE SCHOOL DISTRICT BEVERLY							
PARK ELEMENTARY - 1201 S 104TH ST							DISTRIBUTION OF FOOD TO
- SEATTLE, WA 98168-1549	91-6001631	GOVERNMENT	0.	9,269.	воок	FOOD	LOW INCOME INDIVIDUALS
,				,			
HIGHLINE SCHOOL DISTRICT CASCADE							
MIDDLE SCHOOL - 11212 10TH AVE SW							DISTRIBUTION OF FOOD TO
- SEATTLE, WA 98146-2265	91-6001631	GOVERNMENT	٥.	6,866.	воок	FOOD	LOW INCOME INDIVIDUALS
HIGHLINE SCHOOL DISTRICT HAZEL							
VALLEY ELEMENTARY - 402 SW 132ND	01 001001			c			DISTRIBUTION OF FOOD TO
ST - BURIEN, WA 98146-3236	91-6001631	GOVERNMEN'I'	0.	6,193.	BOOK	FOOD	LOW INCOME INDIVIDUALS

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLINE SCHOOL DISTRICT MOUNT							
VIEW ELEMENTARY - 10811 12TH AVE							DISTRIBUTION OF FOOD TO
SW - SEATTLE, WA 98146-2125	91-6001631	GOVERNMENT	0.	6,345.	воок	FOOD	LOW INCOME INDIVIDUALS
HIGHLINE SCHOOL DISTRICT SOUTHERN							
HEIGHTS ELEM 11249 14TH AVE S -							DISTRIBUTION OF FOOD TO
BURIEN, WA 98168-2175	91-6001631	GOVERNMENT	0.	6,194.	воок	FOOD	LOW INCOME INDIVIDUALS
UTOUTINE COUDOI & FOUNDARTON							
HIGHLINE SCHOOLS FOUNDATION 15675 AMBAUM BLVD SW							DISTRIBUTION OF FOOD TO
BURIEN, WA 98166	91-2020506	501C3	0.	19,300.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
		50105			book		
HOPELINK BELLEVUE							
14812 MAIN ST						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
BELLEVUE, WA 98007-5245	91-0982116	501C3	0.	450,931.	воок	CARDS	LOW INCOME INDIVIDUALS
HOPELINK KIRKLAND							
10675 WILLOWS RD #275							DISTRIBUTION OF FOOD TO
REDMOND, WA 98052	91-0982116	501C3	0.	6,713.	воок	FOOD	LOW INCOME INDIVIDUALS
,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
HOPESOURCE FOOD BANK							
700 E MOUNTAIN VIEW AVE, STE 5						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
ELLENSBURG, WA 98926	91-0814544	501C3	0.	70,103.	воок	CARDS	LOW INCOME INDIVIDUALS
HOQUIAM SCHOOL DISTRICT							
325 W CHENAULT ST							DISTRIBUTION OF FOOD TO
HOQUIAM, WA 98550	91-6001563	GOVERNMENT	0.	19,300.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
HOQUIAM SCHOOL DISTRICT - CENTRAL							
ELEMENTARY - 310 SIMPSON AVE -							DISTRIBUTION OF FOOD TO
HOQUIAM, WA 98550-2411	91-0982116	GOVERNMENT	0.	12,539.	воок	FOOD	LOW INCOME INDIVIDUALS
HOQUIAM SCHOOL DISTRICT - LINCOLN							
ELEMENTARY - 700 WOOD AVE -							DISTRIBUTION OF FOOD TO
HOQUIAM, WA 98550-1066	91-6001563	GOVERNMENT	0.	12,539.	воок	FOOD	LOW INCOME INDIVIDUALS

NORTHWEST HARVEST EMM Schedule I (Form 990)

(a) Name and address of

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section

(b) EIN

(a) Name and address of organization or government	(D) EIN	if applicable	cash grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose of grant or assistance
HOUSE OF CHARITY							
PO BOX 2253							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99210	91-0569880	501C3	0.	28,580.	BOOK	FOOD	LOW INCOME INDIVIDUALS
HOUSE OF PRAYER FOUNDATION							
6602 S FERDINAND ST							DISTRIBUTION OF FOOD TO
TACOMA, WA 98409	30-0455670	501C3	0.	382,812.	воок	FOOD	LOW INCOME INDIVIDUALS
HRC							
9212 E MONTGOMERY AVE #504							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99206	46-3709621	501C3	0.	197,249.	воок	FOOD	LOW INCOME INDIVIDUALS
HUB CITY MISSION FOOD BANK							
132 KIRKLAND RD	44-0577787	E0102	0.	32,187.	BOOK	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO
CHEHALIS, WA 98532-8724	44-0577787	50103	0.	52,107.	BOOK	CARDS	LOW INCOME INDIVIDUALS
HUMBLE DESIGN SEATTLE							
10567 15TH AVE NW							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98177	27-0410088	501C3	0.	14,150.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
IMMANUEL COMMUNITY SERVICES FOOD							
BANK - 1215 THOMAS ST - SEATTLE,							DISTRIBUTION OF FOOD TO
WA 98109-5427	26-0881300	501C3	0.	29,776.	воок	FOOD	LOW INCOME INDIVIDUALS
				, ,			
INABA PRODUCE FARMS, INC							
8351 MCDONALD RD							DISTRIBUTION OF FOOD TO
WAPATO, WA 98951-9312	91-1120477	S-CORP	0.	141,950.	BOOK	FOOD	LOW INCOME INDIVIDUALS
ISLAMIC CENTER OF KENT							
PO BOX 6339							DISTRIBUTION OF FOOD TO
KENT, WA 98064-6339	91-1876641	501C3	40,000.	0.			LOW INCOME INDIVIDUALS
TARADIAN BOOD AND GLOBITING DANY							
ISSAQUAH FOOD AND CLOTHING BANK 179 1ST AVE. SE							DISTRIBUTION OF FOOD TO
ISSAQUAH, WA 98027	91-1245499	501C3	0.	32,450.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
, mi 5002/			· · ·	52,30	· · ·		

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

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(h) Purpose of grant

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMESTOWN S'KLALLAM TRIBAL FOOD							
BANK - 72 ZACCARDO RD - SEQUIM,							DISTRIBUTION OF FOOD TO
IA 98382		TRIBAL	0.	16,454.	воок	FOOD	LOW INCOME INDIVIDUALS
EWELS HELPING HAND							
27 S. CANNON ST							DISTRIBUTION OF FOOD TO
POKANE, WA 99201	84-2198820	501C3	0.	22,490.	воок	FOOD	LOW INCOME INDIVIDUALS
EWISH FAMILY SERVICE							
.601 16TH AVE.							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98122	91-0565537	501C3	0.	81,284.	воок	FOOD	LOW INCOME INDIVIDUALS
ENT COMMUNITY FOUNDATION							
226 S 208TH ST							DISTRIBUTION OF FOOD TO
ENT, WA 98032	91-1349506	501C3	٥.	78,874.	воок	FOOD	LOW INCOME INDIVIDUALS
ENT FOOD BANK AND EMERGENCY							
ERVICES - 515 W HARRISON ST STE						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
07 - KENT, WA 98032-4403	91-0881434	501C3	0.	153,608.	воок	CARDS	LOW INCOME INDIVIDUALS
ENT SCHOOL DISTRICT DANIEL							
LEMENTARY - 11310 SE 248TH ST -							DISTRIBUTION OF FOOD TO
ENT, WA 98030-4922	91-6001646	GOVERNMENT	0.	8,245.	воок	FOOD	LOW INCOME INDIVIDUALS
ENT SCHOOL DISTRICT EAST HILL							
LEMENTARY - 9825 S 240TH ST -							DISTRIBUTION OF FOOD TO
ENT, WA 98031-4842	91-6001646	GOVERNMENT	0.	9,131.	воок	FOOD	LOW INCOME INDIVIDUALS
ENT SCHOOL DISTRICT KENT							
LEMENTARY SCHOOL - 24700 64TH AVE							DISTRIBUTION OF FOOD TO
- KENT, WA 98032-6169	91-6001646	GOVERNMENT	0.	9,194.	воок	FOOD	LOW INCOME INDIVIDUALS
ENT SCHOOL DISTRICT PARK ORCHARD							
LEMENTARY - 11010 SE 232ND ST -							DISTRIBUTION OF FOOD TO
ENT, WA 98031-3457	91-6001646	GOVERNMENT	0.	8,827.	воок	FOOD	LOW INCOME INDIVIDUALS

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT SCHOOL DISTRICT PINE TREE							
ELEMENTARY - 27825 118TH AVE SE -							DISTRIBUTION OF FOOD TO
KENT, WA 98030-8778	91-6001646	GOVERNMENT	0.	5,895.	BOOK	FOOD	LOW INCOME INDIVIDUALS
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
KENT SCHOOL DISTRICT SCENIC HILL							
ELEMENTARY - 20625 WOODLAND WAY							DISTRIBUTION OF FOOD TO
SOUTH - KENT, WA 98030	91-6001646	GOVERNMENT	0.	7,927.	воок	FOOD	LOW INCOME INDIVIDUALS
KENT SCHOOL DISTRICT SPRINGBROOK							
ELEMENTARY - 20035 100TH AVE SE -						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
KENT, WA 98031-4309	91-6001646	GOVERNMENT	0.	13,240.	воок	CARDS	LOW INCOME INDIVIDUALS
KEY PENINSULA BISCHOFF FOOD BANK							
PO BOX 554							DISTRIBUTION OF FOOD TO
VAUGHN, WA 98394-0554	46-5405179	501C3	0.	34,039.	воок	FOOD	LOW INCOME INDIVIDUALS
LAKE BURIEN PRESBYTERIAN CHURCH							
15003 14TH AVE SW							DISTRIBUTION OF FOOD TO
BURIEN, WA 98166-1746	91-0616446	501C3	40,000.	٥.			LOW INCOME INDIVIDUALS
LAKE CHELAN FOOD BANK							
PO BOX 2684							DISTRIBUTION OF FOOD TO
CHELAN, WA 98816-2684	30-0843675	501C3	0.	15,600.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
LAKE STEVENS COMMUNITY FOOD BANK							
2111 117TH AVE NE PO BOX 1031							DISTRIBUTION OF FOOD TO
LAKE STEVENS, WA 98258	91-1215080	501C3	0.	39,450.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
LATINO EDUCATION AND TRAINING							
INSTITUTE - 6605 202ND ST SW SUITE							DISTRIBUTION OF FOOD TO
#300 - LYNNWOOD, WA 98036	75-3252857	501C3	0.	41,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
LIVING WELL KENT							
24604 104TH AVE SE #102							DISTRIBUTION OF FOOD TO
KENT, WA 98030	81-4451307	501C3	0.	44,419.	воок	FOOD	LOW INCOME INDIVIDUALS

NORTHWEST HARVEST EMM Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOON LAKE FOOD BANK PO BOX 64 LOON LAKE, WA 99148-0064	91-1236018	501C3	0.	376,265.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LOW INCOME HOUSING INSTITUTE 1253 S JACKSON ST, SEATTLE, WA 98104	94-3155150	501C3	0.	9,383.		FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LYNNWOOD FOOD BANK 5320 176TH ST SW LYNNWOOD, WA 98037-3035	84-1642388	501C3	0.	168,118.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MAKAH FOOD BANK PO BOX 115 NEAH BAY, WA 98357-0115	91-0492517	501C3	0.	64,451.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MALDEN FOOD BANK 215 W, MORELAND MALDEN, WA 99149	91-0964790	501C3	0.	7,010.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MALTBY FOOD BANK 21104 86TH AVE SE SNOHOMISH, WA 98296	91-1607217	501C3	0.	38,800.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MAPLE VALLEY FOOD BANK AND EMERGENCY SERVICES - PO BOX 322 - MAPLE VALLEY, WA 98038-0322	91-6057006	501C3	0.	139,108.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MARGIE WILLIAMS HELPING HANDS PO BOX 2145 RENTON, WA 98056-0145	75-3163092	501C3	0.	100,202.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MARTIN LUTHER KING JR. COMMUNITY CENTER – 500 S STONE ST – SPOKANE, WA 99202-4150	91-1143596	501C3	0.	36,045.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY'S PLACE - AURORA AVE SHELTER							
PO BOX 1711							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98111-1711	27-2087950	501C3	0.	19,550.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
NARVANTILE CONSUMPTION ROOF RANK							
MARYSVILLE COMMUNITY FOOD BANK						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
PO BOX 917	01 1247507	501C3	0.	96 401	BOOK		DISTRIBUTION OF FOOD TO
MARYSVILLE, WA 98270-0917	91-1347507	50103	0.	96,401.	BOOK	CARDS	LOW INCOME INDIVIDUALS
MATTAWA AREA FOOD BANK							
BOX 853							DISTRIBUTION OF FOOD TO
MATTAWA, WA 99349	02-0789497	501C3	0.	204,573.	воок	FOOD	LOW INCOME INDIVIDUALS
MCCARVER ELEMENTARY							
605 N L STREET							DISTRIBUTION OF FOOD TO
TACOMA, WA 98403	91-6001553	GOVERNMENT	0.	76,600.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
MCKINNY-VENTO SEATTLE PUBLIC							
SCHOOLS - 2445 3RD AVE S -							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98134	91-6001541	GOVERNMENT	0.	10,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
,							
MERCY HOUSING							
6930 MARTIN LUTHER KING JR WAY S							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98118	47-0646706	501C3	0.	46,850.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
METRO PARKS TACOMA							
4702 S 19TH ST							DISTRIBUTION OF FOOD TO
	91-6000988	501C3	0.	26 200	BOOK	GIFT CARDS	
TACOMA, WA 98405	91-0000988	50103	· · ·	36,300.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
MOSES LAKE SCHOOL DISTRICT LARSON							
HEIGHTS - 700 LINDBERG LANE -							DISTRIBUTION OF FOOD TO
MOSES LAKE, WA 98837	91-6001956	GOVERNMENT	0.	9,055.	воок	FOOD	LOW INCOME INDIVIDUALS
· ·				,			
MOSES LAKE SCHOOL DISTRICT							
LONGVIEW ELEMENTARY - 9783 APPLE							DISTRIBUTION OF FOOD TO
RD NE - MOSES LAKE, WA 98837-4234	91-6001956	GOVERNMENT	0.	9,113.	воок	FOOD	LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G	overnments (Sch	nedule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOSES LAKE SCHOOL DISTRICT MIDWAY							
ELEMENTARY - 502 S C ST - MOSES							DISTRIBUTION OF FOOD TO
LAKE, WA 98837-2080	91-6001956	GOVERNMENT	0.	9,055	BOOK	FOOD	LOW INCOME INDIVIDUALS
,							
MOSES LAKE SCHOOL DISTRICT NORTH							
ELEMENTARY - 1200 W CRAIG ST -							DISTRIBUTION OF FOOD TO
MOSES LAKE, WA 98837-3307	91-6001956	GOVERNMENT	0.	9,055	воок	FOOD	LOW INCOME INDIVIDUALS
MOSES LAKE SCHOOL DISTRICT							
PENINSULA ELEMENTARY - 2406 W							
TEXAS ST - MOSES LAKE, WA							DISTRIBUTION OF FOOD TO
, 98837-2857	91-6001956	GOVERNMENT	0.	9,087.	воок	FOOD	LOW INCOME INDIVIDUALS
				,			
MOTHER AFRICA							
1209 CENTRAL AVE. SOUTH #120							DISTRIBUTION OF FOOD TO
KENT, WA 98092	46-1793603	501C3	40,000.	9,228	воок	FOOD	LOW INCOME INDIVIDUALS
MULTI-SERVICE CENTER							
PO BOX 23699						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
FEDERAL WAY, WA 98093-0699	23-7120815	501C3	٥.	226,559	воок	CARDS	LOW INCOME INDIVIDUALS
MY SISTER'S PANTRY							
621 TACOMA AVE S							DISTRIBUTION OF FOOD TO
TACOMA, WA 98402-2301	91-1975606	501C3	0.	40,046	воок	FOOD	LOW INCOME INDIVIDUALS
NAACP SEATTLE KING COUNTY							
715 23RD AVE						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98122	13-1084135	501C3	0.	68,700.	воок	CARDS	LOW INCOME INDIVIDUALS
NETCUDODO EFEDINO NETCUDODO							
NEIGHBORS FEEDING NEIGHBORS							
N.1615 ADAMS ST	01 1470030	50102		21 250	BOOT	FOOD	DISTRIBUTION OF FOOD TO
SPOKANE, WA 99205	91-1478830	501C3	0.	21,258.	.BOOK	FOOD	LOW INCOME INDIVIDUALS
NEW HOPE RANCH FOOD BANK							
27910 N BEAR LAKE RD						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
	91-1630914	50103	0.	94,039	ROOK	CARDS	
CHATTAROY, WA 99003-9636	91-1030914	h01C3	J ⁰ .	94,039	•P00k		LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Oth	DI HARVEDI		s and Domestic G	overnments (Sch	edule I (Form 990), Pa		1-0820057 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWPORT FOOD BANK							
PO BOX 1952						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
NEWPORT, WA 99156-1952	91-1637970	501C3	0.	79,782.	воок	CARDS	LOW INCOME INDIVIDUALS
NOAH'S ARK PO BOX 1562 YAKIMA, WA 98907	20-3070634	501C3	0.	38,983.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
,							
NORTH COUNTY FOOD PANTRY PO BOX 388							DISTRIBUTION OF FOOD TO
ELK, WA 99009-0388	94-3167688	501C3	0.	41,192.	BOOK	FOOD	LOW INCOME INDIVIDUALS
NORTH HELPLINE BITTERLAKE 12736 33RD AVE. NE, #100							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98125	91-1475182	501C3	0.	40,745.	воок	FOOD	LOW INCOME INDIVIDUALS
NORTH HELPLINE FOOD BANK 12736 33RD AVE NE STE 100 SEATTLE, WA 98125-4504	91-1475182	501C3	0.	237,878.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
,							
NORTH KITSAP FISHLINE PO BOX 1517 POULSBO, WA 98370-0168	91-1244431	501C3	0.	45,250.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
,							
NORTHEAST FOOD PANTRY PO BOX 7398						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SPOKANE, WA 99207-0398	90-0724290	501C3	٥.	44,078.	воок	CARDS	LOW INCOME INDIVIDUALS
NORTHWEST KIDNEY CENTERS 4127 SW WEBSTER ST.							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98136	91-6057438	501C3	0.	38,900.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
NOURISH PIERCE COUNTY 1702 S 72ND ST STE E							DISTRIBUTION OF FOOD TO
TACOMA, WA 98408-1238	91-1198391	501C3	0.	38,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

132241 11-18-21 Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NUESTRA CASA							
906 E EDISON AVE							DISTRIBUTION OF FOOD TO
SUNNYSIDE, WA 98944-2208	65-1206137	501C3	40,000.	344.	BOOK	FOOD	LOW INCOME INDIVIDUALS
ODESSA BROWN CHILDREN'S CLINIC							
2101 E. YESLER WAY							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98122	82-1536330	501C3	0.	30,650.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
,							
OFF BROADWAY FAMILY OUTREACH							
W 2225 MALLON							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201	30-0569413	501C3	0.	6,683.	воок	FOOD	LOW INCOME INDIVIDUALS
OIC OF WA FOOD BANK							
815 FRUITVALE BLVD							DISTRIBUTION OF FOOD TO
YAKIMA, WA 98902-1467	91-0873024	501C3	40,000.	80,550.	BOOK	FOOD	LOW INCOME INDIVIDUALS
OKANOGAN BOOD DANK							
OKANOGAN FOOD BANK PO BOX 1067							DISTRIBUTION OF FOOD TO
OKANOGAN, WA 98840-1067	91-0814162	501C3	0.	19,625.	BOOK	FOOD	LOW INCOME INDIVIDUALS
	51 0014102	50105		19,023.	BOOK		
OMAK FOOD BANK							
PO BOX 4337							DISTRIBUTION OF FOOD TO
OMAK, WA 98841-4337	91-1190398	501C3	0.	15,300.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
OPERATION HOMEFRONT							
314 7TH ST NE							DISTRIBUTION OF FOOD TO
PUYALLUP, WA 98372	32-0033325	501C3	0.	48,300.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
OPERATION NIGHTWATCH							
PO BOX 21181				0.054			DISTRIBUTION OF FOOD TO
SEATTLE, WA 98111-3181	91-0964027	501C3	0.	8,251.	BOOK	FOOD	LOW INCOME INDIVIDUALS
OPERATION SACK LUNCH							
PO BOX 4128							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98194-0128	91-1658187	501C3	0.	13,196.	воок	FOOD	LOW INCOME INDIVIDUALS
,			· · ·	1 10,190.	Γ	<u> </u>	

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORTING FOOD BANK							
PO BOX 1877						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
ORTING, WA 98360-1877	20-8562623	501C3	0.	70,188.	воок	CARDS	LOW INCOME INDIVIDUALS
OTHELLO FOOD BANK							
PO BOX 152							DISTRIBUTION OF FOOD TO
OTHELLO, WA 99344-0152	91-1269359	501C3	0.	88,608.	воок	FOOD	LOW INCOME INDIVIDUALS
OUR PLACE COMMUNITY OUTREACH							
1509 W COLLEGE AVE						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201-1917	91-1384287	501C3	0.	105,187.	воок	CARDS	LOW INCOME INDIVIDUALS
,				, ,			
PACIFIC ISLANDER COMMUNITY							
ASSOCIATION PICA - 33710 9TH AVE S							DISTRIBUTION OF FOOD TO
STE 1 - FEDERAL WAY, WA 98003-6734	84-2470123	501C3	0.	93,441.	воок	FOOD	LOW INCOME INDIVIDUALS
PARADISE OF PRAISE FOOD BANK							
1316 SW HOLDEN ST						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98106-2059	30-0116000	501C3	0.	68,802.	BOOK	CARDS	LOW INCOME INDIVIDUALS
5111111, WI 50100 2055	50 0110000	50105		00,002.			
PASCO COMMUNITY SERVICES							
1468 OXFORD AVE							DISTRIBUTION OF FOOD TO
RICHLAND, WA 99352-7615	91-0160609	501C3	0.	730,364.	воок	FOOD	LOW INCOME INDIVIDUALS
PEACEKEEPER							
60 MAUCH ALLEY ST.							DISTRIBUTION OF FOOD TO
HARRAH, WA 98933	47-3686988	501C3	0.	72,628.	воок	FOOD	LOW INCOME INDIVIDUALS
				, ,			
PEACEKEEPER SOCIETY							
PO BOX 10057							DISTRIBUTION OF FOOD TO
YAKIMA, WA 98909-1057	47-3686988	501C3	0.	81,316.	воок	FOOD	LOW INCOME INDIVIDUALS
PEOPLE FOR PEOPLE							
1008 W AHTANUM STE 3						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
UNION GAP, WA 98903	91-0783225	501C3	0.	37,418.	воок	CARDS	LOW INCOME INDIVIDUALS

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Schedule I (Form 990) NOR I HWES I	TAKAPPI	EIMM				2	1-0620037 Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHINNEY RIDGE LUTHERAN CHURCH FOOD							
BANK - 7500 GREENWOOD AVE N -							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98103-4668	91-0581656	501C3	0.	41,666.	BOOK	FOOD	LOW INCOME INDIVIDUALS
	51 0501050	50105		11,000.	book	1002	
PIKE MARKET FOOD BANK							
85 PIKE ST STE 200							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98101-2077	91-1034838	501C3	0.	137,457.	воок	FOOD	LOW INCOME INDIVIDUALS
·							
PIKE MARKET SENIOR CENTER MEALS							
85 PIKE ST STE 200							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98101-2077	91-1034838	501C3	0.	13,898.	воок	FOOD	LOW INCOME INDIVIDUALS
PLANT BASED FOOD SHARE (UNITED WAY							
OF KING COUNTY) - 676 S ORCAS ST -							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98102	91-0565555	501C3	0.	21,783.	воок	FOOD	LOW INCOME INDIVIDUALS
PLATEAU OUTREACH MINISTRIES							L
PO BOX 391	01 1065000	501.00		125 502		FOOD AND GIFT	DISTRIBUTION OF FOOD TO
ENUMCLAW, WA 98022-0391	91-1965830	501C3	0.	135,703.	воок	CARDS	LOW INCOME INDIVIDUALS
PLU PANTRY							
12180 PARK AVE S							DISTRIBUTION OF FOOD TO
TACOMA, WA 98447-0001	91-0565571	501C3	0.	43,787.	воок	FOOD	LOW INCOME INDIVIDUALS
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
PORT ANGELES FOOD BANK							
PO BOX 1885						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
PORT ANGELES, WA 98362-0282	91-1192596	501C3	0.	137,380.	воок	CARDS	LOW INCOME INDIVIDUALS
;							
PORT TOWNSEND FOOD BANK							
PO BOX 1795							DISTRIBUTION OF FOOD TO
PORT TOWNSEND, WA 98368-0209	91-1377493	501C3	0.	34,350.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
POWER OF TWO							
204 2ND ST SW UNIT 911 UNIT 911							DISTRIBUTION OF FOOD TO
PUYALLUP, WA 98371-5402	84-5066086	501C3	0.	12,757.	воок	FOOD	LOW INCOME INDIVIDUALS

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PRESTON FOOD BANK PO BOX 948 PRESTON, WA 98050 91-0982213 501C3 0. 58,498.BOOK FOOD LOW INCOME INT PROGRESS PUSHERS 1911 SW CAMPUS DRIVE #365 FEDERAL WAY, WA 98023 83-1098979 501C3 0. 17,200.BOOK GIFT CARDS LOW INCOME INT PROJECT HOPE FOOD BANK 205 S BRITISH COLUMBIA AVE LYNDEN, WA 98264-2053 91-0858511 501C3 0. 62,900.BOOK GIFT CARDS LOW INCOME INT PROSSER JUBILEE MINISTRY 1429 STACY AVE	DF FOOD TO DIVIDUALS
20832 INTERNATIONAL BOULEVARD SEATAC, WA 9819801-0964541501C30.213,321.BOOKFOODDISTRIBUTION OF LOW INCOME IND PRESTON FOOD BANK PRESTON, WA 9805091-0982213501C30.58,498.BOOKFOODDISTRIBUTION OF LOW INCOME IND PRESTON, WA 98050PROGRESS PUSHERS 1911 SW CAMPUS DRIVE #365 FEDERAL WAY, WA 9802391-098979501C30.17,200.BOOKSIFT CARDSDISTRIBUTION OF LOW INCOME IND PISTRIBUTION OF LOW INCOME IND PROJECT HOPE FOOD BANK 205 S BRITISH COLUMBIA AVE LYNDEN, WA 98264-205391-0858511501C30.62,900.BOOKSIFT CARDSDISTRIBUTION OF LOW INCOME IND PISTRIBUTION OF LINDEN, WA 98264-2053PROSEER JUBILEE MINISTRY 1429 STACY AVE91-0858511501C30.62,900.BOOKSIFT CARDSDISTRIBUTION OF DISTRIBUTION OF 	DIVIDUALS
SEATAC, WA 98198 01-0964541 501C3 0. 213,321.800K FOOD LOW INCOME IN PRESTON FOOD BANK PO BOX 948 PRESTON, WA 98050 91-0982213 501C3 0. 58,498.800K FOOD LOW INCOME IN PROGRESS PUSHERS 1911 SW CAMPUS DRIVE #365 FEDERAL WAY, WA 98023 83-1098979 501C3 0. 17,200.800K 3IFT CARDS LOW INCOME IN PROJECT HOPE FOOD BANK 205 S BRITISH COLUMBIA AVE LYNDEN, WA 98264-2053 91-0858511 501C3 0. 62,900.800K 3IFT CARDS LOW INCOME IN PROSSER JUBILEE MINISTRY 1429 STACY AVE	DIVIDUALS
PRESTON FOOD BANK PO BOX 948 PRESTON, WA 98050 91-0982213 501C3 0. 58,498.BOOK FOOD LOW INCOME INT PROGRESS PUSHERS 1911 SW CAMPUS DRIVE #365 FEDERAL WAY, WA 98023 83-1098979 501C3 0. 17,200.BOOK 3IFT CARDS LOW INCOME INT PROJECT HOPE FOOD BANK 205 S BRITISH COLUMBIA AVE LYNDEN, WA 98264-2053 91-0858511 501C3 0. 62,900.BOOK 3IFT CARDS LOW INCOME INT PROSSER JUBILEE MINISTRY 1429 STACY AVE	OF FOOD TO
PO BOX 948 PRESTON, WA 98050 91-0982213 501C3 0. 58,498.BOOK FOOD LOW INCOME IN PROGRESS PUSHERS 1911 SW CAMPUS DRIVE #365 FEDERAL WAY, WA 98023 83-1098979 501C3 0. 17,200.BOOK GIFT CARDS DISTRIBUTION OF LOW INCOME INI PROJECT HOPE FOOD BANK 205 S BRITISH COLUMBIA AVE LYNDEN, WA 98264-2053 91-0858511 501C3 0. 62,900.BOOK GIFT CARDS DISTRIBUTION OF LYNDEN, WA 98264-2053 0. 62,900.BOOK GIFT CARDS DISTRIBUTION OF LYNDEN JUBILEE MINISTRY 1429 STACY AVE	
PRESTON, WA 9805091-0982213501C30.58,498.BOOKFOODLOW INCOME INPROGRESS PUSHERS 1911 SW CAMPUS DRIVE #365 FEDERAL WAY, WA 9802383-1098979501C30.17,200.BOOKGIFT CARDSDISTRIBUTION OF LOW INCOME INPROJECT HOPE FOOD BANK 205 S BRITISH COLUMBIA AVE LYNDEN, WA 98264-205391-0858511501C30.62,900.BOOKGIFT CARDSDISTRIBUTION OF LOW INCOME INPROSSER JUBILEE MINISTRY 1429 STACY AVE1429 STACY AVE0.0.0.0.0.0.0.0.	
PROGRESS PUSHERS 1911 SW CAMPUS DRIVE #365 FEDERAL WAY, WA 98023 83-1098979 501C3 0. 17,200.BOOK GIFT CARDS LOW INCOME INT PROJECT HOPE FOOD BANK 205 S BRITISH COLUMBIA AVE LYNDEN, WA 98264-2053 91-0858511 501C3 0. 62,900.BOOK GIFT CARDS LOW INCOME INT PROSSER JUBILEE MINISTRY 1429 STACY AVE	DIVIDUALS
1911 SW CAMPUS DRIVE #365 FEDERAL WAY, WA 9802383-1098979501C30.17,200.BOOKSIFT CARDSDISTRIBUTION O LOW INCOME INTPROJECT HOPE FOOD BANK 205 S BRITISH COLUMBIA AVE LYNDEN, WA 98264-205391-0858511501C30.62,900.BOOKSIFT CARDSDISTRIBUTION O LOW INCOME INTPROSSER JUBILEE MINISTRY 1429 STACY AVE91-0858511501C30.62,900.BOOKSIFT CARDSDISTRIBUTION O DISTRIBUTION O DISTRIBUTION O DISTRIBUTION O DISTRIBUTION O DISTRIBUTION O	
1911 SW CAMPUS DRIVE #365 FEDERAL WAY, WA 9802383-1098979501C30.17,200.800KSIFT CARDSDISTRIBUTION O LOW INCOME IN DISTRIBUTION O LOW INCOME IN DISTRIBUTION O CUMDEN, WA 98264-205391-0858511501C30.62,900.800KSIFT CARDSDISTRIBUTION O LOW INCOME IN DISTRIBUTION O DISTRIBUTION O 	
FEDERAL WAY, WA 9802383-1098979501C30.17,200.BOOKSIFT CARDSLOW INCOME INPROJECT HOPE FOOD BANK 205 S BRITISH COLUMBIA AVE LYNDEN, WA 98264-205391-0858511501C30.62,900.BOOKSIFT CARDSDISTRIBUTION OF LOW INCOME INIPROSSER JUBILEE MINISTRY 1429 STACY AVE0.62,900.BOOKSIFT CARDSDISTRIBUTION OF LOW INCOME INI	OF FOOD TC
PROJECT HOPE FOOD BANK 205 S BRITISH COLUMBIA AVE LYNDEN, WA 98264-2053 91-0858511 501C3 0. 62,900.BOOK GIFT CARDS LOW INCOME INT PROSSER JUBILEE MINISTRY 1429 STACY AVE	
205 S BRITISH COLUMBIA AVE LYNDEN, WA 98264-2053 91-0858511 501C3 0. 62,900.BOOK GIFT CARDS LOW INCOME INT PROSSER JUBILEE MINISTRY 1429 STACY AVE	
LYNDEN, WA 98264-2053 91-0858511 501C3 0. 62,900.BOOK GIFT CARDS LOW INCOME IN PROSSER JUBILEE MINISTRY 1429 STACY AVE	
PROSSER JUBILEE MINISTRY 1429 STACY AVE DISTRIBUTION O	F FOOD TO
1429 STACY AVE DISTRIBUTION O)IVIDUALS
1429 STACY AVE DISTRIBUTION O	
	ነም ምርረር ምር
PROVIDENCE HOUSE	
312 NORTH 4TH STREET DISTRIBUTION O	OF FOOD TO
YAKIMA, WA 98901 91-1180824 501C3 0. 6,653.BOOK FOOD LOW INCOME IN	VIVIDUALS
PROVIDENCE REGINA HOUSE	
8201 10TH AVE S #6 DISTRIBUTION (ነም ፑርርር ምር
SEATTLE, WA 98108 91-1996732 501C3 0. 156,380.BOOK FOOD LOW INCOME IN	
PUGET SOUND LABOR AGENCY	
404 S BRANDON ST FOOD AND GIFT DISTRIBUTION O	
SEATTLE, WA 98108-2236 91-0927902 501C3 0. 58,381.BOOK CARDS LOW INCOME IN	JF FOOD IC
PUYALLUP FOOD BANK	
PO BOX 202 FOOD AND GIFT DISTRIBUTION O	
PUYALLUP, WA 98371-0022 23-7259739 501C3 0. 310,471.BOOK CARDS LOW INCOME INT	DIVIDUALS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUINCY COMMUNITY FOOD BANK							
PO BOX 413							DISTRIBUTION OF FOOD TO
QUINCY, WA 98848-0413	91-1612682	501C3	0.	132,266.	воок	FOOD	LOW INCOME INDIVIDUALS
RAINIER BEACH HIGH SCHOOL							
8815 SEWARD PARK AVE S							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98118	91-6001541	GOVERNMENT	0.	30,800.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
RAINIER VALLEY FOOD BANK							
9021 RAINIER AVE S						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98118-5024	91-1500768	501C3	0.	234,364.	воок	CARDS	LOW INCOME INDIVIDUALS
RECLAIMING OUR GREATNESS							
2601 MILL AVE S							DISTRIBUTION OF FOOD TO
RENTON, WA 98055	84-5039413	501C3	0.	16,950.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
REFUGEE AND IMMIGRANT SERVICES NW							
2000 TOWER ST							DISTRIBUTION OF FOOD TO
EVERETT, WA 98201	91-1167743	501C3	0.	42,091.	воок	FOOD	LOW INCOME INDIVIDUALS
				,			
RENEWAL FOOD BANK							
12819 SE 38TH ST, PMB #241							DISTRIBUTION OF FOOD TO
BELLEVUE, WA 98006	46-1502418	501C3	0.	82,062.	BOOK	FOOD	LOW INCOME INDIVIDUALS
RENTON AREA YOUTH SERVICES							
(CHILDHAVEN) - 316 BROADWAY -							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98122	91-0402430	501C3	0.	27,500.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
, ;							
RESTORATION WORSHIP CENTER							
30815D PAC HIGHWAY S							DISTRIBUTION OF FOOD TO
FEDERAL WAY, WA 98003	98-1817395	501C3	0.	13,201.	воок	FOOD	LOW INCOME INDIVIDUALS
RESTORATON COMMUNITY IMPACT							
2646 SCOTTSDALE PLACE							DISTRIBUTION OF FOOD TO
RICHLAND, WA 99354	85-3683444	501C3	0.	43,728.	воок	FOOD	LOW INCOME INDIVIDUALS

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NORTHWEST HARVEST EMM Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REVIVAL CHURCH							
12 W. PACIFIC							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201	85-2804185	501C3	٥.	36,490.	воок	FOOD	LOW INCOME INDIVIDUALS
RITZVILLE FOOD PANTRY							
PO BOX 442							DISTRIBUTION OF FOOD TO
RITZVILLE, WA 99169-0442	56-2312501	501C3	0.	34,372.	воок	FOOD	LOW INCOME INDIVIDUALS
,				,			
ROD'S HOUSE							
204 S NACHES AVE						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
YAKIMA, WA 98901-2910	36-4659738	501C3	0.	17,653.	BOOK	CARDS	LOW INCOME INDIVIDUALS
RONI LIFE WORKS TRAINING CENTER							
85 S WASHINGTON ST STE 207 STE 207							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98104-3403	27-5180670	501C3	0.	7,632.	BOOK	FOOD	LOW INCOME INDIVIDUALS
<u></u> , 50101 5105	2, 51000,0	50105		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Book		
ROOSEVELT HIGH SCHOOL							
1410 NE 66TH							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98115	91-6001541	GOVERNMENT	0.	32,800.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
ROOTS SHELTER AND FRIDAY FEAST						FOOD AND GIRE	
1415 NE 43RD ST	91-2110379	501C3	0.	16,336.	POOT	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98105-5804	91-2110379	50105	0.	10,330.	BOOK	CARDS	LOW INCOME INDIVIDUALS
ROYAL CITY FOOD BANK							
PO BOX 144							DISTRIBUTION OF FOOD TO
ROYAL CITY, WA 99357	91-1910402	501C3	٥.	347,148.	воок	FOOD	LOW INCOME INDIVIDUALS
RURAL RESOURCES SD							
956 S MAIN ST	01 0702447	50102	0	101 700	DOOT	FOOD	DISTRIBUTION OF FOOD TO
COLVILLE, WA 99114-2505	91-0793447	501C3	0.	191,709.	BOOK	FOOD	LOW INCOME INDIVIDUALS
SAGE (DSV CRISIS CENTER)							
710 N CHELAN							DISTRIBUTION OF FOOD TO
WENATCHEE, WA 98801	91-1018890	501C3	0.	18,550.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JOHN FOOD BANK							
5 W BROADWAY ST,							DISTRIBUTION OF FOOD TO
ST JOHN,, WA 99171	25-1044103	501C3	0.	8,951.	воок	FOOD	LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL CLARKSTON 604 2ND ST							DISTRIBUTION OF FOOD TO
CLARKSTON, WA 99403	23-7278799	501C3	0.	47,249.	воок	FOOD	LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL GEORGETOWN							DIGEDINATION OF BOOD BO
5950 4TH AVE S SEATTLE, WA 98108-3208	91-0583891	501C3	0.	134,411.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL PASCO							
PO BOX 4273							DISTRIBUTION OF FOOD TO
PASCO, WA 99302-4273	91-0726356	501C3	0.	787,652.	BOOK	FOOD	LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL SOUTH KING COUNTY - PO BOX 624 - AUBURN, WA							DISTRIBUTION OF FOOD TO
98071-0624	91-0601570	501C3	0.	22,700.	воок	FOOD	LOW INCOME INDIVIDUALS
SAINTS PANTRY FOOD BANK PO BOX 1064							DISTRIBUTION OF FOOD TO
SHELTON, WA 98584-0930	27-0386653	501C3	0.	18,200.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
				,			
SALVATION ARMY CENTRALIA							
PO BOX 488							DISTRIBUTION OF FOOD TO
CENTRALIA, WA 98531-0488	94-1156347	501C3	0.	7,700.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
SALVATION ARMY RENTON							
PO BOX 977							DISTRIBUTION OF FOOD TO
RENTON, WA 98057-0977	94-1156347	501C3	0.	98,268.	воок	FOOD	LOW INCOME INDIVIDUALS
SALVATION ARMY SPOKANE CORPS							
222 E INDIANA AVE							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99207-2318	94-1156347	501C3	0.	283,812.	воок	FOOD	LOW INCOME INDIVIDUALS

NORTHWEST HARVEST EMM Schedule I (Form 990)

(a) Name and address of

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(c) IRC section

(b) EIN

<u> </u>	
Schedule I	(Form 990)

(a) Name and address of organization or government	(D) EIN	if applicable	cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	or assistance
SALVATION ARMY YAKIMA							
9 S 6TH ST							DISTRIBUTION OF FOOD TO
YAKIMA, WA 98902	91-1156347	501C3	0.	36,159.	воок	FOOD	LOW INCOME INDIVIDUALS
SD BELLINGHAM FOOD BANK							
1824 ELLIS STREET							DISTRIBUTION OF FOOD TO
BELLINGHAM, WA 98225	91-0918619	501C3	0.	732,721.	воок	FOOD	LOW INCOME INDIVIDUALS
SD BREMERTON FOODLINE							
PO BOX 824							DISTRIBUTION OF FOOD TO
BREMERTON, WA 98337	91-1111086	501C3	0.	348,628.	воок	FOOD	LOW INCOME INDIVIDUALS
SD CLARK COUNTY FOOD BANK							
6502 NE 47TH AVE							DISTRIBUTION OF FOOD TO
VANCOUVER, WA 98661	91-1307564	501C3	0.	373,344.	воок	FOOD	LOW INCOME INDIVIDUALS
SD COASTAL HARVEST DIST. CTR							
P.O. BOX 616							DISTRIBUTION OF FOOD TO
HOQUIAM, WA 98550	94-3252669	501C3	0.	1,014,906.	воок	FOOD	LOW INCOME INDIVIDUALS
SD EMERGENCY FOOD NETWORK							
3318 92ND ST SOUTH							DISTRIBUTION OF FOOD TO
LAKEWOOD, WA 98499	94-3131776	501C3	0.	1,278,656.	воок	FOOD	LOW INCOME INDIVIDUALS
SD LEWIS COUNTY FOOD COALITION							
PO BOX 307							DISTRIBUTION OF FOOD TO
CHEHALIS, WA 98532	91-1391826	501C3	0.	249,855.	воок	FOOD	LOW INCOME INDIVIDUALS
SD LOWER COLUMBIA CAP (HELP)							
1526 COMMERCE							DISTRIBUTION OF FOOD TO
LONGVIEW, WA 98632	91-0814141	501C3	0.	325,592.	воок	FOOD	LOW INCOME INDIVIDUALS
SD NCWDC-CHELAN/DOUGLAS CAC							
TOWN TOYOTA CENTER 1300 WALLA WALLA	4						DISTRIBUTION OF FOOD TO
WENATCHEE, WA 98801	91-6064514	501C3	0.	30,983.	воок	FOOD	LOW INCOME INDIVIDUALS

(d) Amount of

(e) Amount of

(f) Method of

91-0826037

(h) Purpose of grant

(g) Description of

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Schedule I (Form 990) NOR I HWED.	I HARVESI	CIMM				د	1-0620037 Page
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SD NOURISH OF PIERCE COUNTY							
1702 SOUTH 72ND ST, STE E.						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
TACOMA, WA 98408	91-1198391	501C3	0.	420,145.	воок	CARDS	LOW INCOME INDIVIDUALS
SD OKANOGAN CAC							
PO BOX 1067							DISTRIBUTION OF FOOD TO
OKANOGAN, WA 98840	91-0814162	501C3	0.	294,637.	воок	FOOD	LOW INCOME INDIVIDUALS
SD OLYCAP							
803 COMMERCE LOOP							DISTRIBUTION OF FOOD TO
PORT TOWNSEND, WA 98368	91-0814319	501C3	0.	40,134.	воок	FOOD	LOW INCOME INDIVIDUALS
SD PORT ANGELES							
PO BOX 1885							DISTRIBUTION OF FOOD TO
PORT ANGELES, WA 98362	91-1192596	501C3	0.	40,163.	BOOK	FOOD	LOW INCOME INDIVIDUALS
SD SKAGIT COUNTY DIST. CENTER							
220 MICHAEL STREET							DISTRIBUTION OF FOOD TO
SEDRO WOOLLEY, WA 98284	91-1140086	501C3	0.	425,956.	воок	FOOD	LOW INCOME INDIVIDUALS
SEA MAR ADULT TREATMENT							
1415 CENTER ST.						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
TACOMA, WA 98409	91-1020139	501C3	0.	99,913.	воок	CARDS	LOW INCOME INDIVIDUALS
SEATTLE CHILDREN'S HOSPITAL							
4800 SAND POINT WAY NE							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98105-3901	91-0564748	501C3	0.	19,483.	BOOK	FOOD	LOW INCOME INDIVIDUALS
SEATTINE, WA 50105 5501	51 0504740	50105		19,403.	DOOK		LOW INCOME INDIVIDUALD
SEATTLE INDIAN CENTER FOOD BANK							
1265 S MAIN ST STE 105							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98144-2003	91-0877683	501C3	0.	84,934.	воок	FOOD	LOW INCOME INDIVIDUALS
SECOND HARVEST							
1234 E FRONT AVE							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99202	23-7173826	501C3	0.	14,963.	воок	FOOD	LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other			s and Domestic G	overnments (Sch	edule I (Form 990), Pa		71-0020037 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEEDS OF GRACE (ALLEN CREEK							
COMMUNITY CHURCH) - 7314 44TH AVE							DISTRIBUTION OF FOOD TO
NE - MARYSVILLE, WA 98270-3716	91-1643947	501C3	0.	13,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
SELAH FOOD BANK							
1107 W. FREMONT AVE.							DISTRIBUTION OF FOOD TO
SELAH, WA 98942	91-0940244	501C3	0.	148,835.	BOOK	FOOD	LOW INCOME INDIVIDUALS
SEQUIM FOOD BANK							
P.O. BOX 1453						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SEQUIM, WA 98382	91-1215709	501C3	0.	112,824.	воок	CARDS	LOW INCOME INDIVIDUALS
				,			
SERVE SPOKANE FOOD PANTRY							
8303 N DIVISION ST						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SPOKANE, WA 99208-5715	20-4040980	501C3	٥.	56,039.	воок	CARDS	LOW INCOME INDIVIDUALS
SHADLE PARK CHURCH: GROWING							
NEIGHBORS - 5508 N ALBERTA -	01 0510000	501.00		14.000	Door		DISTRIBUTION OF FOOD TO
SPOKANE, WA 99205	91-0712889	501C3	0.	14,063.	BOOK	FOOD	LOW INCOME INDIVIDUALS
SHALOM MINISTRIES							
PO BOX 4684							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99220-0684	91-1878389	501C3	0.	58,159.	воок	FOOD	LOW INCOME INDIVIDUALS
SHARENET FOOD BANK							
PO BOX 250							DISTRIBUTION OF FOOD TO
KINGSTON, WA 98346-0250	91-1229210	501C3	0.	30,850.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
SKAGIT VALLEY HOSPITALITY HOUSE	51 1225210	50105			book		
ASSOCIATION/FRIENDSHIP HOUSE - PO							
BOX 517 - MOUNT VERNON, WA							DISTRIBUTION OF FOOD TO
98273-0517	91-1335750	501C3	0.	23,250.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
	11 1000,00			20,200			
SKAGIT VALLEY NEIGHBORS IN NEED							
PO BOX 394							DISTRIBUTION OF FOOD TO
MOUNT VERNON, WA 98273-0394	91-0951646	501C3	0.	23,250.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Othe	er Assistance to Dr		s and Domestic C	overnments (Sch	edule I (Form 990) D		1-0020037 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKY VALLEY FOOD BANK PO BOX 724 MONROE, WA 98272-0724	91-1186822	501C3	0.	150,321.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SNOHOMISH COMMUNITY FOOD BANK P.O. BOX 1364 SNOHOMISH, WA 98291	91-1334772	501C3	0.	100,819.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SNOQUALMIE VALLEY FOOD BANK PO BOX 1541 NORTH BEND, WA 98045	46-4388454	501C3	0.	117,954.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOAP LAKE FOOD BANK 325 MAIN AVE E, SOAP LAKE, WA 98851-0925	91-1454702	501C3	0.	281,245.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOAP LAKE SCHOOL DISTRICT 410 S GINGKO SOAP LAKE, WA 98851	23-7556294	GOVERNMENT	0.	6,200.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOC MABTON FOOD PANTRY PO BOX 10413 YAKIMA, WA 98909-1413	27-1028426	501C3	0.	103,002.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOC SUNNYSIDE FOOD PANTRY PO BOX 10413 YAKIMA, WA 98909-1413	27-1028426	501C3	0.	229,267.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOC WAPATO FOOD PANTRY PO BOX 10413 YAKIMA, WA 98909-1413	27-1028426	501C3	0.	263,146.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOC WHITE SWAN FOOD PANTRY PO BOX 40 WHITE SWAN, WA 98952	91-0878380	501C3	0.	135,581.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

NORTHWEST HARVEST EMM Schedule I (Form 990)

Part II Continuation of Grants and Other	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 9							
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(q)		

	1	, income of gamzanon					i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIAL GOOD FUND INC.							
2047 ASILOMAR DR							DISTRIBUTION OF FOOD TO
OAKLAND, CA 94805-4021	46-1323531	501C3	40,000.	0.			LOW INCOME INDIVIDUALS
SOLID GROUND							
1501 N 45TH STREET	00 7401000	50102		20.005	DOOM		DISTRIBUTION OF FOOD TO
SEATTLE, WA 98103	23-7421892	501C3	0.	38,005.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
SOUTH KITSAP HELPLINE							
1012 MITCHELL AVE							DISTRIBUTION OF FOOD TO
PORT ORCHARD, WA 98366	91-1117868	501C3	0.	72,250.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
,				,			
SOUTH WHIDBEY GOOD CHEER FOOD BANK							
PO BOX 144						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
LANGLEY, WA 98260-0144	23-7047914	501C3	0.	39,594.	воок	CARDS	LOW INCOME INDIVIDUALS
SOUTHEAST SENIOR CENTER							
4655 S. HOLLY ST.							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98118	91-1156576	501C3	0.	13,650.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
SOUTHSIDE FOOD PANTRY							
2934 E 27TH AVE, SPOKANE, WA 99223						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SPOKANE, WA 99223	91-2153486	501C3	0.	34,488.	BOOK	CARDS	LOW INCOME INDIVIDUALS
SOZO FOOD BANK							
1350 S RAINIER ST						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
KENNEWICK, WA 99337-3326	91-1184020	501C3	0.	14,174.	BOOK	CARDS	LOW INCOME INDIVIDUALS
	51 1104020	50105		14,1/4	BOOK		
SPOKANE AIDS NETWORK							
1121 S PERRY ST							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99202	91-1380583	501C3	0.	22,382.	воок	FOOD	LOW INCOME INDIVIDUALS
			· · ·	,502.			
SPOKANE DREAM CENTER							
2128 N PINES RD #3							DISTRIBUTION OF FOOD TO
SPOKANE VALLEY, WA 99206	91-1225144	501C3	٥.	53,565.	воок	FOOD	LOW INCOME INDIVIDUALS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE PUBLIC SCHOOLS							
200 N BERNARD ST							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201	91-6001550	GOVERNMENT	0.	83,950.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT BEMISS							
ELEMENTARY - 2323 E BRIDGEPORT AVE							DISTRIBUTION OF FOOD TO
- SPOKANE, WA 99207-5705	91-6001550	GOVERNMENT	0.	8,501.	воок	FOOD	LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT GRANT							
ELEMENTARY - 1300 E 9TH AVE -							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99202-2409	91-6001550	GOVERNMENT	0.	12,796.	BOOK	FOOD	LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT HOLMES							
ELEMENTARY - 2600 W SHARP AVE -							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201-2996	91-6001550	GOVERNMENT	0.	8,353.	воок	FOOD	LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT LOGAN							
ELEMENTARY - 1001 E MONTGOMERY AVE							DISTRIBUTION OF FOOD TO
- SPOKANE, WA 99207-2674	91-6001550	GOVERNMENT	0.	12,492.	BOOK	FOOD	LOW INCOME INDIVIDUALS
SPOKANE TRIBE FOOD BANK							
PO BOX 540							DISTRIBUTION OF FOOD TO
WELLPINIT, WA 99040-0540	91-0606339	501C3	0.	34,173.	BOOK	FOOD	LOW INCOME INDIVIDUALS
SPOKANE VALLEY PARTNERS FOOD BANK							
PO BOX 141360	01 1479930	E0102		406 242	DOOT	FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SPOKANE VALLEY, WA 99214	91-1478830	501C3	0.	406,242.	BOOK	CARDS	LOW INCOME INDIVIDUALS
SPRAGUE HORIZONS COMMUNITY FOOD							
BANK - PO BOX 178 - SPRAGUE, WA							DISTRIBUTION OF FOOD TO
99032-0178	26-2231541	501C3	0.	17,297.	воок	FOOD	LOW INCOME INDIVIDUALS
ST. LEO'S FOOD CONNECTION							
710 S. 13TH ST	01 0000050	50102		0.74 664	D007	TOOD	DISTRIBUTION OF FOOD TO
TACOMA, WA 98405	91-0622353	501C3	0.	271,624.	воок	FOOD	LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MICHAELS EPISCOPAL MISSION							
FOOD PANTRY - 5 S NACHES AVE -						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
YAKIMA, WA 98901-2726	91-0564996	501C3	0.	69,754.	воок	CARDS	LOW INCOME INDIVIDUALS
ST. VINCENT CENTERS OF YAKIMA							
2629 MAIN ST.							DISTRIBUTION OF FOOD TO
UNION GAP, WA 98903	91-0582318	501C3	0.	37,072.	воок	FOOD	LOW INCOME INDIVIDUALS
ST. VINCENT DE PAUL BREMERTON							
ASSISTANCE OFFICE AND FOOD BANK -							
1137 N CALLOW AVE - BREMERTON, WA							DISTRIBUTION OF FOOD TO
98312-3007	91-0635027	501C3	0.	22,950.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
ST. VINCENT DEPAUL ST JOSEPH IN							
WENATCHEE - 625 S. ELLIOTT -	12 5560260	501.00		20.000			DISTRIBUTION OF FOOD TO
WENATCHEE, WA 98801	13-5562362	501C3	0.	32,800.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
SUNNYSIDE- TEMPLO AMIGOS DEL							
ALTISIMO - 1517 HARRISON AVE							DISTRIBUTION OF FOOD TO
SUNNYSIDE, WA 98944	47-4422255	501C3	0.	85,181.	воок	FOOD	LOW INCOME INDIVIDUALS
,							
SUSTAINABLE RENTON							
ST. MATTHEW'S CHURCH 1700 EDMONDS						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
RENTON, WA 98056	45-1777828	501C3	0.	320,418.	воок	CARDS	LOW INCOME INDIVIDUALS
SWEDISH COMMUNITY SPECALITY CLINIC							
7314 46TH AVE SO.							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98118	91-0433740	501C3	0.	10,250.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
SEATTLE, WA SOTTO	91-0455740	50105	0.	10,230.	BOOK	GIFI CARDS	HOW INCOME INDIVIDUALS
TACOMA ADVENTIST COMMUNITY							
SERVICES - PO BOX 11291 - TACOMA,							DISTRIBUTION OF FOOD TO
WA 98411	72-1547205	501C3	0.	6,850.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
MENTING FOOD BANK DIVIS							
TENINO FOOD BANK PLUS PO BOX 1239							
	01-0144500	50103	_	34,693.	BOOK	FOOD	DISTRIBUTION OF FOOD TO
TENINO, WA 98589-1239	91-2144590	501C3	0.	54,693.	BOOK	FOOD	LOW INCOME INDIVIDUALS

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
THE FOOD BANK @ ST. MARY'S							
611 20TH AVE S							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98144-2208	91-1989445	501C3	0.	160,374.	воок	FOOD	LOW INCOME INDIVIDUALS
THE PANTRY AT MOXEE							
7203 MIERAS ROAD							DISTRIBUTION OF FOOD TO
YAKIMA, WA 98901	91-1010989	501C3	0.	73,091.	воок	FOOD	LOW INCOME INDIVIDUALS
THE PANTRY AT PLAIN							
12565 CHAPEL DRIVE 12565 CHAPEL DRI	-						DISTRIBUTION OF FOOD TO
LEAVENWORTH, WA 98826	91-6066767	501C3	0.	11,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
THE STOREHOUSE							
26201 180TH AVE SE							DISTRIBUTION OF FOOD TO
COVINGTON, WA 98042	02-0551015	501C3	0.	11,600.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
THE ZONE PROJECT							
4001 N. COOK STREET							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99207	91-1196071	501C3	0.	9,531.	воок	FOOD	LOW INCOME INDIVIDUALS
THURSTON COUNTY FOOD BANK							
220 THURSTON AVE NE						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
OLYMPIA, WA 98501-1138	23-7297837	501C3	0.	567,601.	воок	CARDS	LOW INCOME INDIVIDUALS
TOPPENISH COMMUNITY CHEST							
4 NORTH B ST						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
TOPPENISH, WA 98948	55-0845518	501C3	0.	146,007.	BOOK	CARDS	LOW INCOME INDIVIDUALS
,				,			
TOPPENISH SCHOOL DISTRICT GARFIELD							
ELEMENTARY - 505 MADISON AVE -							DISTRIBUTION OF FOOD TO
TOPPENISH, WA 98948-1173	91-6001615	GOVERNMENT	0.	8,492.	воок	FOOD	LOW INCOME INDIVIDUALS
TOPPENISH SCHOOL DISTRICT KIRKWOOD							
ELEMENTARY - 403 S JUNIPER ST -							DISTRIBUTION OF FOOD TO
TOPPENISH, WA 98948-1017	91-6001615	GOVERNMENT	0.	8,663.	BOOK	FOOD	LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	iovernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOPPENISH SCHOOL DISTRICT LINCOLN							
ELEMENTARY - 309 N ALDER ST -							DISTRIBUTION OF FOOD TO
TOPPENISH, WA 98948-1308	91-6001615	GOVERNMENT	0.	9,694.	воок	FOOD	LOW INCOME INDIVIDUALS
TOPPENISH SCHOOL DISTRICT VALLEY							
VIEW ELEMENTARY - 515 ZILLAH AVE -							DISTRIBUTION OF FOOD TO
TOPPENISH, WA 98948-1485	91-6001615	GOVERNMENT	0.	9,803.	воок	FOOD	LOW INCOME INDIVIDUALS
TRI-CITIES BENTON CITY FOOD BANK							
420 W DESCHUTES AVE							DISTRIBUTION OF FOOD TO
KENNEWICK, WA 99336-3636	91-1011971	501C3	0.	57,649.	воок	FOOD	LOW INCOME INDIVIDUALS
TRI-CITIES KENNEWICK FOOD BANK							
420 W DESCHUTES AVE	91-1011971	501C3	0.	107,382.	BOOK	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KENNEWICK, WA 99336-3636	91-1011971	50105	U.	107,382.	BOOK	CARDS	LOW INCOME INDIVIDUALS
TRI-CITIES RICHLAND FOOD BANK							
420 W DESCHUTES AVE							DISTRIBUTION OF FOOD TO
KENNEWICK, WA 99336-3636	91-1011971	501C3	0.	13,097.	воок	FOOD	LOW INCOME INDIVIDUALS
TUKWILA PANTRY							
3118 S 140 ST							DISTRIBUTION OF FOOD TO
TUKWILA, WA 98168	75-2974441	501C3	0.	314,135.	воок	FOOD	LOW INCOME INDIVIDUALS
TULALIP FOOD BANK							
1330 MARINE DRIVE NE	0.0.0000444	501.00		CO (11			DISTRIBUTION OF FOOD TO
TULALIP, WA 98271	26-0078444	501C3	0.	68,611.	BOOK	FOOD	LOW INCOME INDIVIDUALS
TUM TUM COMMUNITY FOOD PANTRY							
6424 HWY 291							DISTRIBUTION OF FOOD TO
NINE MILE FALLS, WA 99026	27-2469928	501C3	0.	30,435.	воок	FOOD	LOW INCOME INDIVIDUALS
UNIVERSITY DISTRICT FOOD BANK							
5017 ROOSEVELT WAY NE							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98105-3610	91-1224834	501C3	0.	175,659.	воок	FOOD	LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other			s and Domestic G	overnments (Sch	edule I (Form 990), Pa		1-0820037 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER VALLEY MEND (THE COMMUNITY							
CUPBOARD FOOD BANK) - PO BOX 772 -							DISTRIBUTION OF FOOD TO
EAVENWORTH, WA 98826-0772	91-1415660	501C3	0.	11,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
JRBAN FAMILY CENTER ASSOCIATION							
46 INDUSTRY DR							DISTRIBUTION OF FOOD TO
FUKWILA, WA 98188	27-3962439	501C3	0.	13,100.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
JRBAN FOOD SYSTEMS PACT (UNITED							
NAY OF KING COUNTY) - 6714 S 122ND							DISTRIBUTION OF FOOD TO
ST., - SEATTLE, WA 98178	91-0565555	501C3	0.	17,758.	воок	FOOD	LOW INCOME INDIVIDUALS
JRBAN LEAGUE							
.23 21ST AVE SUITE D						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98122	91-0575954	501C3	0.	31,490.	воок	CARDS	LOW INCOME INDIVIDUALS
· · · ·							
URBAN LEAGUE TACOMA							
2550 S. YAKIMA AVE							DISTRIBUTION OF FOOD TO
FACOMA, WA 98405	91-0826302	501C3	0.	19,600.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
UTOPIA WA							
341 CENTRAL AVE N, SUITE C-106							DISTRIBUTION OF FOOD TO
XENT, WA 98032	61-1668192	501C3	0.	16,592.	воок	FOOD	LOW INCOME INDIVIDUALS
JW CAMPUS PANTRY							
LO1 GERBERDING HALL UW BOX 351266							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98195	91-6001537	501C3	0.	8,899.	воок	FOOD	LOW INCOME INDIVIDUALS
VALLEY FOOD PANTRY							
PO BOX 81	27 1007251	50102		22 014	DOO 7	FOOD AND GIFT	DISTRIBUTION OF FOOD TO
VALLEY, WA 99181	27-1907351	501C3	0.	32,014.	BOOK	CARDS	LOW INCOME INDIVIDUALS
JASHON-MAURY COMMUNITY FOOD BANK							
PO BOX 1205							DISTRIBUTION OF FOOD TO
VASHON, WA 98070-1205	94-3165664	501C3	0.	59,798.	воок	FOOD	LOW INCOME INDIVIDUALS

NORTHWEST HARVEST EMM Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

	c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			assistance	(book, FMV, appraisal, other)		
VETERAN'S OUTREACH OF NE						
WASHINGTON (VFW) - PO BOX 583 -						DISTRIBUTION OF FOOD TO
CHEWELAH, WA 99109-0583 91-0979236 5010	23	0.	8,789.	воок	FOOD	LOW INCOME INDIVIDUALS
VFRC - COLVILLE FOOD BANK						
210 S. WYNNE ST COLVILLE WA 99114 91-1192094 5010	C.	0.	12 450	BOOK	GIFT CARDS	DISTRIBUTION OF FOOD TO
COLVILLE, WA 99114 91-1192094 5010		0.	13,450.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
VISION HOUSE						
501 UNION AVE NE						DISTRIBUTION OF FOOD TO
RENTON, WA 98059 91-1493474 5010	23	0.	17,200.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA - EVERETT						
FOOD BANK - PO BOX 839 - EVERETT,					FOOD AND GIFT	DISTRIBUTION OF FOOD TO
WA 98206-0839 91-0577129 5010	23	0.	151,418.	BOOK	CARDS	LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA CROSSWALK						
525 W. SECOND AVE.						DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201 91-0577131 5010		0.	21,608.	BOOK	FOOD	LOW INCOME INDIVIDUALS
		••	21,000.	book		
VOLUNTEERS OF AMERICA SULTAN						
PO BOX 268						DISTRIBUTION OF FOOD TO
SULTAN, WA 98294-0268 91-0577129 5010	23	0.	43,894.	воок	FOOD	LOW INCOME INDIVIDUALS
WA STATE DEPT OF AG						
FOOD ASSISTANCE PROGRAMS 1111						
WASHINGTON STREET SE - OLYMPIA, WA						DISTRIBUTION OF FOOD TO
98504-2560 91-6001062 GOVE	ERNMENT	0.	152,443.	BOOK	FOOD	LOW INCOME INDIVIDUALS
WASHINGTON GORGE ACTION PROGRAMS						L
(WAGAP) - PO BOX 805 - BINGEN, WA			555 000			DISTRIBUTION OF FOOD TO
98605 91-0793062 5010	:3	0.	575,023.	BOOK	FOOD	LOW INCOME INDIVIDUALS
WASHINGTON IMMIGRANT SOLIDARITY						
NETWORK (WAISN) - PO BOX 48159 -						DISTRIBUTION OF FOOD TO
SEATTLE, WA 98148-0159 46-1470709 5010	23	0.	27,950.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	i overnments (Sch	edule I (Form 990), Pa	art II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SEATTLE FOOD BANK							
3419 SW MORGAN ST.						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98126-3133	91-1464412	501C3	٥.	199,340.	воок	CARDS	LOW INCOME INDIVIDUALS
WESTCARE WA/WASHINGTON SERVES							
3711 27TH PLACE W # 307							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98199	86-0852629	501C3	0.	115,450.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
WESTGATE CHAPEL FOOD BANK							
22901 EDMONDS WAY							DISTRIBUTION OF FOOD TO
EDMONDS, WA 98020-5043	91-0774622	501C3	0.	80,671.	воок	FOOD	LOW INCOME INDIVIDUALS
·							
WHITE CENTER FOOD BANK							
10829 EIGHTH AVE SW						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98146	91-1167830	501C3	0.	138,133.	воок	CARDS	LOW INCOME INDIVIDUALS
WINLOCK-VADER FOOD BANK							
PO BOX 304							DISTRIBUTION OF FOOD TO
WINLOCK, WA 98596	46-4465558	501C3	0.	49,806.	воок	FOOD	LOW INCOME INDIVIDUALS
,				,			
WITHINREACH							
1441 NE 166TH COURT							DISTRIBUTION OF FOOD TO
SHORELINE, WA 98155	91-1443685	501C3	0.	176,850.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
WOMEN OF WISDOM TRICITIES							
745 THE PARKWAY							DISTRIBUTION OF FOOD TO
RICHLAND, WA 99352	85-1726598	501C3	0.	14,150.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
				,			
WOMEN'S AND CHILDREN'S FREE REST							
1408 N. WASHINGTON						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201	91-1399742	501C3	0.	137,608.	воок	CARDS	LOW INCOME INDIVIDUALS
YAKIMA FAIRVIEW SEVEN DAY							
ADVENTIST CHURCH - 2708 TIETON							DISTRIBUTION OF FOOD TO
DRIVE - YAKIMA, WA 98902	91-1128882	501C3	0.	6,050.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA OUR DAILY BREAD FB -							
SUNRISE OUTREACH - PO BOX 10413 -						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
YAKIMA, WA 98909-1413	27-1028426	501C3	0.	343,966.	воок	CARDS	LOW INCOME INDIVIDUALS
YAKIMA ROTARY FOOD BANK							
PO BOX 2221						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
YAKIMA, WA 98907-2221	91-1397598	501C3	0.	1,130,884.	воок	CARDS	LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT ADAMS							
ELEMENTARY - 723 S 8TH ST -							DISTRIBUTION OF FOOD TO
YAKIMA, WA 98901-3322	91-6001550	GOVERNMENT	0.	9,726.	воок	FOOD	LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT							
BARGE-LINCOLN ELEMENTARY - 219 E I							DISTRIBUTION OF FOOD TO
<u>ST - YAKIMA, WA 98901-1962</u>	91-6001550	GOVERNMENT	0.	9,726.	BOOK	FOOD	LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT GARFIELD							
ELEMENTARY - 612 N 6TH AVE -							DISTRIBUTION OF FOOD TO
YAKIMA, WA 98902-2117	91-6001550	GOVERNMENT	0.	9,726.	воок	FOOD	LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT HOOVER							
ELEMENTARY - 400 W VIOLA AVE -							DISTRIBUTION OF FOOD TO
YAKIMA, WA 98902-5609	91-6001550	GOVERNMENT	0.	6,420.	BOOK	FOOD	LOW INCOME INDIVIDUALS
IARIMA, WA 50502 5005	51 0001550	GOVERNMENT	Ů.	0,420.	BOOK		HOW INCOME INDIVIDUALD
YAKIMA SCHOOL DISTRICT MARTIN							
LUTHER KING JR - 2000 S 18TH ST -							DISTRIBUTION OF FOOD TO
UNION GAP, WA 98903-3932	91-6001550	GOVERNMENT	٥.	8,586.	воок	FOOD	LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT RIDGEVIEW							
ELEMENTARY - 609 W WASHINGTON AVE	01 6001550	COVEDNMENT	_	6 407	BOOK	FOOD	DISTRIBUTION OF FOOD TO
- UNION GAP, WA 98903-1310	91-6001550	GOVERNMENT	0.	6,497.	BOOK	FOOD	LOW INCOME INDIVIDUALS
YAKIMA SEVENTH-DAY ADVENTIST FOOD							
BANK - 507 N. 35TH AVE YAKIMA,						FOOD AND GIFT	DISTRIBUTION OF FOOD TO
WA 98902	91-0932432	501C3	0.	939,953.	воок	CARDS	LOW INCOME INDIVIDUALS

NORTHWEST HARVEST EMM

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Schedule I (Form 990) NORTHWEST Part II Continuation of Grants and Other			s and Domestic G	overnments (Sch	edule I (Form 990) P		01-0826037 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA- TEMPLO AMIGOS DEL ALTISIMO 1802 WILLOW STREET YAKIMA, WA 98902	47-4422255	501C3	0.	76,753.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YELM COMMUNITY SERVICES PO BOX 5320 YELM, WA 98597-5320	23-7226534	501C3	0.	79,881.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YMCA OF GREATER SEATTLE 909 4TH AVE SEATTLE, WA 98104	91-0482710	501C3	0.	7,997.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YWCA – CENTRAL AREA FOOD BANK 2820 E CHERRY ST SEATTLE, WA 98122-5032	91-0482890	501C3	0.	95,059.	воок	FOOD AND GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ZILLAH FOOD BANK PO BOX 1442 ZILLAH, WA 98953	91-1347733	501C3	0.	135,968.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990) 2021

Page 2

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

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

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

PART I, LINE 2:

FOOD AND SAFEWAY GIFT CARDS ARE DISTRIBUTED TO HUNGER PROGRAMS WHO SERVE

INDIVIDUALS IN NEED.

sc	HEDULE J	Compensation Information	- 1	OMB No. 1	1545-00	47	
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2021			
•	-	Compensated Employees		ZU		i -	
Dana	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic	
	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
Nan	e of the organizatio	n		identificatio		mber	
		NORTHWEST HARVEST EMM	91-0	082603	7		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	charter travel Housing allowance or residence for perso	onal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	cation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary :	spending account Personal services (such as maid, chauffe	ur, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
		provision of all of the expenses described above? If "No," complete Part III to explain		1 b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3		ny, of the following the organization used to establish the compensation of the organization'					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to				
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		compensation consultant					
	X Form 990 of o	ther organizations X Approval by the board or compensation of	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 re						
а	•	e payment or change-of-control payment?		4a		х	
b		eive payment from a supplemental nonqualified retirement plan?				Х	
с		eive payment from an equity-based compensation arrangement?				Х	
		nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r	evenues of:					
а	The organization?			5a		Х	
		ation?				Х	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r	net earnings of:					
а	The organization?			6a		X	
		ation?				X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		ז 53.4958-6(c)?	<u></u>	9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2021 (

91-0826037

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred ben	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) THOMAS REYNOLDS	(i)	235,020.	0.	0.	14,101.	20,636.		0.	
CEO	(ii)	0.	0.	0.	0.	0.		0.	
(2) WAYNE SHORTER	(i)	180,271.	0.	0.	10,816.	12,600.		0.	
COO	(ii)	0.	0.	0.	0.	0.		0.	
(3) LAURA HAMILTON EWING	(i)	149,940.	0.	0.	8,996.	37,502.	196,438.	0.	
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.		0.	
(4) JAMES GIBBS	(i)	135,444.	0.	0.	8,127.	10,455.	154,026.	0.	
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

PART I, LINE 3:

THE FOLLOWING FACTORS ARE TAKEN INTO ACCOUNT FOR DETERMINING THE

COMPENSATION OF THE CEO: THE PAST PERFORMANCE OF THE CEO, THE PRESENT AND

FUTURE NEEDS OF THE AGENCY, AND THE COMPENSATION OF THE COMPARABLE CEO'S IN

THE REGION. COMPENSATION OF THE CEO IS DISCUSSED AND DETERMINED ANNUALLY BY

THE BOARD OF DIRECTORS IN A PRIVATE EXECUTIVE SESSION.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2021

Department of the Treasury
Internal Revenue Service
internal nevenue del vice

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open to Public . Inspection

Name of the	organization
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Go to www.irs.gov/Form990 for instructions and the	he latest information.
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the organization			
	NORTHWEST	HARVEST	EMM

Employer identification number
91-0826037

Par	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	•
		applicable		Form 990, Part VIII, line 1g	HUHCASH CUITTIDU	nionai	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	78	1,028,756.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	9,747,372	16,278,111.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (NON-FOOD ITEM)	X	134,980	67,490.	FMV			
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive b	-			-			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	itions?	31	Х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				

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

contributions?

LHA For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.
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Schedule M (Form 990) 2021

32a

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Schedule M (Form 990) 2021 NON TIMES T TIAK VEST EM	dule M (Form 990) 2021	NORTHWEST	HARVEST	$\mathbf{E}\mathbf{M}\mathbf{M}$
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Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

SECURITIES - PUBLICLY TRADED: NUMBER OF CONTRIBUTORS.

FOOD: NUMBER OF ITEMS RECEIVED.

NON-FOOD: NUMBER OF ITEMS RECEIVED.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 91 - 0826037

NORTHWEST HARVEST EMM

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

THE 990 IS SENT TO ALL BOARD MEMBERS FOR REVIEW ANNUALLY AND ACCEPTED

THROUGH A BOARD VOTE.

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

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

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

THE FOLLOWING FACTORS ARE TAKEN INTO ACCOUNT FOR DETERMINING THE

COMPENSATION OF THE CEO: THE PAST PERFORMANCE OF THE CEO, THE PRESENT AND FUTURE NEEDS OF THE AGENCY, AND THE COMPENSATION OF THE COMPARABLE CEO'S IN THE REGION. COMPENSATION OF THE CEO IS DISCUSSED AND DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS IN A PRIVATE EXECUTIVE SESSION.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE HAS NOT CHANGED HOW IT REVIEWS THE AUDITED

FINANCIAL STATEMENTS.