

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

Form 990 header section containing organization name (NORTHWEST HARVEST/EMM), EIN (91-0826037), address (SEATTLE, WA 98102), and principal officer (LINCOLN MILLER).

Part I Summary

Summary section with line 1: TO PROVIDE NUTRITIOUS FOOD TO HUNGRY PEOPLE STATEWIDE IN A MANNER THAT RESPECTS THEIR DIGNITY, WHILE FIGHTING TO ELIMINATE HUNGER.

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows 8-22 showing financial data for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer LINCOLN MILLER, CFO, dated 05/15/2018.

Preparer information: LORI L SCOTT, BADER MARTIN, P.S., dated 05/15/2018.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

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

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

Enter filer's identifying number, see instructions

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

COPY

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

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

LINCOLN MILLER

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

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

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

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

1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20____ or
► tax year beginning 07/01, 2016, and ending 06/30, 2017.

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

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

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

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

WS

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

[] Yes [X] No

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

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

[] 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 \$ 48,385,918. including grants of \$) (Revenue \$ 1,505,491.)

NORTHWEST HARVEST SUPPLIES NUTRITIOUS FOOD TO MORE THAN 375 FOOD BANKS, MEAL PROGRAMS AND SCHOOLS IN WASHINGTON STATE, COLLECTING FOOD AND CASH DONATIONS TO PURCHASE AND DISTRIBUTE FOOD. DURING THE 2017 FISCAL YEAR, MORE THAN 27.9 MILLION POUNDS OF FOOD WAS DISTRIBUTED TO FRONTLINE HUNGER RELIEF PROGRAMS AND INDIVIDUALS AT NO CHARGE. NORTHWEST HARVEST HAS A STRONG FOCUS ON NUTRITION. SEVENTY-SEVEN PERCENT OF THE FOOD SUPPLIED WAS FRUITS, VEGETABLES AND PROTEIN. PROGRAM REVENUE IS DERIVED FROM THE PROVISION OF WAREHOUSING AND TRANSPORTATION SERVICES FOR A STATEWIDE HUNGER RELIEF PROGRAM AND FROM THE DISTRIBUTION OF BULK FOOD THROUGH THE NORTHWEST HARVEST SMART BUYS PROGRAM.

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

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

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

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

4e Total program service expenses 48,385,918.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response boxes. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) IRENE WARD CHAIR	4.00 0.	X		X				0.	0.	0.
(2) KATHY BROWN MEMBER	4.00 0.	X						0.	0.	0.
(3) DIANA AXNESS CHAIR ELECT	4.00 0.	X						0.	0.	0.
(4) DAN HARKINS MEMBER	2.00 0.	X						0.	0.	0.
(5) DICK GRADER MEMBER	2.00 0.	X						0.	0.	0.
(6) KAY BASSETT MEMBER	2.00 0.	X						0.	0.	0.
(7) SASA KIRKPATRICK MEMBER	2.00 0.	X						0.	0.	0.
(8) MINDY KORNBORG MEMBER	2.00 0.	X						0.	0.	0.
(9) BRANDON PEDERSEN MEMBER	2.00 0.	X						0.	0.	0.
(10) EILEEN TAKEUCHI TREASURER/SECRETARY	2.00 0.	X		X				0.	0.	0.
(11) JOYCE CAMERON MEMBER	2.00 0.	X						0.	0.	0.
(12) SCOTT MCQUILKIN MEMBER	2.00 0.	X						0.	0.	0.
(13) CRAIG WILSON MEMBER	2.00 0.	X						0.	0.	0.
(14) TIM GROVES MEMBER	2.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DWIGHT RIVES MEMBER	2.00 0.	X						0.	0.	0.
(16) NEAL BOLING MEMBER	2.00 0.	X						0.	0.	0.
(17) JEFF GRANT MEMBER	2.00 0.	X						0.	0.	0.
(18) CHRIS HALES MEMBER	2.00 0.	X						0.	0.	0.
(19) JAN STILL MEMBER	2.00 0.	X						0.	0.	0.
(20) MICHELLE ROTONDO CEO (UNTIL 6/30/2017)	40.00 0.			X				149,736.	0.	28,503.
(21) EU-WANDA EAGENS CHIEF OPERATING OFFICER	40.00 0.			X				103,600.	0.	25,385.
(22) LINCOLN MILLER CHIEF FINANCIAL OFFICER	40.00 0.			X				56,049.	0.	31,175.
(23) GAYLE JOHNSON CHIEF EXT. RELATIONS OFFICER	40.00 0.			X				89,731.	0.	14,511.
(24) MICHAEL REGIS DIRECTOR OF PROCUREMENT	40.00 0.					X		93,522.	0.	25,380.
(25) DAVID COE IT MANAGER	40.00 0.					X		83,754.	0.	22,771.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								576,392.	0.	147,725.
d Total (add lines 1b and 1c)								576,392.	0.	147,725.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	473,244.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	50,679,102.					
	g Noncash contributions included in lines 1a-1f: \$		40,361,442.					
	h Total. Add lines 1a-1f			51,152,346.				
Program Service Revenue	Business Code							
	2a SMART BUYS		624200	1,314,378.	1,314,378.			
	b TEFAP SVCS PROVIDED		624200	191,113.	191,113.			
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f			1,505,491.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2			36,620.			36,620.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses		-51,582.	-183,514.			
		c Gain or (loss)		51,582.	183,514.			
		d Net gain or (loss)			-235,096.			-235,096.
	8a Gross income from fundraising events (not including \$ 473,244. of contributions reported on line 1c). See Part IV, line 18	a	ATCH 3		25,973.			
		b Less: direct expenses	b		345,739.			
		c Net income or (loss) from fundraising events. ATCH 4			-319,766.			-319,766.
9a Gross income from gaming activities. See Part IV, line 19	a			0.				
	b Less: direct expenses	b		0.				
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a			0.				
	b Less: cost of goods sold	b		0.				
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				0.				
12 Total revenue. See instructions.				52,139,595.	1,505,491.		-518,242.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	42,104,044.	42,104,044.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	560,966.		560,966.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,794,758.	2,428,645.	569,213.	796,900.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	173,636.	111,127.	26,045.	36,464.
9 Other employee benefits	889,949.	569,567.	133,492.	186,890.
10 Payroll taxes	334,571.	214,125.	50,186.	70,260.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	3,206.	898.	1,250.	1,058.
c Accounting	39,614.		39,614.	
d Lobbying	5,000.	5,000.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	2,421.	677.	944.	800.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	247,160.	69,205.	96,392.	81,563.
12 Advertising and promotion	616,936.	6,169.		610,767.
13 Office expenses	292,108.	93,476.	35,055.	163,577.
14 Information technology	343,386.	96,148.	133,919.	113,319.
15 Royalties	0.			
16 Occupancy	830,799.	706,181.	83,080.	41,538.
17 Travel	133,161.	62,586.	39,948.	30,627.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,464.	1,158.	739.	567.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	546,737.	349,912.	114,815.	82,010.
23 Insurance	135,262.	43,284.	16,231.	75,747.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>FOOD HANDLING</u>	902,578.	902,578.		
b <u>TRANSPORTATION TRUCKING</u>	689,671.	324,146.	206,901.	158,624.
c <u>FOOD PACKING SUPPLIES</u>	296,992.	296,992.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	52,945,419.	48,385,918.	2,108,790.	2,450,711.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,536,619.	1	1,041,170.
	2 Savings and temporary cash investments	2,857,399.	2	3,754,944.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	181,377.	4	239,188.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	3,264,844.	8	3,941,009.
	9 Prepaid expenses and deferred charges	293,413.	9	213,828.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,128,265.		
	b Less: accumulated depreciation	10b 6,481,434.	10,959,401.	10c 10,646,831.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	1,533,876.	15	1,630,317.
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,626,929.	16	21,467,287.	
Liabilities	17 Accounts payable and accrued expenses	540,350.	17	1,078,839.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	540,350.	26	1,078,839.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,829,944.	27	18,071,202.
	28 Temporarily restricted net assets	1,099,550.	28	1,130,113.
	29 Permanently restricted net assets	1,157,085.	29	1,187,133.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	21,086,579.	33	20,388,448.	
34 Total liabilities and net assets/fund balances	21,626,929.	34	21,467,287.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	52,139,595.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,945,419.
3	Revenue less expenses. Subtract line 2 from line 1	3	-805,824.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,086,579.
5	Net unrealized gains (losses) on investments	5	107,693.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,388,448.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (78.39%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (82.00%); 16a 33 1/3% support test - 2016 (checked); 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

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

EXPLANATION OF OTHER INCOME

GAIN ON NMTC EXPIRATION - 2013 AMOUNT \$2,462,804

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2016

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **NORTHWEST HARVEST/EMM**

Employer identification number
91-0826037

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,523,504.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,350,036.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 6,661,403.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 9,387,072.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,439,025.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,113,421.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	DONATED FOOD _____ _____ _____	\$ 1,523,504.	06/30/2017
2	DONATED FOOD _____ _____ _____	\$ 1,350,036.	06/30/2017
3	DONATED FOOD _____ _____ _____	\$ 6,661,403.	06/30/2017
4	DONATED FOOD _____ _____ _____	\$ 9,387,072.	06/30/2017
5	DONATED FOOD _____ _____ _____	\$ 2,439,025.	06/30/2017
6	DONATED FOOD _____ _____ _____	\$ 1,113,421.	06/30/2017

Name of organization **NORTHWEST HARVEST/EMM**

Employer identification number
91-0826037

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2016

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCH C, PART II-B, LINE 1

NORTHWEST HARVEST EMPLOYS A PUBLIC POLICY MANAGER TO PERFORM EDUCATION AND ADVOCACY WORK IN OLYMPIA. VOLUNTEERS PARTICIPATED IN HUNGER ACTION DAY AT THE STATE CAPITOL. THERE IS NO VALUE REPORTED ON PART II-B, LINE 1D, COLUMN (B) BECAUSE THE EXPENSES ASSOCIATED WITH THIS ACTIVITY ARE NOT ASCERTAINABLE.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

NORTHWEST HARVEST/EMM

91-0826037

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

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

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

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2016

JSA 6E1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	196,217.	200,939.	200,267.	173,459.	156,534.
b Contributions					
c Net investment earnings, gains, and losses	19,685.	-4,722.	672.	26,808.	16,925.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	215,902.	196,217.	200,939.	200,267.	173,459.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 55.0000 %
 - c Temporarily restricted endowment 45.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

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

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,845,648.		1,845,648.
b Buildings		10,509,900.	2,545,617.	7,964,283.
c Leasehold improvements		675,104.	354,268.	320,836.
d Equipment		1,843,708.	1,545,242.	298,466.
e Other		2,253,905.	2,036,307.	217,598.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,646,831.

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. (Column (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. (Column (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) PERPETUAL TRUST	1,093,282.
(2) BENEFICIAL INTEREST IN END FDS	537,035.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,630,317.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	52,966,964.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	107,693.		
b	Donated services and use of facilities	2b	376,358.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	484,051.
3	Subtract line 2e from line 1			3	52,482,913.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,421.		
b	Other (Describe in Part XIII.)	4b	-345,739.		
c	Add lines 4a and 4b			4c	-343,318.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5	52,139,595.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements			1	53,665,095.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	376,358.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	345,739.		
e	Add lines 2a through 2d			2e	722,097.
3	Subtract line 2e from line 1			3	52,942,998.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,421.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	2,421.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5	52,945,419.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCH D, PART X, LINE 2

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

SCH D, PART XI, LINE 4B

FUNDRAISING EVENTS EXPENSES: \$345,739

SCH D, PART XII, LINE 2D

FUNDRAISING EVENTS EXPENSES: \$345,739

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWEST HARVEST/EMM

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

91-0826037

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		50TH CELEBRATE (event type)	CRUSH HUNGER (event type)	2. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	452,738.	17,384.	29,095.	499,217.
	2 Less: Contributions	436,488.	16,034.	20,722.	473,244.
	3 Gross income (line 1 minus line 2)	16,250.	1,350.	8,373.	25,973.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			1,000.	1,000.
	6 Rent/facility costs	29,418.	2,328.	1,336.	33,082.
	7 Food and beverages	41,413.	3,133.	3,187.	47,733.
	8 Entertainment	2,500.		3,004.	5,504.
	9 Other direct expenses	229,980.	4,672.	23,768.	258,420.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				345,739.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-319,766.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABERDEEN AVENUE BAPTIST CHURCH PO BOX 2214 ABERDEEN, WA 98520				5,305.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) ABERDEEN COMMUNITY FOOD BANK PO BOX 444 ABERDEEN, WA 98520				17,384.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) ASIAN COUNSELING AND REFERRAL SERVICE 3639 MLK JR WAY S SEATTLE, WA 98144				440,190.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) ADDY RESCUE MISSION PO BOX 38 ADDY, WA 99101				12,176.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) ADRA BERRY MEMORIAL FOOD BANK PO BOX 948 PRESTON, WA 98050				60,588.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) ADVENTIST COMMUNITY SERVICES OF GRAYS HARBO 3101 CHERRY ST. HOQUIAM, WA 98550				9,854.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) ALGER FOOD BANK 1195 ALGER CAIN LAKE RD				32,180.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) ALGONA/PACIFIC FOOD PANTRY 603 THIRD AVE. SE PACIFIC, WA 98047				51,151.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) ALL SAINTS FOOD PANTRY 314 S. SPRUCE STREET SPOKANE, WA 99201				37,125.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) ALOHA INN PO BOX 217 SEATTLE, WA 98111				15,085.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) APOYO 111 PEAVINE ROAD ELLENSBURG, WA 98926				62,290.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) ASOTIN COUNTY FOOD BANK 1546 MAPLE ST CLARKSTON, WA 99403				39,846.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AUBURN FOOD BANK PO BOX 464 AUBURN, WA 98071				236,713.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) BALLARD FOOD BANK 5130 LEARY AVE NW SEATTLE, WA 98107				121,893.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) BIKERS AGAINST STATEWIDE HUNGER OF WASHINGT PO BOX 2020 ELMA, WA 98541				12,633.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) BASIN CITY HELP SERVICES 1880 DRUMMOND RD MESA, WA 99343				50,960.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) BATTLE GROUND ADVENTIST COMMUNITY SERVICES 11117 NE 189TH ST, STE 100				34,907.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) BELLINGHAM FOOD BANK 1824 ELLIS STREET BELLINGHAM, WA 98225				498,518.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) BLAINE FOOD BANK PO BOX 472 BLAINE, WA 98230				143,248.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) BLUE MOUNTAIN ACTION COUNCIL FOOD BANK 921 W CHERRY ST WALLA WALLA, WA 99362				160,876.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) BONNEY LAKE FOOD BANK PO BOX 7521 BONNEY LAKE, WA 98391				19,551.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) BOTHELL COMMUNITY KITCHEN 18204 83RD AVE NE KENMORE, WA 98028				8,732.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) BREAD OF LIFE - MARBLEMOUNT 3302 CEDARDALE RD, D100				48,471.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) BREMERTON FOODLINE PO BOX 824 BREMERTON, WA 98337				186,916.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BREWSTER FOOD BANK PO BOX 826 BREWSTER, WA 98812				38,807.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) BRINNON FOOD BANK 51 CANAL LANE BRINNON, WA 98320				31,989.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) CARE & SHARE - GRAND COULEE P.O. BOX 671 GRAND COULEE, WA 99133				72,778.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) CARE & SHARE - LINCOLN COUNTY PO BOX 217 DAVENPORT, WA 99122				27,009.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) CARITAS OUTREACH MINISTRIES 1612 W DALKE AVE SPOKANE, WA 99205				40,891.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) CAROL ROWE MEMORIAL EDMONDS FOOD BANK 828 CASPERS ST. EDMONDS, WA 98020				220,406.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) CASHMERE FOOD BANK PO BOX 225 CASHMERE, WA 98815				17,904.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) CASTLE ROCK LIONS FOOD BANK PO BOX 776 CASTLE ROCK, WA 98611				25,856.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) CATHEDRAL KITCHEN 804 NINTH AVE. SEATTLE, WA 98104				32,937.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) CENTERSTONE 722 18TH AVENUE SEATTLE, WA 98122				230,567.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) CENTRAL KITSAP FOOD BANK PO BOX 748 SILVERDALE, WA 98383				135,317.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) CHEWELAH FOOD BANK PO BOX 628 CHEWELAH, WA 99109				20,850.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Internal Revenue Service

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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHICKEN SOUP BRIGADE (LIFELONG AIDS ALLIANC P.O. BOX 80547 SEATTLE, WA 98108				198,357.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) CHIEF SEATTLE CLUB 410 SECOND AVE EXTENSION S.				26,850.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) CLARK COUNTY ADVENTIST COMMUNITY SERVICES PO BOX 2128 VANCOUVER, WA 98668-2128				72,841.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) CLEAR LAKE COMMUNITY COVENANT CHURCH & FOOD PO BOX 188 CLEARLAKE, WA 98235				10,815.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) COASTAL HARVEST MOBILE FOOD BANK PO BOX 616 HOQUIAM, WA 98550				54,687.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) COLVILLE CONFEDERATED TRIBES FOOD BANK PO BOX 150 NESPELEM, WA 99155				284,401.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) COMMUNITY SERVICES OF MOSES LAKE PO BOX 683 MOSES LAKE, WA 98837				626,258.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) COMMUNITY CUPBOARD - MEND PO BOX 772 LEAVENWORTH, WA 98826				33,208.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) COMMUNITY FOOD PANTRY PO BOX 1858 BELFAIR, WA 98528				229,800.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) COMMUNITY LUNCH ON CAPITOL HILL 509 10TH AVE E SEATTLE, WA 98102				23,197.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) CONCERN FOR NEIGHBORS FOOD BANK 4700 228TH ST. SW				128,615.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) CONCONULLY FOOD BANK 713 E DEWBERRY AVE OMAK, WA 98841				18,570.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CONCRETE FOOD BANK PO BOX 53 CONCRETE, WA 98237				23,115.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) COPALIS COMMUNITY CHURCH FOOD BANK PO BOX 304 COPALIS BEACH, WA 98535				11,516.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) COUNCIL AGING & HUMAN SERVICES FOOD BANK PO BOX 107 COLFAX, WA 99111				128,244.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) CUSICK FOOD BANK PO BOX 126 CUSICK, WA 99119				39,988.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) DES MOINES AREA FOOD BANK PO BOX 98788 DES MOINES, WA 98198				156,551.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) DOWNTOWN EMERGENCY SERVICE CENTER - EVANS H 515 3RD AVENUE SEATTLE, WA 98104				22,468.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) DOWNTOWN EMERGENCY SERVICE CENTER - RAINIER 515 3RD AVENUE SEATTLE, WA 98104				13,970.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) EAST CENTRAL COMMUNITY CENTER 500 S STONE ST SPOKANE, WA 99202				88,178.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) EAST GRAYS HARBOR COUNTY FOOD BANK PO BOX 1440 ELMA, WA 98541				16,604.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) EAST VALLEY BAPTIST CHURCH FOOD PANTRY 14516 E WELLESLEY SPOKANE, WA 99216				28,291.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) EDGEWOOD COMMUNITY FISH FOOD BANK 3607 122ND AVE E, STE B EDGEWOOD, WA 98372				33,879.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) EL CENTRO DE LA RAZA FOOD BANK 2524 16TH AVE. S. SEATTLE, WA 98144				189,422.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ELOISE COOKING POT PO BOX 94545 SEATTLE, WA 98124				289,282.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) EMERGENCY FOOD BANK OF IONE P.O. BOX 493 IONE, WA 99139				6,923.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) ENTIAT VALLEY COMMUNITY SERVICES FOOD BANK PO BOX 697 ENTIAT, WA 98822				25,890.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) EPHRATA FOOD BANK PO BOX 804 EPHRATA, WA 98823				142,291.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) EVERETT BOYS & GIRLS CLUB 2316 12TH STREET EVERETT, WA 98201				14,144.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) FAIRVIEW SEVENTH-DAY ADVENTIST FOOD BANK PO BOX 191 SELAH, WA 98942				40,743.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) FAITH CENTER FOOD BANK 1209 MINOR RD. KELSO, WA 98626				75,181.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) FALL CITY COMMUNITY FOOD PANTRY PO BOX 640 FALL CITY, WA 98024				14,273.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) FAMILIES UNLIMITED NETWORK FOOD BANK PO BOX 65672 UNIVERSITY PL, WA 98464-0672				26,949.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) FAMILY WORKS FOOD BANK 1501 N 45TH SEATTLE, WA 98103				134,854.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) FERNDALE FOOD BANK PO BOX 1593 FERNDALE, WA 98248				79,367.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) FISH OF COWLITZ COUNTY PO BOX 135 LONGVIEW, WA 98632				47,711.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FISH OF ORCHARDS PO BOX 820833 VANCOUVER, WA 98682				77,964.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) FISH OF VANCOUVER PO BOX 585 VANCOUVER, WA 98666				76,178.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) FOOTHILLS FOOD BANK 5568 MT. BAKER HWY DEMING, WA 98244				99,130.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) FORD FOOD PANTRY FORD SUNSET CLUB, PO BOX 184 FORD, WA 99013				25,641.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) SEATTLE SCHOOL DISTRICT HIGHLAND PARK ELEME 1012 SW TRENTON ST SEATTLE, WA 98106				5,107.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) GARFIELD COUNTY FOOD BANK PO BOX 15 POMEROY, WA 99347				16,419.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) GIFTS FROM THE HEART FOOD BANK PO BOX 155 COUPEVILLE, WA 98239				48,812.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) GOLDEN AGE FOOD SHARE P.O. BOX 4467 PASCO, WA 99301				63,309.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) GOLDENDALE FOOD BANK PO BOX 48 BINGEN, WA 98620				62,476.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) GRAHAM SOUTH HILL FISH FOOD BANK 1702 S 72ND ST. STE. E TACOMA, WA 98408				50,357.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) GRANDVIEW SEVENTH-DAY ADVENTIST FOOD BANK PO BOX 1409 PROSSER, WA 99350				218,237.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) GRANGER FOOD BANK PO BOX 791 GRANGER, WA 98932				185,423.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GRANITE FALLS FOOD BANK PO BOX 1947 GRANITE FALLS, WA 98252				37,001.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) GREATER CHEHALIS FOOD BANK PO BOX 1311 CHEHALIS, WA 98532				22,643.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) GREENHOUSE COMMUNITY CENTER PO BOX 280 DEER PARK, WA 99006				159,000.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) HAMILTON COMMUNITY FOOD BANK PO BOX 75 HAMILTON, WA 98255				34,910.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) HARRINGTON FOOD BANK 204 N. THIRD ST. HARRINGTON, WA 99134				32,112.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) HARVEST OUTREACH FOOD BANK 1350 S RAINIER ST KENNEWICK, WA 99337				418,452.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) HELPING HANDS FOOD BANK PO BOX 632 SEDRO WOOLLEY, WA 98284				266,261.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) HELPLINE HOUSE 282 KNECHTEL WAY NE				59,462.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) HIGHLAND FOOD BANK PO BOX 232 COWICHE, WA 98923				147,891.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) HIGHLINE AREA FOOD BANK PO BOX 66427 BURIEN, WA 98166				135,348.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) HIGHLINE SCHOOLS DISTRICT HAZEL VALLEY ELEM 402 SOUTHWEST 132ND ST BURIEN, WA 98146				5,574.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) HIGHLINE SCHOOLS DISTRICT MOUNT VIEW ELEMEN 10811 12TH AVE SW SEATTLE, WA 98146				5,605.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HIS SUPPER TABLE PO BOX 1487 OCEAN PARK, WA 98640-1487				5,229.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) HOH TRIBAL FOOD BANK P O BOX 2196 FORKS, WA 98331				6,855.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) HOOD CANAL FOOD BANK PO BOX 995 HOODSPORT, WA 98548				11,398.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) HOPELINK BELLEVUE 14812 MAIN ST BELLEVUE, WA 98007				620,835.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) HOPELINK KIRKLAND 10675 WILLOWS RD #275 REDMOND, WA 98052				11,760.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) HOPELINK REDMOND 16725 CLEVELAND ST REDMOND, WA 98052				22,074.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) HOPELINK SNO-VALLEY PO BOX 485 CARNATION, WA 98014				5,046.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) HOPESOURCE FOOD BANK 700 E MOUNTAIN VIEW AVE, STE 5				32,777.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) HOQUIAM FOOD & CLOTHING BANK PO BOX 472 HOQUIAM, WA 98550				18,584.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) HOQUIAM SCHOOL DISTRICT - CENTRAL ELEMENTAR 310 SIMPSON AVE. HOQUIAM, WA 98550				5,263.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) HOQUIAM SCHOOL DISTRICT - LINCOLN ELEMENTAR 700 WOOD AVE HOQUIAM, WA 98550				5,272.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) HOUSE OF CHARITY PO BOX 2253 SPOKANE, WA 99210				24,552.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HUB CITY MISSION FOOD BANK 132 KIRKLAND RD CHEHALIS, WA 98532				28,079.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) HUMPTULIPS FOOD BANK PO BOX 42 HUMPTULIPS, WA 98552				5,554.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) HUNGER INTERVENTION PROGRAM 3841 NE 123RD STREET SEATTLE, WA 98125				9,073.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) HUNTERS FOOD BANK PO BOX 24 HUNTERS, WA 99137				8,169.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) IMMANUEL COMMUNITY SERVICES FOOD BANK 1215 THOMAS ST SEATTLE, WA 98109				25,537.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) INTERFAITH ASSOCIATION OF NORTHWEST WASHING PO BOX 12824 EVERETT, WA 98206				16,490.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) INTER-FAITH TREASURE HOUSE PO BOX 815 CAMAS, WA 98607				35,801.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) ISSAQUAH FOOD & CLOTHING BANK 179 1ST AVE. SE ISSAQUAH, WA 98027				13,640.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) JEWISH FAMILY SERVICE 1601 16TH AVE. SEATTLE, WA 98122				109,821.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) KALAMA HELPING HAND PO BOX 621 KALAMA, WA 98625				22,185.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) KENT SCHOOL DISTRICT PARK ORCHARD ELEMENTAR 11010 SE 232ND STREET KENT, WA 98031				5,773.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) KENT SCHOOL DISTRICT SPRINGBROOK ELEMENTARY 20035 100TH AVE SE KENT, WA 98031				5,092.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KENT SCHOOL DISTRICT ELEMENTARY SCHOOL 24700 64TH AVE S KENT, WA 98032				5,898.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) KENT SCHOOL DISTRICT DANIEL ELEMENTARY 11310 SE 248TH ST KENT, WA 98030				6,102.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) KENT SCHOOL DISTRICT EAST HILL ELEMENTARY 9825 S 240TH ST KENT, WA 98031				5,642.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) KETTLE FALLS COMMUNITY CHEST PO BOX 1145 KETTLE FALLS, WA 99141				15,502.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) KETTLE RIVER LINC 365 MAIN ST ORIENT, WA 99160				7,637.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) KEY PENINSULA BISCHOFF FOOD BANK PO BOX 554 VAUGHN, WA 98394				61,804.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) LA CONNER SUNRISE FOOD BANK PO BOX 922 LA CONNER, WA 98257				19,489.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) LAKE CHELAN FOOD BANK PO BOX 2684 CHELAN, WA 98816				45,669.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) LAKES AREA FISH FOOD BANK 6900 STEILACOOM BLVD LAKEWOOD, WA 98499				30,690.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) CLOVER PARK SCHOOL DISTRICT PARK LODGE ELEM 6300 100TH STREET SW LAKEWOOD, WA 98499				5,060.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) CLOVER PARK SCHOOL DISTRICT FOUR HEROES ELE 9101 LAKEWOOD DRIVE SOUTHWEST				5,740.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) LATINO HOT MEAL (EL CENTRO) 2524 16TH AVE. S. SEATTLE, WA 98144				15,164.	FMV	FOOD	DISTRIBUTION OF FOOD

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LEGACY COMMUNITY OUTREACH FOOD BANK PO BOX 1388 SOUTH BEND, WA 98586				9,596.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) SD LEWIS COUNTY FOOD COALITION PO BOX 307 CHEHALIS, WA 98532				53,388.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) LOON LAKE FOOD BANK PO BOX 64 LOON LAKE, WA 99148				461,370.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) LORD'S NEIGHBORHOOD DINER 700 CALLAHAN DRIVE BREMERTON, WA 98310				16,553.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) LUMMI NATION FOOD BANK 2665 KWINA ROAD BELLINGHAM, WA 98226				95,977.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) LYNNWOOD FOOD BANK 5320 176TH ST. SW LYNNWOOD, WA 98037				173,235.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) MAKAH FOOD BANK PO BOX 115 NEAH BAY, WA 98357				80,019.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) MALONE FOOD BANK PO BOX 983 MALONE, WA 98559				6,920.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) MANSFIELD FOOD BANK PO BOX 191 MANSFIELD, WA 98830				13,300.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) MAPLE VALLEY FOOD BANK & EMERGENCY SERVICES PO BOX 322 MAPLE VALLEY, WA 98038				179,870.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) MARGIE WILLIAMS HELPING HANDS PO BOX 2145 RENTON, WA 98056				64,053.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) MARTHA'S PANTRY 5701 MACARTHUR BLVD				16,204.	FMV	FOOD	DISTRIBUTION OF FOOD

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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(1) MARY'S PLACE PO BOX 1711 SEATTLE, WA 98111-1711				42,274.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) MARYSVILLE COMM. FOOD BANK PO BOX 917 MARYSVILLE, WA 98270				111,004.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) MATLOCK FOOD BANK PO BOX 122 MATLOCK, WA 98560				10,107.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) MATTAWA AREA FOOD BANK BOX 853 MATTAWA, WA 99349				198,388.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) MCCLEARY FOOD BANK PO BOX 1065 MCCLEARY, WA 98557				5,465.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) MIDWEST FOOD BANK 1703 VETERANS PARKWAY BLOOMINGTON, IL 61701				298,311.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) MILLIONAIR CLUB 2515 WESTERN AVE SEATTLE, WA 98121				13,201.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) MOBILE FOOD EXPRESS, SKAGIT CAP 330 PACIFIC PLACE MOUNT VERNON, WA 98273				42,521.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) MONTESANO FOOD BANK 213 W SPRUCE MONTESANO, WA 98563				8,151.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) MOSES LAKE SCHOOL DISTRICT LARSON HEIGHTS 700 LINDBERG LANE MOSES LAKE, WA 98837				5,839.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) MOSES LAKE SCHOOL DISTRICT NORTH ELEMENTARY 1200 W CRAIG BLVD MOSES LAKE, WA 98837				5,818.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) MT SI HELPING HAND FOOD BANK PO BOX 2464 NORTH BEND, WA 98045				136,304.	FMV	FOOD	DISTRIBUTION OF FOOD

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

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Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

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Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MULTI-SERVICE CENTER PO BOX 23699 FEDERAL WAY, WA 98093				294,237.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) MY SISTER'S PANTRY 621 TACOMA AVE. S TACOMA, WA 98402				69,511.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) NEIGHBORS HELPING NEIGHBORS PO BOX 789 RIDGEFIELD, WA 98642				30,825.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) NEW HOPE FOOD BANK PO BOX 247 SEKIU, WA 98381				10,991.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) NEW HOPE RANCH FB 13507 W CHARLES RD				45,710.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) NEWPORT FOOD BANK PO BOX 1952 NEWPORT, WA 99156				44,411.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) NOAH'S ARK PO BOX 1562 YAKIMA, WA 98907				41,312.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) NOEL HOUSE 118 BELL ST SEATTLE, WA 98121				9,277.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) NOOKSACK TRIBAL FOOD BANK P.O. BOX 157 DEMING, WA 98244				16,697.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) NOOKSACK VALLEY FOOD BANK 205 REEDS LN #6 EVERSON, WA 98247				87,999.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) NORTH COUNTY COMMUNITY FOOD BANK PO BOX 2106 BATTLE GROUND, WA 98604				56,774.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) NORTH COUNTY FOOD PANTRY P.O. BOX 388 ELK, WA 99009				159,111.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NORTH HELPLINE BITTERLAKE 12736 33RD AVE. NE, #100 SEATTLE, WA 98125				31,344.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) NORTH HELPLINE FOOD BANK 12736 33RD AVE NE STE 100 SEATTLE, WA 98125				320,895.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) NORTH KITSAP FISHLINE PO BOX 1517 POULSBO, WA 98370				86,382.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) NORTH MASON COALITION OF CHURCHES AND COMMU PO BOX 1331 BELFAIR, WA 98528				9,903.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) NORTH PACIFIC COUNTY FOOD BANK 1899 PARK AVE RAYMOND, WA 98577				8,184.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) NORTHEAST FOOD PANTRY PO BOX 7398 SPOKANE, WA 99207				82,797.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) NORTHPORT FOOD BANK PO BOX 411 NORTHPORT, WA 99157				12,567.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) NOURISH PIERCE COUNTY MOBILE 1702 S 72ND ST, STE. E TACOMA, WA 98408				18,323.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) NW TACOMA FISH FOOD BANK 2710 N MADISON TACOMA, WA 98407				42,558.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) OCEAN PARK FOOD BANK PO BOX 907 OCEAN PARK, WA 98640				11,237.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) OCEAN SHORES FOOD BANK PO BOX 1293 OCEAN SHORES, WA 98569				17,547.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) OIC OF WA FOOD BANK 815 FRUITVALE BLVD. YAKIMA, WA 98902				677,729.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OKANOGAN FOOD BANK PO BOX 1067 OKANOGAN, WA 98840				55,545.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) OL' MILL FOOD BANK PO BOX 301 KLICKITAT, WA 98628				27,170.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) OMAK FOOD BANK PO BOX 4337 OMAK, WA 98841				79,763.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) OPERATION NIGHTWATCH PO BOX 21181 SEATTLE, WA 98111				25,995.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) OPERATION SACK LUNCH PO BOX 4128 SEATTLE, WA 98194				24,393.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) ORCAS ISLAND FOOD BANK PO BOX 424 EASTSOUND, WA 98245				21,769.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) OROVILLE FOOD BANK PO BOX 471 OROVILLE, WA 98844				35,862.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) ORTING FOOD BANK PO BOX 1877 ORTING, WA 98380				46,969.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) OTHELLO FOOD BANK PO BOX 152 OTHELLO, WA 99344				77,725.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) OUR PLACE COMMUNITY MINISTRIES 1509 W COLLEGE SPOKANE, WA 99201				44,598.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) OZANAM HOUSE 801 NINTH AVE. SEATTLE, WA 98104				8,604.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) PANTRY SHELF OF WALLA WALLA 325 S. FIRST AVE. WALLA WALLA, WA 99362				15,707.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PARADISE OF PRAISE FOOD BANK 1316 SW HOLDEN ST SEATTLE, WA 98106				47,408.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) PASCO COMMUNITY SERVICES 1468 OXFORD AVE RICHLAND, WA 99352				287,020.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) PASTOR'S PANTRY PO BOX 880 MORTON, WA 98356				10,573.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) PEOPLE FOR PEOPLE 1008 W AHTANUM STE 3 UNION GAP, WA 98903				22,891.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) PEOPLES PANTRY OF FERRY COUNTY PO BOX 1114 REPUBLIC, WA 99166				19,197.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) PHINNEY RIDGE LUTHERAN CHURCH FOOD BANK 7500 GREENWOOD AVE. N. SEATTLE, WA 98103				48,034.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) EMERGENCY FOOD NETWORK 3318 92 ST S LAKEWOOD, WA 98499				5,341,336.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) PIKE MARKET FOOD BANK 85 PIKE STREET, STE 200 SEATTLE, WA 98101				202,869.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) PIKE MARKET SENIOR CENTER MEALS 85 PIKE STREET #200 SEATTLE, WA 98101				43,759.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) PLATEAU OUTREACH MINISTRIES PO BOX 391 ENUMCLAW, WA 98022-0391				68,024.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) POINT ROBERTS FOOD BANK 323 EVERGREEN WAY POINT ROBERTS, WA 98281				5,457.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) PORT ANGELES FOOD BANK PO BOX 1885 PORT ANGELES, WA 98362				150,808.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PORT TOWNSEND FOOD BANK PO BOX 1795 PORT TOWNSEND, WA 98368				105,495.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) PROJECT HOPE FOOD BANK 205 SO. BC AVENUE LYNDEN, WA 98264				64,750.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) PROVIDENCE REGINA HOUSE 8201 10TH AVE S #6 SEATTLE, WA 98108				264,652.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) PUGET SOUND LABOR AGENCY 2800 1ST AVE. #126 SEATTLE, WA 98121				144,012.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) PUYALLUP FOOD BANK PO BOX 202 PUYALLUP, WA 98371				58,587.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) QUILCENE FOOD BANK PO BOX 112 QUILCENE, WA 98376				42,460.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) QUILLEUTE FOOD BANK PO BOX 279 LA PUSH, WA 98350				19,201.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) QUINAULT COMMUNITY FOOD BANK PO BOX 22 NEILTON, WA 98566				7,853.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) QUINCY COMMUNITY FOOD BANK PO BOX 413 QUINCY, WA 98848				121,957.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) RAINIER VALLEY FOOD BANK 4205 RAINIER AVE. S. SEATTLE, WA 98118				301,847.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) RECOVERY CAFE 2022 BOREN AVE. SEATTLE, WA 98121				19,370.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) RENEWAL FOOD BANK 12819 SE 38TH ST, PMB #241				106,849.	FMV	FOOD	DISTRIBUTION OF FOOD

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RITZVILLE FOOD PANTRY PO BOX 442 RITZVILLE, WA 99169				35,715.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) ROCK ISLAND FOOD BANK 1420 DEMAR PL ROCK ISLAND, WA 98850				21,894.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) ROOF COMMUNITY SERVICES PO BOX 312 ROCHESTER, WA 98579				21,997.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) ROOTS SHELTER & FRIDAY FEAST 1415 NE 43RD STREET SEATTLE, WA 98105				22,560.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) ROYAL CITY FOOD BANK PO BOX 144 ROYAL CITY, WA 99357				290,566.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) SAGE 710 N CHELAN WENATCHEE, WA 98801				11,347.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) SAINT VINCENT DE PAUL LONGVIEW PO BOX 2957 LONGVIEW, WA 98632				89,084.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) SAINTS PANTRY FOOD BANK PO BOX 1064 SHELTON, WA 98584				30,900.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) SALVATION ARMY ABERDEEN PO BOX 1437 ABERDEEN, WA 98520				11,107.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) SALVATION ARMY CENTRALIA PO BOX 488 CENTRALIA, WA 98531				26,753.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) SALVATION ARMY RENTON PO BOX 977 RENTON, WA 98057				191,439.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) SALVATION ARMY SPOKANE CORPS 222 E INDIANA AVE SPOKANE, WA 99207				456,367.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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

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Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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(1) SD BELLINGHAM FOOD BANK 1824 ELLIS STREET BELLINGHAM, WA 98225				17,200.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) SD CLARK COUNTY FOOD BANK 6502 NE 47TH AVE VANCOUVER, WA 98661				412,743.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) COASTAL HARVEST P.O. BOX 616 HOQUIAM, WA 98550				556,557.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) SD LEWIS COUNTY FOOD COALITION PO BOX 307 CHEHALIS, WA 98532				46,029.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) SD LOWER COLUMBIA CAP (HELP) 1526 COMMERCE LONGVIEW, WA 98632				54,706.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) SD SKAGIT COUNTY DIST. CENTER 330 PACIFIC PLACE RENTON, WA 98059				105,230.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) SEA MAR ADULT TREATMENT 1415 CENTER ST. TACOMA, WA 98409				15,549.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) SEATTLE INDIAN CENTER FOOD BANK 1265 S MAIN ST STE 105 SEATTLE, WA 98144				136,409.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) SEEDS OF GRACE 7314 44TH AVE NE MARYSVILLE, WA 98270				81,660.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) SELAH FOOD BANK 1107 W. FREMONT AVE. SELAH, WA 98942				58,893.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) SEQUIM FOOD BANK P.O. BOX 1453 SEQUIM, WA 98382				90,149.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) SERVE SPOKANE FOOD PANTRY 8303 N. DIVISION SPOKANE, WA 99208				103,855.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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(1) SHALOM MINISTRIES PO BOX 4684 SPOKANE, WA 99220				16,859.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) SHARENET FOOD BANK PO BOX 250 KINGSTON, WA 98346				57,173.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) SHEPHERD'S HEART CARE CENTER PO BOX 1345 LYMAN, WA 98263				14,500.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) SKAGIT FRIENDSHIP HOUSE PO BOX 517 MT. VERNON, WA 98273-0517				25,324.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) SKAGIT VALLEY NEIGHBORS IN NEED PO BOX 394 MT. VERNON, WA 98273				199,662.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) SKY VALLEY FOOD BANK PO BOX 724 MONROE, WA 98272				200,248.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) SNOHOMISH COMMUNITY FOOD BANK P.O. BOX 1364 SNOHOMISH, WA 98291				131,256.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) SNOQUALMIE VALLEY FOOD BANK PO BOX 1541 NORTH BEND, WA 98045				110,265.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) SOAP LAKE - SOAP LAKE ELEM 410 S GINGKO SOAP LAKE, WA 98851				5,122.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) SOAP LAKE FOOD BANK PO BOX 925 SOAP LAKE, WA 98851				143,560.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) SUNRISE OUTREACH CENTER MABTON FOOD BANK PO BOX 10413 YAKIMA, WA 98909				145,994.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) SUNRISE OUTREACH CENTER SUNNYSIDE FOOD BANK PO BOX 10413 YAKIMA, WA 98909				129,649.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SUNRISE OUTREACH CENTER WAPATO FOOD PANTRY PO BOX 10413 YAKIMA, WA 98909				542,409.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) SUNRISE OUTREACH CENTER YAKIMA OUR DAILY BR PO BOX 10413 YAKIMA, WA 98909				549,630.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) SOMMA FOOD BANK PO BOX 116 SILVER CREEK, WA 98585				7,975.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) SOUTH BEACH FOOD BANK SERVICES PO BOX 686 WESTPORT, WA 98595				6,973.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) SOUTH KITSAP HELPLINE 1012 MITCHELL AVE PORT ORCHARD, WA 98366				86,725.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) SOUTH WHIDBEY GOOD CHEER FOOD BANK PO BOX 144 LANGLEY, WA 98260				113,712.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) SOUTHEAST NOURISH 1704 E 85TH TACOMA, WA 98445				36,330.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) SPOKANE TRIBE FOOD BANK PO BOX 540 WELLPINIT, WA 99040				25,067.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) SPOKANE VALLEY PARTNERS FOOD BANK PO BOX 141360 SPOKANE VALLEY, WA 99214				96,678.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) SPOKANE SCHOOL DISTRICT BEMISS ELEMENTARY 2323 E. BRIDGEPORT SPOKANE, WA 99207				7,728.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) SPOKANE SCHOOL DISTRICT GRANT ELEMENTARY 1300 E. 9TH AVE. SPOKANE, WA 99202				7,832.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) SPOKANE SCHOOL DISTRICT HOLMES ELEMENTARY 2600 W SHARP AVE SPOKANE, WA 99201-2996				7,003.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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

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(1) SPOKANE SCHOOL DISTRICT LONGFELLOW ELEMENTA 800 E PROVIDENCE AVE SPOKANE, WA 99207				6,302.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) SPOKANE SCHOOL DISTRICT WHITMAN ELEMENTARY 5400 N HELENA ST SPOKANE, WA 99207				5,377.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) SPRAGUE HORIZONS COMMUNITY FOOD BANK PO BOX 178 SPRAGUE, WA 99032				44,435.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) SQUAXIN ISLAND TRIBE FOOD BANK 2750 SE OLD OLYMPIC HWH SHELTON, WA 98584				5,362.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) ST. LEO'S FOOD CONNECTION 710 S. 13TH STREET TACOMA, WA 98405				290,704.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) ST. MARTIN'S ON WESTLAKE 2008 WESTLAKE SEATTLE, WA 98121				9,658.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) ST. MICHAELS FOOD PANTRY 5 S NACHES AVE YAKIMA, WA 98901				158,481.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) STEVENSON FOOD BANK P.O. BOX 507 STEVENSON, WA 98648				57,577.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) SUMNER COMMUNITY FOOD BANK PO BOX 475 SUMNER, WA 98390				10,389.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) SUNNYSIDE ACS FOOD BANK PO BOX 718 SUNNYSIDE, WA 98944				169,129.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) SAINT VINCENT DE PAUL BREMERTON 1137 N. CALLOW BREMERTON, WA 98312				130,916.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) SAINT VINCENT DE PAUL GEORGETOWN 5950 FOURTH AVE. S. SEATTLE, WA 98108				270,240.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

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Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SAINT VINCENT DE PAUL ILWACO PO BOX 494 ILWACO, WA 98624				7,803.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) SAINT VINCENT DE PAUL PASCO PO BOX 4273 PASCO, WA 99302-4273				683,301.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) SAINT VINCENT DE PAUL SOUTH KING COUNTY PO BOX 624 AUBURN, WA 98071				6,502.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) SAINT VINCENT DE PAUL ST. JOSEPH 625 S. ELLIOTT WENATCHEE, WA 98801				62,181.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) SAINT VINCENT DE PAUL CLARKSTON 604 2ND STREET CLARKSTON, WA 99403				67,829.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) SW BOYS & GIRLS CLUB KING COUNTY 9800 8TH AVE SW SUITE #105				7,001.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) TACOMA ADVENTIST COMMUNITY SERVICES PO BOX 11291 TACOMA, WA 98411				18,891.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) TENINO FOOD BANK PLUS PO BOX 1239 TENINO, WA 98589				54,332.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) THE COVE PO BOX 895 TWISP, WA 98856				28,083.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) THE FOOD BANK @ ST. MARY'S 611 20TH AVE. S. SEATTLE, WA 98144				642,046.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) THE PANTRY AT MOXEE 7203 MIERAS ROAD YAKIMA, WA 98901				36,646.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) THE WINTONIA 1431 MINOR AVE SEATTLE, WA 98101				7,860.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THURSTON COUNTY FOOD BANK 220 N.E. THURSTON OLYMPIA, WA 98501				362,058.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) TONASKET FOOD BANK 101 HWY 97 TONASKET, WA 98855				53,581.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) TOPPENISH COMMUNITY CHEST PO BOX 408 TOPPENISH, WA 98948				265,289.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) TOPPENISH SCHOOL DISTRICT LINCOLN ELEMENTAR 309 NORTH ALDER TOPPENISH, WA 98948				5,448.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) TOPPENISH SCHOOL DISTRICT VALLEY VIEW ELEME 515 ZILLAH AVE TOPPENISH, WA 98948				5,256.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) TRI-AREA FOOD BANK PO BOX 124 PT HADLOCK, WA 98339				83,557.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) TRI-CITIES BENTON CITY FOOD BANK 420 W DESCHUTES AVE KENNEWICK, WA 99336				70,490.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) TRI-CITIES KENNEWICK FOOD BANK 420 W DESCHUTES AVE KENNEWICK, WA 99336				184,949.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) TRI-CITIES RICHLAND FOOD BANK 420 W DESCHUTES AVE KENNEWICK, WA 99336				78,598.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) TRINITY MISSION CUPBOARD 6700 MACARTHUR BLVD. VANCOUVER, WA 98661				18,011.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) TRI-PARISH FOOD BANK 935 PETERSON RD BURLINGTON, WA 98233				34,948.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) TUKWILA PANTRY 3118 S 140 ST TUKWILA, WA 98168				362,858.	FMV	FOOD	DISTRIBUTION OF FOOD

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TULALIP FOOD BANK 1330 MARINE DRIVE NE TULALIP, WA 98271				72,451.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) TUM TUM COMMUNITY FOOD PANTRY 6424 HWY 291 NINE MILE FALLS, WA 99026				34,806.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) UNION GOSPEL MISSION SEATTLE 3800 S. OTHELLO ST. SEATTLE, WA 98118				264,888.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) UNIONGOSPEL MISSION TRI-CITIES PO BOX 1443 PASCO, WA 99301				220,462.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) UNIVERSITY DISTRICT FOOD BANK 5017 ROOSEVELT WAY NE SEATTLE, WA 98105				319,009.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) VALLEY FOOD PANTRY PO BOX 81 VALLEY, WA 99181				36,200.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) VASHON-MAURY COMMUNITY FOOD BANK PO BOX 1205 VASHON, WA 98070				95,381.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) VOLUNTEER FOOD RESOURCE CENTER COLVILLE FOO 210 S. WYNNE COLVILLE, WA 99114				31,929.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) VOLUNTEERS OF AMERICA CROSSWALK 525 W. SECOND AVE. SPOKANE, WA 99201				24,165.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) VOLUNTEERS OF AMERICA EVERETT PO BOX 839 EVERETT, WA 98206				142,090.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) VOLUNTEERS OF AMERICA SULTAN PO BOX 268 EVERETT, WA 98294				52,004.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) WASHINGTON GORGE ACTION PROGRAMS PO BOX 805 BINGEN, WA 98605				143,616.	FMV	FOOD	DISTRIBUTION OF FOOD

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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(1) WAHAKIYAKUM HELPING HAND FOOD BANK PO BOX 22 CATHLAMET, WA 98612				8,069.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) WATERVILLE FOOD BANK PO BOX 553 WATERVILLE, WA 98858				19,144.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) WAUCONDA FOOD BANK PO BOX 4 WAUCONDA, WA 98859				14,145.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) WENATCHEE FOOD BANK 131 VIEW RIDGE CIRCLE WENATCHEE, WA 98801				80,604.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) WEST SEATTLE FOOD BANK 3419 SW MORGAN ST. SEATTLE, WA 98126-3133				243,219.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) WESTGATE CHAPEL FOOD BANK 22901 EDMONDS WAY EDMONDS, WA 98020				87,435.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) WHITE CENTER FOOD BANK 10829 EIGHTH AVE SW SEATTLE, WA 98146				188,068.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) WHITE PASS COMMUNITY FOOD BANK PO BOX 175 RANDLE, WA 98377				9,436.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) WHITE SWAN COMMUNITY FOOD BANK PO BOX 40 WHITE SWAN, WA 98952				88,477.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) WINLOCK-VADER FOOD BANK PO BOX 304 WINLOCK, WA 98596				10,125.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) WOMEN'S & CHILDREN'S FREE REST 1408 N. WASHINGTON SPOKANE, WA 99201				16,079.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) WOODLAND ACTION CENTER PO BOX 1475 WOODLAND, WA 98674				65,254.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Department of the Treasury
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NORTHWEST HARVEST/EMM

Employer identification number

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(1) YAKIMA ROTARY FOOD BANK PO BOX 2221 YAKIMA, WA 98907-2221				710,582.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) YAKIMA SEVENTH-DAY ADVENTIST FOOD BANK 507 N. 35TH AVE. YAKIMA, WA 98902				490,206.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) YAKIMA SCHOOL DISTRICT ADAMS ELEMENTARY 723 S 8TH ST YAKIMA, WA 98901				6,843.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) YAKIMA SCHOOL DISTRICT BARGELINCOLN ELEMENT 219 E. I ST. YAKIMA, WA 98901				5,563.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) YAKIMA SCHOOL DISTRICT GARFIELD ELEMENTARY 612 N. 6TH AVE YAKIMA, WA 98902				5,491.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) YAKIMA SCHOOL DISTRICT MARTIN LUTHER KING J 2000 18TH ST YAKIMA, WA 98903				5,006.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) YELM COMMUNITY SERVICES PO BOX 5320 YELM, WA 98597				56,527.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) YWCA ANGELINE'S CENTER 2030 THIRD AVENUE SEATTLE, WA 98121				18,704.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) YWCA--CENTRAL AREA FOOD BANK 2820 E. CHERRY STREET SEATTLE, WA 98122				52,593.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) ZILLAH FOOD BANK PO BOX 1442 ZILLAH, WA 98953				34,650.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) SPOKANE AIDS NETWORK FB 905 SOUTH MONROE SPOKANE, WA 99204				12,464.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) SPOKANE AIDS NETWORK MP 905 SOUTH MONROE SPOKANE, WA 99204				5,117.	FMV	FOOD	DISTRIBUTION OF FOOD

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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(1) BEACON AVE FOOD BANK 6230 BEACON AVE. S. SEATTLE, WA 98108				21,716.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) BRIDGEPORT FOOD BANK P.O. BOX 415 BRIDGEPORT, WA 98813				20,040.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) FSW DEARBORN PARK ELEMENTARY 2820 S ORCAS ST SEATTLE, WA 98108				5,418.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) FSWP EMERSON ELEMENTARY 9709 60TH AVE S. SEATTLE, WA 98118				5,414.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) FSWP LESCHI 135 32ND AVE SEATTLE, WA 98122				5,419.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) ORONDO FOOD BANK PO BOX 63 ORONDO, WA 98843				13,499.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) SOUTHSIDE FOOD PANTRY 2934 E 27TH AVE SPOKANE, WA 99223				72,239.	FMV	FOOD	DISTRIBUTION OF FOOD
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 343.

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

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

Schedule I (Form 990) (2016)

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

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

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

PART I, LINE 2

FOOD IS DISTRIBUTED TO HUNGER PROGRAMS WHO SERVE INDIVIDUALS IN NEED

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWEST HARVEST/EMM

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

91-0826037

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHELLE ROTONDO	(i)	149,736.	0.	0.	8,984.	19,519.	178,239.	
1 CEO (UNTIL 6/30/2017)	(ii)	0.	0.	0.				
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	48.	437,050.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	22,997,136.	39,541,060.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		65.	383,332.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) (2016)

JSA

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

SCH M, PART I, COLUMN B

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

GOODS ARE COUNTED BASED ON THE NUMBER OF ITEMS CONTRIBUTED.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
NONFOOD GOODS FOR DISTRIB	X	65.	383,332.	FAIR MARKET VALUE
TOTALS		<u>65.</u>	<u>383,332.</u>	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWEST HARVEST/EMM

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

91-0826037

FORM 990, PART I, LINE 6

VOLUNTEER TIME IS TRACKED BY NORTHWEST HARVEST ON AN HOURS SERVED BASIS
BASED ON THE 96,477 VOLUNTEER HOURS DONATED DURING THE YEAR, NORTHWEST
HARVEST HAD AN ESTIMATED 8,040 VOLUNTEERS. THE VOLUNTEERS ASSISTED IN
FOOD DISTRIBUTION, FUND-RAISING ACTIVITIES AND PROGRAM SUPPORT. 19
VOLUNTEERS ALSO SERVED AS MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11

THE EXECUTIVE AND FINANCE COMMITTEES REVIEW THE FORM 990 PRIOR TO FILING.
THE COMMITTEE MEMBERS THEN MAKE A RECOMMENDATION TO THE ENTIRE BOARD TO
APPROVE THE FORM 990. THE ENTIRE BOARD RECEIVES A COPY OF THE FORM 990
BEFORE FILING. THE FULL BOARD VOTES TO APPROVE THE FORM 990 BASED UPON
THE COMMITTEE MEMBERS' RECOMMENDATIONS BEFORE FILING.

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

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

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

THE FOLLOWING FACTORS ARE TAKEN INTO ACCOUNT FOR DETERMINING THE

Name of the organization NORTHWEST HARVEST/EMM	Employer identification number 91-0826037
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COMPENSATION OF THE CEO: THE PAST PERFORMANCE OF THE CEO, THE PRESENT AND FUTURE NEEDS OF THE AGENCY, AND THE COMPENSATION OF THE COMPARABLE CEOS IN THE REGION. COMPENSATION OF THE CEO IS DISCUSSED AND DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS IN A PRIVATE EXECUTIVE SESSION. THE CEO'S LAST COMPENSATION REVIEW WAS PERFORMED IN JUNE 2016.

FORM 990, PART VI, SECTION C, LINE 19
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

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

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

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INVESTMENT INCOME	36,620.			36,620.
TOTALS	<u>36,620.</u>			<u>36,620.</u>

Name of the organization NORTHWEST HARVEST/EMM	Employer identification number 91-0826037
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ATTACHMENT 3FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUNDRAISING EVENTS	473,244.
TOTAL	<u>473,244.</u>

ATTACHMENT 4FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISING EVENTS	25,973.	345,739.	-319,766.
TOTALS	<u>25,973.</u>	<u>345,739.</u>	<u>-319,766.</u>