EXTENSION ATTACHED

Form		Return of (Organization Exe	mpt ⊢rom I	ncom	e lax	OMB No. 1545-0047
	990	Under section 501(c), 52	27, or 4947(a)(1) of the Intern	۔ al Revenue Code (د	except priv	ate foundations)	2017
_			Social Security numbers on				Open to Public
	nt of the Treasury evenue Service	Information	about Form 990 and its instru	uctions is at www.irs	.gov/form	990.	Inspection
A For t	the 2017 calen	dar year, or tax year begi	inning 07/01	, 2017, and endin	g	06/	′30, 20 <u>1</u> 8
	C Name	of organization	COI		D	Employer identifica	ation number
B Check if a	NOR	THWEST HARVEST/EMM		<u> </u>			
Add char	dress ange Doing	Business As				91-0826037	
Narr	me change Numb	er and street (or P.O. box if mail is	s not delivered to street address)	Room/suite	E	Telephone number	
Initia	tial return PO	BOX 12272			(2	206) 625-07	755
Terr	rminated City o	r town, state or province, country,	and ZIP or foreign postal code				
Ame retu	urn	TTLE, WA 98102			G	Gross receipts \$	47,018,593
	nuing	and address of principal officer:	MARK VON HAGEL		H(a)	Is this a group return subordinates?	for Yes X N
	PO	BOX 12272 SEATTLE,	WA 98102		H(b)	Are all subordinates incl	luded? Yes N
	exempt status:	X 501(c)(3) 501(c) () (insert no.) 494	17(a)(1) or 52	7	If "No," attach a list.	(see instructions)
Webs	site: ► N/A		· · · · ·		H(c)	Group exemption nur	,
	. e. e.genizenieni	X Corporation Trust	Association Other	L Year of	f formation:	M State o	of legal domicile: WZ
Part I							
1			or most significant activities: $__$				HUNGRY
S			ER THAT RESPECTS T	HEIR DIGNITY	, WHILI	E 	
nar	FIGHTING	TO ELIMINATE HUNG					
<u>s</u> 2			discontinued its operations or	•			
ອັ 3	Number of vot	ing members of the governing	g body (Part VI, line 1a)			3	18
Activities & Governance			the governing body (Part VI, lir				18
<u>i</u> 5			lendar year 2017 (Part V, line 2	a)			94
£ 6		of volunteers (estimate if neces					7,606
10			VIII, column (C), line 12				0.0.011
b	b Net unrelated	business taxable income from	n Form 990-T, line 34				28,915
						ior Year	Current Year
<u>e</u> 8	Contributions	and grants (Part VIII, line 1h)		COPY FOR		,152,346.	45,160,358
Sevenue 9 10	Program servi	ce revenue (Part VIII, line 2g)	PU	BLIC INSPECTION		,505,491.	1,843,643
	mvestment mo	come (Part VIII, column (A), III				-198,476.	20,198
11			5, 6d, 8c, 9c, 10c, and 11e)			-319,766.	(
12			st equal Part VIII, column (A), lir			,139,595. ,104,044.	47,024,199
13			lumn (A), lines 1-3)		42	0.	37,229,159
14	Benefits paid	to or for members (Part IX, col	umn (A), line 4)		E	,753,880.	6,146,058
_{ຜູ} 15	Salaries, othe	compensation, employee ber	nefits (Part IX, column (A), lines	5-10)	5		
asiatense bens bens	a Professional f	undraising fees (Part IX, colum	in (A), line 11e)	070		0.	(
∺ r	b Lotal fundrais	ing expenses (Part IX, column	(D), line 25) ► 2,301	_,078			
<u></u> `					E	007 10E	1 770 400
- 17			1a-11d, 11f-24e)			,087,495.	
- 17 18	Total expense	s. Add lines 13-17 (must equa	al Part IX, column (A), line 25)		52	,945,419.	48,153,646
- 17 18 19	Total expense	s. Add lines 13-17 (must equa			52	,945,419. -805,824.	48,153,640 -1,129,447
- 17 18 19	Total expense Revenue less	s. Add lines 13-17 (must equa expenses. Subtract line 18 fro	al Part IX, column (A), line 25) m line 12		52 Beginning	, 945 , 419 . -805 , 824 . of Current Year	48,153,646 -1,129,447 End of Year
17 18 19	Total expense Revenue less Total assets (F	s. Add lines 13-17 (must equa expenses. Subtract line 18 fro Part X, line 16)	al Part IX, column (A), line 25) m line 12	· · · · · · · · · · · · · · · · · · ·	52 Beginning 21	, 945, 419. -805, 824. of Current Year , 467, 287.	48,153,646 -1,129,447 End of Year 20,172,029
- 17 18 19	Total expense Revenue less Total assets (F Total liabilities	s. Add lines 13-17 (must equa expenses. Subtract line 18 fro Part X, line 16) 5 (Part X, line 26)	al Part IX, column (A), line 25) m line 12	· · · · · · · · · · · · · · · · · · ·	52 Beginning 21 1	,945,419. -805,824. of Current Year ,467,287. ,078,839.	48,153,646 -1,129,447 End of Year 20,172,029 1,097,755
17 18 19 20 21 22	Total expense Revenue less Total assets (F Total liabilities Net assets or	s. Add lines 13-17 (must equa expenses. Subtract line 18 fro Part X, line 16) 5 (Part X, line 26) fund balances. Subtract line 2	al Part IX, column (A), line 25) m line 12	· · · · · · · · · · · · · · · · · · ·	52 Beginning 21 1	, 945, 419. -805, 824. of Current Year , 467, 287.	48,153,646 -1,129,447 End of Year 20,172,029 1,097,757
17 18 19 20 21 21 22 24 21 22	Total expense Revenue less Total assets (F Total liabilities Net assets or Signature	s. Add lines 13-17 (must equa expenses. Subtract line 18 fro Part X, line 16) 5 (Part X, line 26) fund balances. Subtract line 2 Block	al Part IX, column (A), line 25) m line 12	· · · · · · · · · · · · · · · · · · ·	52 Beginning 21 1 20	,945,419. -805,824. of Current Year ,467,287. ,078,839. ,388,448.	48,153,646 -1,129,447 End of Year 20,172,029 1,097,757 19,074,272
17 18 19 20 20 21 22 20 21 22 20 21 22	Total expense Revenue less Total assets (F Total liabilities Net assets or Signature enalties of perjury,	s. Add lines 13-17 (must equa expenses. Subtract line 18 fro Part X, line 16) 5 (Part X, line 26) fund balances. Subtract line 2 Block I declare that I have examined the	al Part IX, column (A), line 25) m line 12	g schedules and staten	Beginning 21 1 20	,945,419. -805,824. of Current Year ,467,287. ,078,839. ,388,448.	48,153,646 -1,129,447 End of Year 20,172,029 1,097,757 19,074,272
17 18 19 20 20 21 22 20 21 22 20 21 22	Total expense Revenue less Total assets (F Total liabilities Net assets or Signature enalties of perjury,	s. Add lines 13-17 (must equa expenses. Subtract line 18 fro Part X, line 16) 5 (Part X, line 26) fund balances. Subtract line 2 Block I declare that I have examined the	al Part IX, column (A), line 25) m line 12	g schedules and staten	Beginning 21 1 20	, 945, 419. -805, 824. of Current Year , 467, 287. , 078, 839. , 388, 448. o the best of my kr adge.	48,153,646 -1,129,447 End of Year 20,172,029 1,097,755 19,074,272 nowledge and belief, it
17 18 19 20 21 22 22 22 22 22 22 22 22 22 22 22 22	Total expense Revenue less Total assets (F Total liabilities Net assets or Signature renalties of perjury, rect, and complete	s. Add lines 13-17 (must equa expenses. Subtract line 18 fro Part X, line 16) (Part X, line 26) fund balances. Subtract line 2 Block I declare that I have examined th Declaration of preparer (other that	al Part IX, column (A), line 25) m line 12	g schedules and staten	Beginning 21 1 20	, 945, 419. -805, 824. of Current Year , 467, 287. , 078, 839. , 388, 448. o the best of my kr adge. 05/15/20	48,153,646 -1,129,447 End of Year 20,172,029 1,097,755 19,074,272 nowledge and belief, it
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17 18 19 20 20 21 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Total expense Revenue less Total assets (F Total liabilities Net assets or Signature enalties of perjury, rect, and complete Signature MARK Type or p Print/Type pref LORI L Si	s. Add lines 13-17 (must equa expenses. Subtract line 18 fro Part X, line 16) (Part X, line 26) fund balances. Subtract line 2 Block I declare that I have examined th Declaration of preparer (other that Declaration of preparer (other that OCOPY e of officer VON HAGEL print name and title parer's name COTT	al Part IX, column (A), line 25) m line 12	g schedules and staten on of which preparer ha NTERIM CFO	Beginning 21 1 20 nents, and tu s any knowle	, 945, 419. -805, 824. of Current Year , 467, 287. , 078, 839. , 388, 448. 0 the best of my kr adge. 05/15/20 Date Check if PI self-employed I	20,172,029 1,097,757 19,074,272 nowledge and belief, it i 19
aid 17 18 19 20 21 22 2art II Inder per ere	Total expense Revenue less Total assets (F Total liabilities Net assets or Signature enalties of perjury, rect, and complete Signature MARK Type or p Print/Type prej LORI L Su Firm's name	s. Add lines 13-17 (must equa expenses. Subtract line 18 fro Part X, line 16) (Part X, line 26) fund balances. Subtract line 2 Block I declare that I have examined th Declaration of preparer (other that COOPY e of officer VON HAGEL parer's name COTT BADER MARTIN, P	al Part IX, column (A), line 25) m line 12	g schedules and staten on of which preparer ha NTERIM CFO	Beginning 21 1 20 nents, and tu s any knowle	, 945, 419. -805, 824. of Current Year , 467, 287. , 078, 839. , 388, 448. 0 the best of my kr adge. 05/15/20 Date Check if self-employed P1-1 200	48,153,646 -1,129,447 End of Year 20,172,029 1,097,757 19,074,272 nowledge and belief, it i 019 IIN 201452038 501421
ign ereparer se Only	Total expense Revenue less Total assets (F Total liabilities Net assets or Signature enalties of perjury, rect, and complete Signature Print/Type or p Print/Type prej LORI L St Firm's name Firm's address	s. Add lines 13-17 (must equa expenses. Subtract line 18 fro Part X, line 16) (Part X, line 26) fund balances. Subtract line 2 Block I declare that I have examined th Declaration of preparer (other that Declaration of preparer (other that OCOPY e of officer VON HAGEL print name and title parer's name COTT	Al Part IX, column (A), line 25) m line 12	g schedules and staten on of which preparer ha NTERIM CFO	Beginning 21 1 20 nents, and tu s any knowle	, 945, 419. -805, 824. of Current Year , 467, 287. , 078, 839. , 388, 448. 0 the best of my kr adge. 05/15/20 Date Check if self-employed P1 self-employed	48,153,646 -1,129,447 End of Year 20,172,029 1,097,757 19,074,272 nowledge and belief, it i 19 IIN 201452038



Form **8868**

(Rev. January 2017) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

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 identifyir	ոց ու	ımber,	see instructions		
	Name of exempt organization or other filer, see i	nstructions.	Er	Employer identification number (EIN) or					
lype or print	NORTHWEST HARVEST EMM	COP	Y	91-0826037					
File by the	Number, street, and room or suite no. If a P.O. b	ox, see instruc	ctions. So	cial security number (S	SN)				
	PO BOX 12272				,				
return. See	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.	, <u>, , , , , , , , , , , , , , , , </u>					
instructions.	SEATTLE, WA 98102	•							
Enter the F	······································	n is for (file	a separate application for e	ach return)		•••	01		
Application			Application				Return		
ls For		Code	ls For				Code		
	pr Form 990-EZ	01	Form 990-T (corporation)			07		
		02	Form 1041-A				08		
		03	Form 4720 (other than i	ndividual)			09		
territe to the second se	Type or print NORTHWEST HARVEST EMM NORTHWEST HARVEST EMM Number, street, and room or suite no. If a P.C. Number, street, and room or suite no. If a P.C. PO BOX 12272 City, town or post office, state, and ZIP code SEATTLE, WA 98102 Enter the Return Code for the return that this application SEATTLE, WA 98102 Enter the Return Code for the return that this applica Corm 990 or Form 990-EZ Form Form 990-BL Form 990-FF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) LINCOLN MILLE Por Box 12272 Telephone No. ▶ _206 625-0755 If the organization does not have an office or place If the is for a Group Return, enter the organization's or the whole group, check this box ▶ [Form 5227			·	10		
		04	Form 6069				11		
		06	Form 8870				12		
 If the org If this is for the who a list with the time of time of the time of time of the time of ti	ganization does not have an office or place of for a Group Return, enter the organization's fo ble group, check this box ▶ ne names and EINs of all members the extens	business ir bur digit Gro If it is for pa sion is for.	the United States, check to oup Exemption Number (GE of the group, check this	N) box►		If and a	this is attach		
for the	organization named above. The extension is	for the org	anization's return for:		-				
	calendar year 20 or tax year beginning07/	<u>01_</u> , 20 _1	7_, and ending	06/30_,	20_	18_			
	Change in accounting period					·····			
3a If this	application is for Forms 990-BL, 990-PF, 9	990-T, 4720), or 6069, enter the ter	itative tax, less any			0.		
					3b	\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS									
	ronic Federal Tax Payment System). See instru				3c		0.		
Caution. If y	ou are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, see F	orm 8453-EO and Forn	n 88	79-EO	for payment		
instructions.				······					

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

Form 8868 (Rev. 1-2017)

PAGE 2

NODELINE	
NORTHWEST	HARVEST/EMM

For	m 990 (2017)	Page 2
Pa	art 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	
<u> </u>	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
Ū	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	Illocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$43,978,780. including grants of \$) (Revenue \$)	1,843,643.)
	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 2018 FISCAL YEAR, MORE THAN 24.8 MILLION POUNDS OF FOOD WAS	
	DISTRIBUTED TO FRONTLINE HUNGER RELIEF PROGRAMS AND INDIVIDUALS AT	
	NO CHARGE. NORTHWEST HARVEST HAS A STRONG FOCUS ON NUTRITION.	
	SEVENTY-TWO 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 \$)	
	Total program service expenses ► 43,978,780.	
JSA 7E1	020 1.000	Form 990 (2017)
	2734MQ K378 5/13/2019 6:59:19 PM V 17-7.10 28273.0/LLS	PAGE 4

	90 (2017)		F	Page 3
Part	V Checklist of Required Schedules		Maa	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A.		X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		v	
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
•	Part III	5		
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			Х
-	"Yes," complete Schedule D, Part I.	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			х
•	complete Schedule D, Part III	8		
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			х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10	x	
44	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	21	
11	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	110		
Ň	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	15		Х
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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		Х

Form **990** (2017)

Form 990 (2017)

Page **4**

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.5.1		x
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	20		x
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
20	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		
D	Schedule L, Part IV.	28b		х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ŭ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•••	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

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Par										
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No						
4 -	Enter the number reported in Box 2 of Form 1006 Enter 0 if not applicable 1a 30		Tes	NO						
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a30Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0.									
	Did the organization comply with backup withholding rules for reportable payments to vendors and									
U	reportable gaming (gambling) winnings to prize winners?	1c	Х							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 94									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X X							
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority									
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			х						
	account)?	4a								
b	If "Yes," enter the name of the foreign country:									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts									
5a	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		х						
	and services provided to the payor?	7a								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x						
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	10								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х						
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8		 						
9	Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12									
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
_	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
-	the organization is licensed to issue qualified health plans									
	Enter the amount of reserves on hand	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
JSA			990	(2017						

Form §	990 (2017) NORTHWEST HARVEST/EMM 91-0820	2037	1	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI	• • •		Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18	\$		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u>,</u>	Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	.) Yes	No
			162	X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	IIa	21	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
4.0	describe in Schedule O how this was done	120	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	150		
160				
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		х
b	with a taxable entity during the year?	····		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	1.02		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(-)(۲)o	n only)
	available for public inspection. Indicate how you made these available. Check all that apply.	551(0	,,0,5	, Griny)
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	v. and
	financial statements available to the public during the tax year.		Pono	,, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record Mark VON HAGEL PO BOX 12272 SEATTLE, WA 98102	s: ►		
	MARK VON HAGEL PO BOX 12272 SEATTLE, WA 98102			
JSA		Form	990	(2017)

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Part VII	Compensation of	Officers,	Directors,	Trustees,	кеу	Employees,	Hignest	Compensated	Employees,	and
	Independent Contra	actors								
	Check if Schedule O	contains a r	esponse or n	ote to any line	e in thi	s 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.

					C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average hours per					is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					or/trust		from	related	other
	hours for related organizations below dotted line)	1 24 25	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)KATHY BROWN	4.00									
MEMBER	0.	Х						0.	0.	0.
(2)DIANA AXNESS	4.00									
CHAIR	0.	X		Х				0.	0.	0.
(3)TIM GROVES	2.00									
MEMBER	0.	X						0.	0.	0.
(4)DWIGHT RIVES	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(5)SASA KIRKPATRICK	2.00									
MEMBER	0.	Х						0.	0.	0.
(6)BRANDON PEDERSEN	2.00									
MEMBER	0.	Х						0.	0.	0.
(7)JOYCE CAMERON	2.00									
MEMBER	0.	Х						0.	0.	0.
(8)SCOTT MCQUILKIN	2.00	-								
CHAIR ELECT	0.	Х						0.	0.	0.
(9)NEAL BOLING	2.00									
MEMBER	0.	Х						0.	0.	0.
(10)JEFF GRANT	2.00									
MEMBER (UNTIL 4/30/2018)	0.	X						0.	0.	0.
(11) ^{CHRIS HALES}	2.00							_		_
SECRETARY	0.	Х		Х				0.	0.	0.
(12)JAN STILL	2.00									
MEMBER	0.	X						0.	0.	0.
(13)CONNIE FALON	2.00							_		-
MEMBER	0.	X						0.	0.	0.
(14)RACHEL BEDA	2.00	37						_		0
MEMBER	0.	Х						0.	0.	0.

JSA 7E1041 1.000 Form 990 (2017)

	n 990 (2017) I rt VII Section A. Officers, Directors, Tru	istoos Ka					and L	امال	haat Component	od Employo	00 (00*	4:00.00		Page 8
Pa			ey En	пріо			and	lig		ea Employed (E)	es (cor	ntinue		
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe d a c	erson	e than c is both or/trust	an	(D) Reportable compensation from the	Reportable compensation from related organizations	from	Est am	(F) timated ount of other pensation	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		orga and	om the anizatio I related nization	d
15	VIN GUPTA MEMBER	2.00	x						0.		0.			0.
16	SHAMSO ISSAK	2.00									<u> </u>			
	MEMBER	0.	х						0.		0.			0.
17	MIKE REGIS	2.00												
	MEMBER	0.	Х						0.		0.			0.
18) THOMAS REYNOLDS CEO	40.00			x				85,000.		0.		9,3	362.
19	LINCOLN MILLER CFO	40.00	-		x				103,393.		0.		29,5	521
20		40.00							±03,393.					
	COO	0.			х				111,754.		Ο.		27,3	389.
21		40.00												
	CEO (UNTIL 6/30/2017)	0.			Х				105,301.		0.		21,9	926.
			-											
			-											
1k	Sub-total							►	0.		0.			0.
C	Total from continuation sheets to Part VII, S	ection A						►	405,448.		0.		88,1	
	I Total (add lines 1b and 1c)							•	405,448.	¢100.000.cf	0.		88,1	.98.
2	Total number of individuals (including but not reportable compensation from the organization				a a	DOV	e) who	o re	eceived more than	\$100,000 of				
3	Did the organization list any former offic	er directo	n or	tri	icto	0	kov c	mn	lovee or highes	t compensate	ad [Yes	No
J	employee on line 1a? If "Yes," complete Sched											3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations groups of the sorganization o	eater than	\$15	50,0	00?	p It	"Yes	s,"	complete Schedu	le J for su	ch			
5	individual Did any person listed on line 1a receive or											4		X
	for services rendered to the organization? If "Yestion B. Independent Contractors											5		Х
	Complete this table for your five highest com compensation from the organization. Report of year.											s tax		
	(A) Name and business add	tress							(B) Description of se	ervices	Con	(C)	ation	
									Decemption of de					
_								F						

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.

Pa	rt VII	Statement of Rever Check if Schedule O co		se or note to an	v line in this Part VI	ш		
					(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 b c d f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribu All other contributions, gifts, and similar amounts not included Noncash contributions included	1b 1c 1d utions) 1e grants, 1f	45,160,358. 32,949,166.				
Program Service Revenue a	h 2a b c	Total. Add lines 1a-1f SMART BUYS TEFAP SVCS PROVIDED		Business Code 624200 624200	45,160,358. 1,700,240. 143,403.	1,700,240. 143,403.		
Program Ser	d e f g	All other program service rev Total. Add lines 2a-2f	<u></u> .		1,843,643.			
	3 4 5	Investment income (in and other similar amounts). Income from investment of Royalties	proceeds . ►	13,042. 0. 0.			13,042	
	6a b c d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)			0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other 1,550.				
	c d	and sales expenses Gain or (loss) Net gain or (loss)		1,348. 202.	7,156.			7,156
Other Revenue		Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c).					
Oth	b c 9a	Less: direct expenses Net income or (loss) from fu Gross income from gaming See Part IV, line 19	undraising events activities. a	· · · · · · · •	0.			
	ь с 10а	Less: direct expenses Net income or (loss) from g Gross sales of invent returns and allowances	aming activities. ory, less	▶	0.			
	b c	Less: cost of goods sold Net income or (loss) from sa Miscellaneous Revenu	b les of inventory		0.			
	11a b c							
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instruction			0.	1,843,643.		20,198

Form 990 (2017)

Form **990** (2017)

NORTHWEST HARVEST/EMM

	HARVEST/EMM		91-08	26037 Page
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, Bb, 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	37,229,159.	37,229,159.		
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	0.			
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	498,663.		498,663.	
7 Other salaries and wages	4,250,230.	2,720,147.	637,534.	892,549
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	197,827.	126,609.	29,674.	41,544
9 Other employee benefits	850,018.	544,012.	127,503.	178,503
0 Payroll taxes	349,320.	223,565.	52,398.	73,35
1 Fees for services (non-employees):				
a Management	0.			
b Legal			26 152	
c Accounting	26,152.		26,152.	
d Lobbying	2,500.	2,500.		
e Professional fundraising services. See Part IV, line 17.	0.	1 225	1 7 2 0	1 / E
f Investment management fees	4,409.	1,235.	1,720.	1,45
g Other. (If line 11g amount exceeds 10% of line 25, column	105,027.	29,408.	40,961.	34,65
(A) amount, list line 11g expenses on Schedule O.)	556,038.	5,560.	10,901.	550,47
Advertising and promotion	457,403.	146,370.	54,889.	256,14
3 Office expenses 4 Information technology	206,236.	57,745.	80,432.	68,05
	0.			,
15 Royalties 16 Occupancy	857,855.	729,178.	85,784.	42,89
7 Travel	150,005.	70,502.	45,002.	34,502
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	213,366.	100,282.	64,010.	49,074
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	543,912.	431,699.	52,351.	59,862
23 Insurance	139,290.	44,573.	16,715.	78,002
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.)				
aFOOD HANDLING	636,538.	636,538.		
bTRANSPORTATION TRUCKING	543,618.	543,618.		
cFOOD PACKING SUPPLIES	336,080.	336,080.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	48,153,646.	43,978,780.	1,813,788.	2,361,07
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				,
following SOP 98-2 (ASC 958-720)	0.			

0.

JSA 7E1052 1.000

Form 990 (2017)

following SOP 98-2 (ASC 958-720)

Form 990 (2	017)
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Ferr		NORTHWEST HARVEST/EMM		71	U826U37
	n 990 (I rt X	Balance Sheet			Page 11
Га		Check if Schedule O contains a response or note to any line in this P	ort V		
		Check il Schedule O contains a response of hote to any line in this P			
			(A) Beginning of year		(B) End of year
	1	Cash - pop-interest-bearing	1,041,170.	1	743,544.
	2	Cash - non-interest-bearing Savings and temporary cash investments	3,754,944.	2	4,071,065.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	239,188.	4	292,984.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete Part II of Schedule L 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	0.	6	0.
ŝts	7	organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net	0.	7	0.
Assets	7 8		3,941,009.	7 8	2,707,464.
۲	9	Inventories for sale or use Prepaid expenses and deferred charges ATCH 3	213,828.	9	53,764.
	-	Land, buildings, and equipment: cost or		5	
		other basis. Complete Part VI of Schedule D 10a 17,904,513.			
	b	Less: accumulated depreciation	10,646,831.	10c	10,881,863.
	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	1,630,317.	15	1,421,345.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,467,287.	16	20,172,029.
	17	Accounts payable and accrued expenses	1,078,839.	17	1,097,757.
	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.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iab		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	0		0
		of Schedule D	0. 1,078,839.	25	0. 1,097,757.
	26	Total liabilities. Add lines 17 through 25.	1,070,039.	26	1,097,757.
ŝ		Organizations that follow SFAS 117 (ASC 958), check here ►			
nce	27		18,071,202.	27	16,865,898.
ala	28	Unrestricted net assets Temporarily restricted net assets	1,130,113.	28	1,034,672.
Р	29	Permanently restricted net assets	1,187,133.	29	1,173,702.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sel	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	20,388,448.	33	19,074,272.
_	34	Total liabilities and net assets/fund balances	21,467,287.	34	20,172,029.
					Form 990 (2017)

Form 990 (2017)

Form 99	90 (2017)				Pa	ge 12
Part						
	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				199.
2	Total expenses (must equal Part IX, column (A), line 25)	2				546.
3	Revenue less expenses. Subtract line 2 from line 1	3				447.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2			448.
5	Net unrealized gains (losses) on investments	5				271.
6	Donated services and use of facilities	6		-2	25,0	000.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>33,</u> column (B))	10	1	9,0	74,2	272.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· ·	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
-	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Nos te une instructione and the latest information					Inspection				
Nam	e of t	he organization						Employer identif	ication number
-		WEST HARVE				<u> </u>		91-08260	
	rt I			· · ·	organizations must o			,	5.
	orga		•		is: (For lines 1 through			,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-	-	rganization described				
4			-		conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(III). Enter the
F		hospital's nam			a collega or universit		d or one	rated by a gavarama	ental unit described in
5		-	-	Complete Part II.)	a college of universit	ly Owned	u or ope	erated by a governme	intal unit described in
6		•		• • •	rnmental unit describe	d in sact	ion 170((h)(1)(A)(y)	
7	x		-	-			-		om the general public
•		-)(1)(A)(vi). (Compl		ipport in	om a go		
8					b)(1)(A)(vi). (Complete	e Part II.)			
9		-			ed in section 170(b)(1			I in conjunction with a	land-grant college
		-		-	griculture (see instruct		-	-	
		university:				,			U U
10		receipts from support from	activities rela gross investm	ited to its exempt f nent income and u	ore than 331/3 % of its unctions - subject to nrelated business tax 975. See section 509	certain e able inco	exception	is, and (2) no more tha s section 511 tax) from	n 331/3 %of its
11		An organization	on organized	and operated exclu	usively to test for publi	ic safety.	See sec	tion 509(a)(4).	
12		-	-	-		-			carry out the purposes
									See section 509(a)(3).
	_	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а				-	, supervised, or contr				
			-		regularly appoint or e		ajority of	f the directors or truste	es of the
			-	-	e Part IV, Sections A				
b					ed or controlled in co				
					rganization vested in	the sam	e persor	is that control of mar	lage the supported
с	Γ	-		-	, Sections A and C. ng organization operation	ated in c	onnectio	n with and functiona	lly integrated with
U			-		ns). You must comple				ny megrateu with,
d	Г		-		porting organization of				ted organization(s)
u			-		nization generally mus	-			
			-		omplete Part IV, Sect	-			
е					a written determinatio				II, Type III
		functionally	integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	tion.	
f	En	ter the number	of supported	organizations					
g	Pro	ovide the follow	ing information	on about the suppo	orted organization(s).				1
	(i) N	ame of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tot	al								

Schedule A (Form 990 or 990-EZ) 2017

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60,314,885.	52,059,922.	52,795,235.	51,152,346.	45,160,358.	261,482,746.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	60,314,885.	52,059,922.	52,795,235.	51,152,346.	45,160,358.	261,482,746.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						59,694,107.
6	Public support. Subtract line 5 from line 4						201,788,639.
	tion B. Total Support	() 00 (0	(1) 0044	() 00 (5	()) 0 0 (0	() 00 (7	(D T /)
_	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,314,885. 290,766.	52,059,922. 65,517.	52,795,235. 56,123.	51,152,346. 36,620.	45,160,358.	261,482,746. 462,068.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,462,804.					2,462,804.
11	Total support. Add lines 7 through 10						264,407,618.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	•	-				
14	Public support percentage for 2017 (li					14	76.32%
15	Public support percentage from 2016	Schedule A, Pa	art II, line 14 🔒			15	77.56 %
16a	331/3% support test - 2017. If the org	•					
	box and stop here. The organization q						
b	331/3% support test - 2016. If the org						
	this box and stop here. The organizati			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			-	-		
	organization						
b	10%-facts-and-circumstances test - 2	•	-				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				•	•	
18	supported organization Private foundation. If the organization						
10	-						
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2017

Part III

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
~	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
-	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6.					. ,	
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		tion's first soos	nd third fourth	or fifth tox yr		E01(a)(2)
14	-	0	,	, ,	· · · · · ·		
<u> </u>	organization, check this box and stop here. tion C. Computation of Public Supp						
15	Public support percentage for 2017 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2016 Sche					16	%
	tion D. Computation of Investment					10	/0
	-			2 column (f))		17	0/
17	Investment income percentage for 2017 (lir						<u>%</u>
18	Investment income percentage from 2016 S					18	%
19 a	331/3% support tests - 2017. If the org						
	17 is not more than 331/3%, check thi	-	-				
b	331/3% support tests - 2016. If the orga						
	line 18 is not more than 331/3%, check						
20 JSA	Private foundation. If the organization of	and not check a	a dox on line	14, 19a, or 19b			
	11.000 2724MO K278 E/12/2010 6	· E Q • 1 Q D M	V 17 7 10	~		chedule A (Form 9	-
	2734MQ K378 5/13/2019 6	:59:19 PM	V 17-7.10	2	8273.0/LLS		PAGE 1

Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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

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

11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below. He growning body of a supported organization? 111 111 111 111 b A tamily member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part M. 111 111 111 111 Section B. Type I Supporting Organizations The person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part M. Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularizations activities. If the organization had more than one supported organization of the supported organization operated, supervised, or controlled the organization operated, supervised, or controlled the supported organization operated, supervised, or controlled the supported organization of the supported organization operated, supervised, or controlled the supported organization of the supported organization operated, supervised, or controlled the supported organization operated, supervised, or controlled the supported organization operated, supervised, or controlled the supporting organization operated, supervised, or controlled the supported organization operated, superv	-	le A (Form 990 or 990-EZ) 2017		F	Page 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or inflocing controls, either allow or together with persons described in (b) and (c) below, the governing body of a supported organization? A a 35%, controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type 1 Supporting Organizations I 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 directors or trustees at all times during the taxy and? If 'No, 'Beacher in Part VI have the supported organization of electors during the taxy period organization, directors or trustees at all times during the supported organization, directors or trustees at all times during the supported organization, directors or trustees at all times during the supported organization, directors or trustees at all times during the supported organization, directors or trustees at all times during the supported organization, directors or trustees at all times during the supported organization, directors or controlled the supported organization of the supported organization of the trustees, at all times during the supported organization or an unargometed, supervised, or controlled the supporting Organization. Were a majority of the organization supported organization (s)? If 'No, '' describe in Part VI have organization supported organization (s)? If 'No, '' describe in Part VI have organization organization (s). Were a majority of the organization supported organization (s)? If 'No, '' describe in Part VI have or controlled the supporting Organization was welled in the same parsons that controlled or managed the erganization (s). Were a majority of the organization was welled in the same pars	Part	V Supporting Organizations (continued)		Vee	Na
 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 39% controlled on tilly of a person described in (a) above? i Together and the person described in (a) above? i C A 39% controlled on tilly of a person described in (a) above? i 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 Not, "describe her Part V how the supported organization's directors or trustees extend the supported organization, discribe how the powers to a person describe of parts and the support of organization or person-describe or trustees were attained that the support or organization of the organization of the organization of the organization of the support of organization or person-describe or trustees extend the tax year? I Not, "describe how the powers to a person describe or trustees were attained and protections or trustees were attained and protection." I Not, "describe how the powers to a reson-description organization organization, and the supported organization of the support of organization organization." I Not, "describe her Part V how protection or manegement of the supporting organization and were the as the person that controlled or the organization's under the support of organization and the support of organization was vested in the same persons that controlled or maneged the support of organization was wested in the same persons that control of the organization's (Not, "describe her Part V how control or maneged mere support of organization was vested in the same persons that control of the organization's and the support of organization was vested in the same persons that controlled or maneged the support of organization was vest	11	Has the organization accorded a gift or contribution from any of the following persons?		Yes	NO
below, the governing body of a supported organization? b A family member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes No Describe Type I Supporting Organizations Yes No Describe the organization solutions of the organization's directors or trustees at all limes during the supported organization's directors or trustees at all limes during the supported organization's directors or trustees at all limes during the supported organization's directors or trustees at all limes during the supported organization's directors or trustees at all limes during the supported organization's directors or trustees at all limes during the supported organization's directors or trustees at all limes during the supported organization's directors or trustees at all limes during the supported organization's directors or trustees at all limes during the supported organization's directors or trustees during the support of directors or management of the supporting organization was vested in the same persons that controlled or managed the organization's directors, or trustees either (1) apported organization's and was most recently filed as of the directore in Part VI how control or management of the organization was wested in the supported organization's and the ergonization's apported organization was used or holffication, and (11) copies of the organization's directors, or trustees either (1) apported organization method the directore ore analytic or the organization's and eccli					
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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly further the in exempt purposes, how the organization was responsive to those supported organization determined that these activities described in (a) constitute activities that, but for the organization's involvement. Did the activities described in (a) constitute activities that, but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? Provide details in Part VI. 			2		
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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. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. 2b a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
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Schedule & (Form 990 or 990-E7) 2017	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	JSA			990-EZ	2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organi	g trust or	n Nov. 20, 1970 (expla	,
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 year6 Distributable Amount. Subtract line 5 from line 4, unless subject to	5		

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

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		e di l'ent i e di
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
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 resp	onsive	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Page 8

Schedule A (Form 990 or 990-EZ) 2017

Part VISupplemental 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

Name of the organization

NORTHWEST HARVEST/EMM

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

Organization type (check one):

91-0826037

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

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,197,802.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$1,777,715.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$5,873,682.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$1,972,838.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$1,090,212.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$4,735,193.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 2 Employer identification number 91-0826037

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$2,275,606.	Person Payroll Noncash (Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

5	Schedule	B (For	rm 990,	990-EZ,	or 990-PF)	(2017)	

Name of organization NORTHWEST HARVEST/EMM

Employer identification number 91-0826037

Page 3

a) No. (a) Construction of noncash property given (b) FMV (or estimate) (See instructions) (c) (C	a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
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2	om			FMV (or estimate)	(d) Date received
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3	om			FMV (or estimate)	(d) Date received
Image: Second	3	DONATED FOOD			
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4	om			FMV (or estimate)	(d) Date received
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6	om			FMV (or estimate)	(d) Date received
	6	DONATED FOOD			
\$ 4,735,193. 06/30/201	<u> </u>				06/30/2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Schedul	е В	(Form	990,	990-EZ,	or	990-PF)	(2017)	

Name of organization NORTHWEST HARVEST/EMM

Employer identification number 91-0826037

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	DONATED FOOD		
		\$2,275,606.	06/30/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Page 4
Name of organization NORTHWEST HARVEST/EMM	Employer identification number
	91-0826037

Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any o ons completing Part e year. (Enter this int	one contributor. (III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,					
(a) No. from Part I	(b) Purpose of gift	(c) Use (of gift	(d) Description of how gift is held					
		(e) Transfe							
	Transferee's name, address, ar	1d ZIP + 4		nship 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) Transfe							
	Transferee's name, address, ar	1d ZIP + 4	Relatio	nship 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, ar	nd ZIP + 4	Relatio	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	Transferee's name, address, ar	(e) Transfe		nship of transferor to transferee					
JSA 7E1255 1.000				Schedule B (Form 990, 990-EZ, or 990-PF) (2017)					

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) (other than section 501(c)(3) organizations: Complete Part I-A and C below. Do not complete Part I-B. • Section 501(c)) organizations that have filed Form 5788 (election under section 501(h)): Complete Part I-B. Do not complete Part I-B. • Section 501(c)) organizations that have filed Form 5788 (election under section 501(h)): Complete Part I-B. Do not complete Part I-B. • Section 501(c)(3) organizations that have filed Form 5788 (election under section 501(h)): Complete Part I-B. Do not complete Part I-B. • Section 501(c)(4), (5, or 16) organizations • Section 501(c)(4), (5, or 16) organization • Section 501(c)(2), • I Provide a description of the organization is exempt under section 501(c)(2), • I Provide a description of the section 401(c) sector section 501(c)(2), • I First the amount of any excise tax incurred by the organization numer section 501(c)(2), • I First the amount of any excise tax incurred by organization for section 501(c)(2), • I Provide a description of the organization is exempt under section 501(c), except section 501(c)(2), • I Provide a description 501(c), • I Provide	Internal Reven	ue Service		metraotione and m		Inspection
	-				46 (Political Campaign Activ	rities), then
					Do not complete Part I-B.	
if the organization answerd "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part V, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have NOT filed Form 5786 (election under section 501(h): Complete Part II.A. • Section 501(c)(4), (5), c) (6) organizations that have NOT filed Form 5786 (election under section 501(h): Complete Part II.A. • Section 501(c)(4), (5), c) (6) organizations: Complete Part III. Name of 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) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part IVA. • Section 501(c)(4), (5), c) (6) organization: Complete Part III. Name of organization • Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. • Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. • Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. • Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. • Provide a description of any excise tax incurred by organization under section 4955. • \$ • • • • • • • • • • • • • • • • •					·	
		U		990-EZ, Part VI, line	47 (Lobbying Activities), the	en
If the organization answired 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Prox Tax) (see separate instructions) escion 501(c)(4), (5), or (6) organizations: Complete Part III. Nomerthese instructions) Part IAC Complete If the organization is exempt under section 501(c) or is a section 507 organization. Provide a description of the organization is exempt under section 501(c) or is a section 507 definition of 'political campaign activities (see instructions) Political campaign activities (see instructions) Part IAC Complete If the organization is exempt under section 501(c) (3). There the amount of any excise tax incurred by the organization under section 4955 Four IAC Complete If the organization is exempt under section 501(c), There the amount of any excise tax incurred by organization managers under section 4955 Four IAC Complete If the organization is exempt under section 501(c), There the amount of any excise tax incurred by organization for section 501(c), There the amount of any excise tax incurred by the organization for section 501(c), Four IAC Complete If the organization is exempt under section 501(c), except section 501(c)(3). There the amount of the filing organization's funds contributed to other organizations for section S2 exempt function activities,	 Section 	501(c)(3) organizations	that have filed Form 5768 (election ur	nder section 501(h)): C	Complete Part II-A. Do not co	mplete Part II-B.
Tax) (see separate instructions), then Employer identification number 9 Section 501(c)(4), (5), (6) or granizations: Complete Part III. 91-0826037 Part LA Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities") > \$ Political campaign activity expenditures (see instructions) > \$ Yoluteer hours for political campaign activities") > \$ Part LB 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 There the amount of any excise tax incurred by the organization in section 501(c), except section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization for section 527 exempt function activities 2 If the organization's funds contributed to other organizations for section 527 exempt function activities 2 Enter the amount of incerby expended by the filing organization for section 527 political organizations to which the filing organization file Form 1120-POL, inter 170 political organization file Form 1120-POL for this year? 2 Enter the amount of political compain activities > \$ 3 Total exempt function activities > \$ 4		()() U		· · · · ·	,, ,	•
Section 501 (c)(4), (6), or (6) organizations: Complete Part III. NoRCTHWEST HARVEST/EMM PartIA Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities (see instructions). PartIA Complete if the organization is exempt under section 501(c)(3). There the amount of any excise tax incurred by the organization managers under section 4955. There the amount of any excise tax incurred by the organization for the organization is exempt under section 501(c)(a). The organization incurred a section 4955 tax, did if life Form 4720 for this year? The organization incurred a section 4955 tax, did if life Form 4720 for this year? The organization incurred a section 4955 tax, did if life Form 4720 for this year? The organization incurred a section 4955 tax, did if life Form 4720 for this year? The organization incurred by the filing organization for section 501(c)(a). Enter the amount directly expended by the filing organization for section 501(c)(a). Enter the amount directly expended by the filing organization for section 527 exempt function activities. Total exempt function activities. Add lines 1 and 2. Enter here and on Form 1120-POL in this year? Total exempt function activities. Total exempt function expenditures. Add lines 1 and 2. Enter the amount paid from the filing organization is derevely identification number (EIN) of all section 527 political organizations to which the filing organization is derevely dentification number (EIN) of all section 527 political organizations to which the filing organization with organization is ted, enter the amount paid from the filing organization sective data were promptly and directly delivered to a separate policical organization, such as a separate segregated fund or a political campaign ac	If the organ	ization answered "Yes,"	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate	instructions) or Form 990-	EZ, Part V, line 35c (Prox
Name of organization Employer identification number 91-0826037 PartLA 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 (see instructions). > \$ 2 Political campaign activities (see instructions). > \$ 3 Volunteer hours for political campaign activities (see instructions). > \$ 2 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 for section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization for section 501(c), except section 501(c)(3). 1 Enter the amount of any excise tax incurred by the filing organization for section 501(c). > \$ 2 Enter the amount of the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization's direct the varian and the filing organization's for section 527 exempt function activities. > \$ 2 Enter the amount of the filing organization's direct the varian and 2. Enter there and on Form 1120-POL, inter 170. > \$ 2 Did the filing organization file Fo		•				
NORTHWEST HARVEST/EMM 91-0826037 Part IA Complete if the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") > 2 Political campaign activities (see instructions) > > 2 Enter the amount of any excise tax incurred by the organization under section 501(c)(3). > 3 If the organization incurred a section 4955 tax, idd it file Form 4720 for this year? > No 4 Was a correction made? > > > No 5 Complete if the organization's for section 501(c), except section 501(c)(3). No 6 Trees, description in exempt under section for form 120-POL > > > 6 The organization file form 1120-POL for this year? > > No					Employer id	entification number
Part LA 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) Part LB 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. S 2 Enter the amount of any excise tax incurred by the organization under section 501(c)(3). 1 1 1 1 4 8 2 2 2 2 3 1 1 4 3 1 4 3 1 2 4 2 3 2 3 2 4 3 3 4 3 3 4 <	0					
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 activities (see instructions). S Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. S Enter the amount of any excise tax incurred by the organization under section 4955. S If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No b f1'Yes," describe in Part IV. Part HS Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities. S Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. S Total exempt function expenditures. Add lines 1 and 2. Enter there and on Form 1120-POL, ine 17.0 S Did the filing organization file Form 1120-POL for this year? Yes No Enter the amount of political contributions encewed that were promptly and directly delivered to a separate political organizations' tunds. Also enter the amount of political contributions received and there the amount paid from filing organizations (PAC). If the targen active exempt under section 527. political organization's tunds. Also enter the amount of political contrubutions received and there the amount paid from filing organizat			prognization is exempt under	section 501(c) o		
definition of "political campaign activities") Political campaign activity expenditures (see instructions). Yolunteer hours for political campaign activities (see instructions). Part HS Complete if the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by organization under section 4955. S If the organization incurred a section 4955 tax incurred by organization managers under section 4955. If the organization incurred a section 4955 tax, did if file Form 4720 for this year? If the organization incurred a section 4955 tax, did if file Form 4720 for this year? If the organization is exempt under section 501(c), except section 501(c)(3). Part HC Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part HC Complete if the organization's funds contributed to other organizations for section 501(c) and the filling organization's funds contributed to other organizations for section 527 exempt function activities. S Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17D S Did the filling organization file Form 1120-POL for this year? S Did the filling organization for granization number (EIN) of all section 527 paralizatios to which the filling organization's funds. Also enter the amount paid from the filling organization's funds. Also enter the amount paid from the filling organization's funds. Also enter the amount paid from the filling organization's funds. Also enter the amount paid from filling organization's funds activities activities activities activities activitis activities activities activities activitis ac			v		V	
2 Political campaign activity expenditures (see instructions) >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		•	•	political campaign a	activities in Fait IV. (See	
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 organization managers under section 4955						
1 Enter the amount of any excise tax incurred by organization managers 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 if file Form 4720 for this year? No Yes No 4a Was a correction made? Yes No 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 177b. Yes No 5 Enter the amount of political contributication number (EIN) of all section 527 political organizations to which the filing organizations funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization in Part IV. 6 (a) Name (b) Address (c) EIN (d) Amount paid from filing organizations in none, enter -0. 11 (a) Name (b) Address (c) EIN (d) Amount paid from tractivations in ceelved and promitivation in Part IV. 2 (a) Name (b) Address (c) EIN (d) Amount paid from tractivations received and promptly and directly delivered to a separate political organiz						
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. > \$ 10 Imine 77b. Yes No 5						
b If "Yes," describe in Part IV. Part IC Complete if the organization is exempt under section 501(c)(a). 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. In 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. If none, enter -0. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization. If none, enter -0. 1)		-		-		
Part FC 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 176 . 10 Into 176 . 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations funds. Also enter the amount political contributions received that were promptly and directly delivered to a separate political organization. Stude separate political organization. Stude separate political organization. Stude information in Part IV. (a) Name (b) Address (c) EIN (d) Amount political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0. (1) (a) Name (b) Address (c) EIN (d) Amount optical contributions received and promptly and directly delivered to a separate political organization. If none, enter -0. (1) (b) Address (c) EIN (d) Amount optical contributions received and promptly and directly delivered to a separate political organization. If none, enter -0. (1) (e) EIN (f) Amo						Yes No
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. 1 Image: State Sta			veningtion is even at under	a action EQ1(a)	weent costion EO1/o//	0)
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? > \$ 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 organization received that were promptly and directly delivered to a separate political organization in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from the filing organization's funds. If none, enter -0. 11						5).
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 organization's twich the filing organization's twich 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. (e) 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. (e) 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 organization. If none, enter -0 (1)	3 Total	exempt function expe	enditures. Add lines 1 and 2. Er	nter here and on F	Form 1120-POL,	
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization is 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 organizations' funds. If none, enter -0 (e) Amount of political organization. If none, enter -0 (1)						Yes No
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) (a) (b) (c)						
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(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)						
Image: Second	as a s	eparate segregated fur	nd or a political action committee (PAC). If additional s	space is needed, provide	Information in Part IV.
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization. If
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	(1)			-		
Image: state of the state o	(2)			-		
Image: second	(3)			-		
(6)	(4)			_		
	(5)			_		
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017	(6)			-		
	For Paperwo	ork Reduction Act Notic	e, see the Instructions for Form 990 o	r 990-EZ.	Schedu	le C (Form 990 or 990-EZ) 201

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

Department of the Treasury

SCHEDULE C

(Form 990 or 990-EZ)

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



Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
A		longs to an affiliated group (and list in Part IV e ind share of excess lobbying expenditures).	ach affiliated group meml	per's name,
в	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
t c	 Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures Total exempt purpose expenditures (add 	public opinion (grass roots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
	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.		
ç	g Grassroots nontaxable amount (enter 25	5% of line 1f)		
ł	Not Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
				Yes 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 Expen	ditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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					

Page 🕻	3

	dule C (Form 990 or 990-EZ) 2017					I	Page 3
a	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO ⁻ (election under section 501(h)).	T file	d For	m 570	68		
		(1	a)		(k)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	ount	
	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?	X					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X					
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?	X					
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				6	,38
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i	Other activities?	X					,50
	Total. Add lines 1c through 1i					8	,88
a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	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?		<u> </u>				
⁻ a	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	(C)(5)), or s	sectio	n		
						Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?				1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from	m the	e prior	year?	3		
a	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					2 ie	
	answered "Yes."		5)10		ч , ппс	, 0, 13	
	Dues, assessments and similar amounts from members			1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	unts	of				
	political expenses for which the section 527(f) tax was paid).		•				
	Current year			2a			
a	Carryover from last year.			2b			
-	Total			2c			
b				3			
b c	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due						
b c	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
b c	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of th	he				
a b c	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	n of tl obbyir	he ng	4			
b c	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of tl obbyir	he ng	4 5			

SEE PAGE 4

Schedule C (Form 990 or 990-EZ) 2017

Part IV Supplemental Information (continued)

PART II-B, LINE 1

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

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

Internal Revenue Service

JSA

7E1268 2.000 2734MQ K378 5/13/2019

Name of the organization

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Inspection Employer identification number

91-0826037

OMB No. 1545-0047

Open to Public

2

NC	DRTHWEST HARVEST/EMM		91-0
F	Part I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Fun
1	Total number at end of year		

	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
	· · · · · ·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets hel	d in donor advised
	funds are the organization's property, subject to the	-	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	.	
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., rec	reation or education) Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or term	inated by the organization during the
	tax year 🕨		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ear		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	onservation easements during the year
-		the state of the second st	
7	Amount of expenses incurred in monitoring, inspect	ling, handling of violations, and enforcing	conservation easements during the year
8	▶ \$ Does each conservation easement reported on line 2	2(d) above esticity the requirements of ear	170(h)(4)(P)(i)
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
5	balance sheet, and include, if applicable, the text of		•
	organization's accounting for conservation easeme		
Ра	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered		
1a	If the organization elected as permitted under SE	FAS 116 (ASC 958) not to report in its	s revenue statement and balance sheet
···	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	ar assets held for public exhibition, ec	lucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the for		
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar		
	public service, provide the following amounts relati		fucation, of research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	0	▶ \$
	(ii) Assets included in Form 990, Part X.		
2	If the organization received or held works of a		
-	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1.		
b	Assets included in Form 990, Part X		
For I	Paperwork Reduction Act Notice, see the Instructions for	[.] Form 990.	Schedule D (Form 990) 2017

Schee	dule D (Form 990) 2017									P	age 2
Par	t III Organizations Maintainir	ng Collections of	Art, Hist	orical T	reasure	es, or	Other Simi	ar Asse	ts (con	tinue	ed)
3	Using the organization's acquisitic	n, accession, and c	other record	ds, checl	k any of	f the fo	llowing that	are a sigr	nificant u	se o	f its
	collection items (check all that app	ly):									
а	Public exhibition		d	Loan d	or excha	inge pro	grams				
b	Scholarly research		e	Other			-				
с	Preservation for future gene	rations		-							
4	Provide a description of the organ		and expla	in how t	hev fur	ther the	organization	's exemp	t purpos	e in	Part
	XIII.				-,		5	1			
5	During the year, did the organization	on solicit or receive d	Ionations of	fart histo	orical tre	asures	or other simi	lar			
•	assets to be sold to raise funds rath								Yes		No
Par	t IV Escrow and Custodial Ar				Jiganizo						
ı aı	Complete if the organizat		s" on Form	990 P	art IV li	ne 9 o	r reported a	n amoun	t on For	m	
	990, Part X, line 21.			1 000, 1 0	are rv, n	10 0, 0	reponded d	lamoun			
10	Is the organization an agent, truste	o austadian ar atha	or intermedi	iony for o	ontribut	ione or c	ther accets p				
Id								л Г	Yes] N
ь	included on Form 990, Part X? If "Yes," explain the arrangement in					• • • •	• • • • • • •	•••• -	Tes		No
b	in res, explain the arrangement i	n Part XIII and comp	piere rue ion	owing tat	ne:						
					-	-	F	Amount			
c	Beginning balance					1c					
a	Additions during the year					1d					
e	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an am								Yes		No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the ex	planation	has bee	en provid	ded on Part XI	<u></u>		<u> </u>	
Par											
	Complete if the organizat										
		(a) Current year	(b) Prior			o years ba		years back	(e) Four		
1a	Beginning of year balance	215,902.	196	5,217.	2	200,93	39. 20	0,267.	1	.73,	459.
b	Contributions										
с	Net investment earnings, gains,										
	and losses	23,804.	19	9,685.		-4,72	22.	672.		26,	808.
d	Grants or scholarships										
e	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
g	End of year balance	239,706.	215	5,902.	1	96,21	.7. 20	0,939.	2	200,	267.
9 2	Provide the estimated percentage	of the current year	and halance	lino 1a	column	(a) bol					
_ a	Board designated or quasi-endown		%	e (inte Ty,	column		as.				
b	Permanent endowment 49.8										
c	Temporarily restricted endowment										
Ū	The percentages on lines 2a, 2b, a		100%								
3a	Are there endowment funds not in			tion that	are held	l and ac	Iministered fo	r the			
ou	organization by:		io organiza	tion that						Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related								3b		
	Describe in Part XIII the intended u	•	•			· · · · ·		• • • • •	55		
4 Dot	AVI Land Buildings and Equi	ises of the organiza		winient iur	ius.						
Fal	t VI Land, Buildings, and Equ Complete if the organiza	tion answered "Ye	s" on Forn	n 990, P	art IV, I	ine 11a	a. See Form	990, Par	rt X, line	10.	
	Description of property	(a) Cost or	other basis	(b) Cost c	or other bas	sis (c)	Accumulated	(0	d) Book val	Je	
10	Land	(invest	tment)		ther)		depreciation		1 0 4	E C	10
1a ⊾	Land				45,64		0.001 (1.0		1,84		
b	Buildings				45,63		3,031,613	-	7,81		
C	Leasehold improvements				500,54		322,521			/8,0	
d	Equipment				37,84		L,945,751.	-		2,0	
	Other				74,83		L,722,765.			52,0	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part .	X, columi	п (В), lin	e 10c.) <u>.</u>	<u></u>	<u> </u>	10,88	1,8	63.

Schedule D (Form 990) 2017

Page 3

Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

eenprete n'alle erganization allemerea		
(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	1,106,412.
(2) BENEFICIAL INTERESTS IN ENDOWM	239,706.
(3) OTHER RECEIVABLE	75,227.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,421,345.

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) Feder	al income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	nn (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 JSA 7E1270 1.000

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NORTHWEST	HARVEST/	/EMM
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	NORTHWEST HARVEST/EMM	91-08	326037
Schedu	le D (Form 990) 2017		Page 4
Part		n.	
4	Total revenue, gains, and other support per audited financial statements	1	47,564,860.
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a L			
b			
C			
d		2e	540,661.
e	Add lines 2a through 2d	3	47,024,199.
3	Subtract line 2e from line 1	5	1, , 02 1 , 1997
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
_ c	Add lines 4a and 4b	4c	47,024,199.
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	47,024,199.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total expenses and losses per audited financial statements	1	48,879,036.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	.	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	725,390.
3	Subtract line 2e from line 1	3	48,153,646.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a h	Other (Describe in Part XIII.)	1	
b		4c	
с 5	Add lines 4a and 4b	5	48,153,646.
	XIII Supplemental Information.	•	-,,
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
PART	X, LINE 2		
THE	ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS AND A LOSS		
CONT	INGENCY IS RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT A		
LIAB	ILITY HAS BEEN INCURRED AND THE AMOUNT CAN BE REASONABLY ESTIMATED.		

Schedule D (Form 990) 2017

JSA

Part XIII Supplemental Information (continued)

SCHEDULE I (Form 990)	Go	-	OMB No. 1545-0047					
	Comp	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► At	tach to Form 990.				Open to Public
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the l	atest information	n.		Inspection
Name of the organization							Employer identifi	cation number
NORTHWEST HARVE	EST/EMM						91-08260	37
Part I General I	nformation on Grants and	d Assistance	9					
 Does the organized 	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
the selection crit	eria used to award the grant	s or assistanc	e?					X Yes No
2 Describe in Part	IV the organization's proceed	dures for mon	itoring the use	of grant funds in the	e United States.			
Part II Grants ar	nd Other Assistance to D	omestic Org	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	es" on Form
	IV, line 21, for any recipi	-	-					
	· · ·					•		
	d address of organization 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 COMMUNIT	V FOOD DANK					outory		
PO BOX 444 ABERDE		91-0841015			17,467.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) ADDY RESCUE MISSI		51 00 11015			1,107.	1111	1000	
PO BOX 38 ADDY, W		91-1394575			13,147.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) ADRA BERRY MEMORI								
PO BOX 948 PRESTO		91-0982213			61,900.	FMV	FOOD	DISTRIBUTION OF FOOD
	TY SERVICES OF GRAYS HARBO							
3101 CHERRY ST. H		45-4208191			9,588.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) ALGER FOOD BANK								
1195 ALGER CAIN I	JAKE RD	91-1517719			23,353.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) ALGONA/PACIFIC FC	OOD PANTRY							
603 THIRD AVE. SE	PACIFIC, WA 98047	91-1498750			45,368.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) ALL SAINTS FOOD F	PANTRY							
314 S. SPRUCE STR	REET SPOKANE, WA 99201	91-6017136			68,066.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) ALOHA INN								
PO BOX 217 SEATTI	JE, WA 98111	91-1585652			15,799.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) APOYO								
111 PEAVINE ROAD	ELLENSBURG, WA 98926	91-1970470			60,401.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) ASIAN COUNSELING	AND REFERRAL SERVICE	_						
	S SEATTLE, WA 98144	91-0916176			351,011.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) ASOTIN COUNTY FOC	DD BANK	_						
1546 MAPLE ST CLA	ARKSTON, WA 99403	82-0388109			34,384.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) AUBURN FOOD BANK		_						
PO BOX 464 AUBURN		91-1215485			230,513.		FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) and	-	-				•••••	
	per of other organizations list					<u></u>	<u> </u>	
For Paperwork Reduction	on Act Notice, see the Instructi	ions for Form 9	90.				So	chedule I (Form 990) (2017)

SCHEDULE I (Form 990)				Assistance t Individuals in				OMB No. 1545-0047 のの イフ
	Comp	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treesury			-	ach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection
Name of the organization							Employer identific	ation number
NORTHWEST HARVEST	/EMM						91-082603	37
Part I General Info	rmation on Grants and	d Assistance	9					
	on maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce the grantees	' eligibility for the gran	ts or assistance and	
_	used to award the grant			-	-			X Yes No
	he organization's proced							
Part II Grants and C	Other Assistance to D line 21, for any recipi	omestic Org	ganizations ar	nd Domestic Gov	ernments. Com			es" on Form
1 (a) Name and add or gove		(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) BALLARD FOOD BANK								
5130 LEARY AVE NW SEA	ATTLE, WA 98107	91-1428805			94,428.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) BASIN CITY HELP SERVI	ICES							
1880 DRUMMOND RD MESA		91-1544022			34,739.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) BATTLE GROUND ADVENTI	ST COMMUNITY SERVICES							
11117 NE 189TH ST, S		52-0643036			5,653.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) BELLINGHAM FOOD BANK								
1824 ELLIS STREET BEI	LINGHAM, WA 98225	91-0918619			537,642.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) BIKERS AGAINST STATEW	VIDE HUNGER OF WASHINGT							
PO BOX 2020 ELMA, WA	98541	46-2267651			16,687.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) BLAINE FOOD BANK								
PO BOX 472 BLAINE, WA	A 98230	91-1160595			134,784.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) BLUE MOUNTAIN ACTION	COUNCIL FOOD BANK							
921 W CHERRY ST WALLA	A WALLA, WA 99362	91-0793597			111,579.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) BONNEY LAKE FOOD BANK	ς							
PO BOX 7521 BONNEY LA	AKE, WA 98391	27-0270499			31,366.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) BREAD OF LIFE - MARBI	LEMOUNT							
3302 CEDARDALE RD, D1	00	91-1335192			27,649.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) BREMERTON FOODLINE								
PO BOX 824 BREMERTON,	WA 98337	91-1111086			155,322.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) BREWSTER FOOD BANK								
PO BOX 826 BREWSTER,	WA 98812	91-0569880			28,891.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) BRINNON FOOD BANK								
51 CANAL LANE BRINNON	1, WA 98320	91-1377493			30,292.	FMV	FOOD	DISTRIBUTION OF FOOD
 Enter total number of Enter total number of 	of section 501(c)(3) and going of other organizations list	-	-				· · · · · · · · · · · · · · · · · · ·	
For Paperwork Reduction A							Sci	nedule I (Form 990) (2017)

SCHEDULE I (Form 990)				Assistance t ndividuals in			-	OMB №. 1545-0047 ഗ്ന ് 1 7
			•	wered "Yes" on F				2017
	p		-	tach to Form 990.	0	,		Open to Public
Department of the Treasury Internal Revenue Service		► Go t	o www.irs.gov	/Form990 for the l	atest information	n.		Inspection
Name of the organization							Employer identific	ation number
NORTHWEST HARVE	EST/EMM						91-082603	37
Part I General I	nformation on Grants and	Assistance)					
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eliaibility for the aran	ts or assistance. and	
-	eria used to award the grants			-	-			X Yes No
	IV the organization's proced							
Part II Grants an	nd Other Assistance to Do IV, line 21, for any recipi	omestic Org	ganizations ar	nd Domestic Gov	vernments. Com			es" on Form
	d address of organization 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) BYRD BARR PLACE								
722 18TH AVENUE S	EATTLE, WA 98122	91-0786727			197,827.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) CARE & SHARE - GR	AND COULEE							
P.O. BOX 671 GRAN	ID COULEE, WA 99133	91-1363219			44,217.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) CARE & SHARE - LI	NCOLN COUNTY							
PO BOX 217 DAVENE	PORT, WA 99122	91-1228920			34,364.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) CARITAS OUTREACH	MINISTRIES							
1612 W DALKE AVE	SPOKANE, WA 99205	91-1569891			32,927.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) CAROL ROWE MEMORI	AL EDMONDS FOOD BANK							
828 CASPERS ST. E	DMONDS, WA 98020	91-0652053			212,533.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) CASHMERE FOOD BAN	IK							
PO BOX 225 CASHME	RE, WA 98815	46-5630025			13,345.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) CASTLE ROCK LIONS	FOOD BANK							
PO BOX 776 CASTLE		91-6054280			20,769.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) CATHEDRAL KITCHEN	1	_						
804 NINTH AVE. SE		91-0567738			21,704.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) CENTRAL KITSAP FO	OOD BANK	_						
PO BOX 748 SILVER	2DALE, WA 98383	91-1425561			124,346.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) CHELAN-DOUGLAS CC	MMUNITY ACTION COUNCIL	_						
620 LEWIS STREET	WENATCHEE, WA 98801	91-6064514			45,631.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) CHEWELAH FOOD BAN	IK	_						
PO BOX 628 CHEWEI	· ·	91-1084840			25,603.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) CHICKEN SOUP BRIG	ADE (LIFELONG AIDS ALLIANC	4						
P.O. BOX 80547 SE		91-1215715			176,101.		FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) and g		•					
	per of other organizations list					<u></u>	<u></u>	
For Paperwork Reduction	on Act Notice, see the Instruction	ons for Form 9	90.				Scl	nedule I (Form 990) (2017)

SCHEDULE I (Form 990)				Assistance t				OMB No. 1545-0047
			•	ndividuals in				2017
	Comp	plete if the or	-	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		Open to Public
Department of the Treasury		b 0-1	,	tach to Form 990.		_		Inspection
Internal Revenue Service		► G0 1	o www.irs.gov	/Form990 for the I	atest information	1.	Employer identifie	
Name of the organization							Employer identific	
NORTHWEST HARVES							91-082603	3 /
	ormation on Grants and							
•	tion maintain records to su			•	•	• • •		
	ia used to award the grant						• • • • • • • • • • •	X Yes No
2 Describe in Part IV	the organization's procee	dures for mon	itoring the use	of grant funds in the	e United States.			
Part II Grants and	Other Assistance to D	omestic Org	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form
990. Part IV	, line 21, for any recipi	ent that rec	eived more that	an \$5.000. Part II	can be duplica	ted if additional spa	ce is needed.	
	· · ·	1				•		
	ddress of organization vernment	(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) CHINOOK FOOD BANK								
PO BOX 243 CHINOOK,	WA 98614	30-0165711			5,720.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) CLARK COUNTY ADVENT	IST COMMUNITY SERVICES							
3114 E. 4TH PLAIN VA	ANCOUVER, WA 98661	52-0643036			67,290.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) CLEAR LAKE COMMUNITY	Y COVENANT CHURCH & FOOD							
PO BOX 188 CLEARLAK	E, WA 98235	68-0650377			9,996.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) CLOVER PARK SCHOOL 1	DISTRICT FOUR HEROES ELE							
9101 LAKEWOOD DRIVE	SOUTHWEST	91-6001563			6,232.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) CLOVER PARK SCHOOL 1	DISTRICT TYEE PARK ELEME							
11920 SEMINOLE RD S	W TACOMA, WA 98499	91-6001563			5,861.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) COASTAL HARVEST MOB	ILE FOOD BANK							
PO BOX 616 HOQUIAM,	WA 98550	94-3252669			18,939.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) COLVILLE CONFEDERATI	ED TRIBES FOOD BANK							
PO BOX 150 NESPELEM	, WA 99155	91-0557683			261,957.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) COMMUNITY CUPBOARD	- MEND							
PO BOX 772 LEAVENWO	RTH, WA 98826	91-1415660			32,069.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) COMMUNITY FOOD BANK	OF DAYTON							
P O BOX 284 DAYTON,	WA 99328	91-1240257			11,049.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) COMMUNITY FOOD PANT	RY							
PO BOX 1858 BELFAIR	, WA 98528	45-5576783			107,409.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) COMMUNITY LUNCH ON (CAPITOL HILL							
509 10TH AVE E SEAT	TLE, WA 98102	05-0566668			17,468.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) COMMUNITY SERVICES	OF MOSES LAKE	_						
PO BOX 683 MOSES LA		91-0664984			270,136.		FOOD	DISTRIBUTION OF FOOD
	of section 501(c)(3) and							
3 Enter total number	of other organizations list	ted in the line	1 table	<u></u>	<u></u>	<u></u>	<u> </u>	
	Act Notice, see the Instructi							nedule I (Form 990) (2017)

SCHEDULE I (Form 990)	Go	\vdash	OMB No. 1545-0047					
	Comp	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury				tach to Form 990.				Open to Public
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the l	atest information	n.		Inspection
Name of the organization							Employer identifie	cation number
NORTHWEST HARVE							91-08260	37
Part I General I	nformation on Grants and	d Assistance	e					
1 Does the organized	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, and	
the selection crit	eria used to award the grant	s or assistanc	e?					X Yes No
2 Describe in Part	IV the organization's proceed	dures for mon	itoring the use	of grant funds in the	e United States.			
Part II Grants ar	nd Other Assistance to D	omestic Or	panizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form
	IV, line 21, for any recipi	-	-			•		
						-		
	d address of organization 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) CONCERN FOR NEIGH	IBORS FOOD BANK							
4700 228TH ST. S	SW	91-2027084			91,182.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) CONCONULLY FOOD E	BANK							
713 E DEWBERRY AV	7E OMAK, WA 98841	91-0972261			18,071.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) CONCRETE FOOD BAN	IK							
PO BOX 53 CONCRET	CE, WA 98237	91-1643893			15,566.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) COPALIS COMMUNITY	CHURCH FOOD BANK							
PO BOX 304 COPALI	S BEACH, WA 98535	91-0823403			22,473.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) COUNCIL AGING & H	NUMAN SERVICES FOOD BANK							
PO BOX 107 COLFAX	K, WA 99111	91-0964790			121,750.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) CUSICK FOOD BANK								
PO BOX 126 CUSICK	C, WA 99119	91-1102635			39,961.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) DES MOINES AREA F	FOOD BANK							
PO BOX 98788 DES	MOINES, WA 98198	91-1183154			145,633.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) DOWNTOWN EMERGENC	CY SERVICE CENTER - EVANS H							
515 3RD AVENUE SE	CATTLE, WA 98104	91-1275815			17,820.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) DOWNTOWN EMERGENC	Y SERVICE CENTER - RAINIER	_						
515 3RD AVENUE SE	CATTLE, WA 98104	91-1275815			20,866.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) EAST CENTRAL COMM	UNITY CENTER	_						
500 S STONE ST SE	POKANE, WA 99202	91-1143596			145,307.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) EAST GRAYS HARBOR	COUNTY FOOD BANK	_						
PO BOX 1440 ELMA,	WA 98541	91-1244371			21,745.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) EAST VALLEY BAPTI	ST CHURCH FOOD PANTRY	4						
	SPOKANE, WA 99216	36-4546005			37,765.		FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) and	•	•					
	per of other organizations list						<u></u>	
For Paperwork Reduction	on Act Notice, see the Instructi	ions for Form 9	90.				Sc	hedule I (Form 990) (2017)

Deparation Description Inspection Name of registration Employer identification number 91-8326017 Employer identification number 91-8326017 Part II General Information on Grants and Assistance Employer identification number 91-8326017 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? Image: selection criteria used to award the grants or assistance. 2 Does the organization maintain records to substantiate the amount of the grants or assistance. Image: selection criteria used to award the grants or assistance? Image: selection criteria used to award the grants or assistance and the selection criteria used to award the grants or assistance and the selection criteria used to award the grants or assistance and the selection criteria used to award the grants or assistance and the selection criteria used to award the grants or assistance and the selection criteria used to award the grant or an exploration and the registration and the registration of the grant or assistance and the selection criteria used to award the registration and registratin and registration and registration and registratin	(Form 990) GC	vernmer	nts, and Ir	Assistance (Individuals in wered "Yes" on F tach to Form 990.	n the Unite	d States		OMB No. 1545-0047
Nume of the organization Employer learning Part of 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? No 2 Describe in Part IV the organization maintain records to substantiate the amount of the grants or assistance. Image of the organization maintain records to substantiate the amount of the grants or assistance. Image of the organization maintain records to substantiate the amount of the grants or assistance. Image of the organization maintain records to substantiate the amount of the grants or assistance. Image of the organization maintain records to substantiate the amount of the grants or assistance. Image of the organization maintain records to substantiate the amount of the grants or assistance. Image of the organization maintain records to substantiate the grants or assistance. Image of the organization maintain records to substantiate the amount of the grants of 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. Image of the organization or poor 1000 particle or or organization or poor provement or grant amount of the grant or assistance or grant or assistance or organization or poor 11 state are foot maint Image of the organization or poor 1000 particle or poor 11 state are foot maint Image of the particle or poor 1000 particle or poor 1000 particle or poor 11 state are foot maint Image of the particle or poor 1000 particle or poor 1000 particle or poor 11 state are foot maint Image of the particle or poor 1000 particle o		► Go t	to www.irs.gov	/Form990 for the	atest informatio	n.		Inspection
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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and respective to respective to romonitoring the use of grant funds in the United States. Image: Content of the organization's procedures for monitoring the use of grant funds in the United States. PartUL 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 SS,000. Part II can be duplicated if additional space is needed. Image: Content of the organization's eligible distance of grant funds in the United States. 1 (a) Name and address of organizations and bonestic Consensation of grant and bonestic Consensation of grant and bonestic Consensation. Image: Consensation of the organization of the organizati	NORTHWEST HARVEST/EMM						91-08260	37
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and x yes x yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III 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. I (a) Name and addites of organizations (b) EN (c) (if explicable) (a) Annot of each (c) (if explicable) (a) Annot (c) (a) Annot (c) (a) Annot (c)	Part I General Information on Grants and	d Assistance	9					
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(1) EDGEWOOD COMMUNITY FISH FOOD BANK P1-1198391 46,519. FWV FOOD DISTRIBUTION OF FOOD (2) EL CENTRO DE LA RAZA FOOD BANK 2324 1687 12200 AVE E, STE B EDGEWOOD, WA 98372 91-1198391 46,519. FWV FOOD DISTRIBUTION OF FOOD (3) ELCISE COOKING POT P0 BUX 94545 SEATTLE, WA 98124 54-2092145 223,394. FWV FOOD DISTRIBUTION OF FOOD (4) ENTIAT VALLEY COMUNITY SERVICES FOOD BANK 26-091941 19,460. FWV FOOD DISTRIBUTION OF FOOD (5) EPHRATA FOOD BANK 26-091941 19,460. FWV FOOD DISTRIBUTION OF FOOD (6) EPKRATA FOOD BANK 91-1391859 121,015. FWV FOOD DISTRIBUTION OF FOOD (6) EPKRATA, FOOD BANK 91-1393822 87,306. FWV FOOD DISTRIBUTION OF FOOD (7) FAILVIEW SEVENTH-DAY AUVENTIST FOOD BANK 91-1393264 49,592. FWV FOOD DISTRIBUTION OF FOOD (30) MINGR FD, KELSO, NA 98626 91-1393264 49,592. FWV FOOD <td< th=""><th>1 (a) Name and address of organization</th><th></th><th>(c) IRC section</th><th>(d) Amount of cash</th><th>(e) Amount of non-</th><th>(f) Method of valuation (book, FMV, appraisal,</th><th>(g) Description of</th><th></th></td<>	1 (a) Name and address of organization		(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	
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205 REEDS IN #6 EVERSON, WA 98247 91-1339292 87,306. FMV FOOD DISTRIBUTION OF FOOD (7) FAIRVIEW SEVENTH-DAY ADVENTIST FOOD BANK 1331 ASPEN SPRINGS LANE YAKIMA, WA 98903 91-1218657 47,835. FMV FOOD DISTRIBUTION OF FOOD (8) FAITH CENTER FOOD BANK 1209 MINOR RD. KELSO, WA 98626 91-1393264 49,592. FMV FOOD DISTRIBUTION OF FOOD (9) FALL CITY COMMUNITY FOOD PANTRY 91-6198453 14,854. FMV FOOD DISTRIBUTION OF FOOD (10) FAMILIES UNLIMITED NETWORK FOOD BANK 91-6198453 14,854. FMV FOOD DISTRIBUTION OF FOOD (11) FAMILY WORKS FOOD BANK 91-1757277 114,488. FMV FOOD DISTRIBUTION OF FOOD (12) FEED SPOKANE 91-1757277 114,488. FMV FOOD DISTRIBUTION OF FOOD (12) FEED SPOKANE 218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD 218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD	PO BOX 804 EPHRATA, WA 98823	91-1391859			121,015.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) FAIRVIEW SEVENTH-DAY ADVENTIST FOOD BANK 91-1218657 47,835. FMV FOOD DISTRIBUTION OF FOOD (8) FAITH CENTER FOOD BANK 1209 MINOR RD. KELSO, WA 98626 91-1393264 49,592. FMV FOOD DISTRIBUTION OF FOOD (9) FALL CITY COMMUNITY FOOD PANTRY 91-6198453 14,854. FMV FOOD DISTRIBUTION OF FOOD (10) FAMILIES UNLIMITED NETWORK FOOD BANK 91-6198453 14,854. FMV FOOD DISTRIBUTION OF FOOD (11) FAMILY WORKS FOOD BANK 91-1757277 114,488. FMV FOOD DISTRIBUTION OF FOOD (12) FEED SPOKANE 91-1757277 114,488. FMV FOOD DISTRIBUTION OF FOOD 218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD 218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD	(6) EVERSON FOOD BANK							
1331 ASPEN SPRINGS LANE YAKIMA, WA 98903 91-1218657 47,835. FMV FOOD DISTRIBUTION OF FOOD (8) FAITH CENTER FOOD BANK 1209 MINOR RD. KELSO, WA 98626 91-1393264 49,592. FMV FOOD DISTRIBUTION OF FOOD (9) FALL CITY COMMUNITY FOOD PANTRY PO BOX 640 FALL CITY, WA 98024 91-6198453 14,854. FMV FOOD DISTRIBUTION OF FOOD (10) FAMILIES UNLIMITED NETWORK FOOD BANK PO BOX 65672 UNIVERSITY PL, WA 98464-0672 20-0435496 32,679. FMV FOOD DISTRIBUTION OF FOOD (11) FAMILY WORKS FOOD BANK I14,488. FMV FOOD DISTRIBUTION OF FOOD (12) FEED SPOKANE 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD 218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD	205 REEDS LN #6 EVERSON, WA 98247	91-1339292			87,306.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) FAITH CENTER FOOD BANK 91-1393264 49,592. FMV FOOD DISTRIBUTION OF FOOD (9) FALL CITY COMMUNITY FOOD PANTRY 91-6198453 14,854. FMV FOOD DISTRIBUTION OF FOOD (10) FAMILIES UNLIMITED NETWORK FOOD BANK 91-6198453 14,854. FMV FOOD DISTRIBUTION OF FOOD (10) FAMILIES UNLIMITED NETWORK FOOD BANK 91-0198453 14,854. FMV FOOD DISTRIBUTION OF FOOD (11) FAMILY WORKS FOOD BANK 91-1757277 114,488. FMV FOOD DISTRIBUTION OF FOOD (12) FEED SPOKANE 91-1757277 114,488. FMV FOOD DISTRIBUTION OF FOOD 218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(7) FAIRVIEW SEVENTH-DAY ADVENTIST FOOD BANK							
1209 MINOR RD. KELSO, WA 98626 91-1393264 49,592. FMV FOOD DISTRIBUTION OF FOOD (9) FALL CITY COMMUNITY FOOD PANTRY PO BOX 640 FALL CITY, WA 98024 91-6198453 14,854. FMV FOOD DISTRIBUTION OF FOOD (10) FAMILIES UNLIMITED NETWORK FOOD BANK PO BOX 65672 UNIVERSITY PL, WA 98464-0672 20-0435496 32,679. FMV FOOD DISTRIBUTION OF FOOD (11) FAMILY WORKS FOOD BANK Interview of the search Le, WA 98103 91-1757277 114,488. FMV FOOD DISTRIBUTION OF FOOD (12) FEED SPOKANE Interview of the search Le, WA 98103 91-1757277 114,488. FMV FOOD DISTRIBUTION OF FOOD 218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table FOOD DISTRIBUTION OF FOOD	1331 ASPEN SPRINGS LANE YAKIMA, WA 98903	91-1218657			47,835.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) FALL CITY COMMUNITY FOOD PANTRY 91-6198453 14,854. FMV FOOD DISTRIBUTION OF FOOD (10) FAMILIES UNLIMITED NETWORK FOOD BANK 91-6198453 14,854. FMV FOOD DISTRIBUTION OF FOOD (10) FAMILIES UNLIMITED NETWORK FOOD BANK 91-6198453 32,679. FMV FOOD DISTRIBUTION OF FOOD (11) FAMILY WORKS FOOD BANK 1501 N 45TH SEATTLE, WA 98103 91-1757277 114,488. FMV FOOD DISTRIBUTION OF FOOD (12) FEED SPOKANE 114,488. FMV FOOD DISTRIBUTION OF FOOD 114,488. FMV FOOD DISTRIBUTION OF FOOD 218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(8) FAITH CENTER FOOD BANK							
PO BOX 640 FALL CITY, WA 98024 91-6198453 14,854. FMV FOOD DISTRIBUTION OF FOOD (10) FAMILIES UNLIMITED NETWORK FOOD BANK PO BOX 65672 UNIVERSITY PL, WA 98464-0672 20-0435496 32,679. FMV FOOD DISTRIBUTION OF FOOD (11) FAMILY WORKS FOOD BANK Image: Constraint of the second sec	1209 MINOR RD. KELSO, WA 98626	91-1393264			49,592.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) FAMILIES UNLIMITED NETWORK FOOD BANK 20-0435496 32,679. FMV FOOD DISTRIBUTION OF FOOD (11) FAMILY WORKS FOOD BANK 32,679. FMV FOOD DISTRIBUTION OF FOOD (11) FAMILY WORKS FOOD BANK 1501 N 45TH SEATTLE, WA 98103 91-1757277 114,488. FMV FOOD DISTRIBUTION OF FOOD (12) FEED SPOKANE 218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6,753. FMV FOOD DISTRIBUTION OF FOOD	(9) FALL CITY COMMUNITY FOOD PANTRY	_						
PO BOX 65672 UNIVERSITY PL, WA 98464-0672 20-0435496 32,679. FMV FOOD DISTRIBUTION OF FOOD (11) FAMILY WORKS FOOD BANK 1501 N 45TH SEATTLE, WA 98103 91-1757277 114,488. FMV FOOD DISTRIBUTION OF FOOD (12) FEED SPOKANE 218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6,753. FMV FOOD DISTRIBUTION OF FOOD	PO BOX 640 FALL CITY, WA 98024	91-6198453			14,854.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) FAMILY WORKS FOOD BANK 91-1757277 114,488. FMV FOOD DISTRIBUTION OF FOOD (12) FEED SPOKANE 114,488. FMV FOOD DISTRIBUTION OF FOOD 218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table FOOD DISTRIBUTION OF FOOD	(10) FAMILIES UNLIMITED NETWORK FOOD BANK	_						
1501 N 45TH SEATTLE, WA 98103 91-1757277 114,488. FMV FOOD DISTRIBUTION OF FOOD (12) FEED SPOKANE 218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	PO BOX 65672 UNIVERSITY PL, WA 98464-0672	20-0435496			32,679.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) FEED SPOKANE 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD 218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6,753. FMV FOOD DISTRIBUTION OF FOOD	(11) FAMILY WORKS FOOD BANK	_						
218 NORTH CRESTLINE STREET 77-0669783 6,753. FMV FOOD DISTRIBUTION OF FOOD 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6,753. FMV FOOD DISTRIBUTION OF FOOD		91-1757277			114,488.	FMV	FOOD	DISTRIBUTION OF FOOD
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(12) FEED SPOKANE	_						
								DISTRIBUTION OF FOOD
3 Enter total number of other organizations listed in the line 1 table		-	-				🕨	•
	3 Enter total number of other organizations lis	ted in the line	1 table	<u></u>		<u></u>	<u> </u>	•

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

SCHEDULE I				Assistance t				OMB No. 1545-0047
(Form 990)	Go	vernmer	nts, and Ir	ndividuals in	n the Unite	d States		2017
	Comp	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► Att	ach to Form 990.				Open to Public
Internal Revenue Service		► Go t	o www.irs.gov	/Form990 for the I	atest information	າ.		Inspection
Name of the organization							Employer identific	ation number
NORTHWEST HARVES	ST/EMM						91-082603	37
Part I General In	formation on Grants and	d Assistance)					
1 Does the organiza	ation maintain records to su	ubstantiate the	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
the selection crite	eria used to award the grants	s or assistanc	e?					X Yes No
2 Describe in Part I	V the organization's proced	lures for mon	itoring the use	of grant funds in the	e United States.			
Part II Grants and	d Other Assistance to D	omestic Oro	anizations ar	d Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form
	V, line 21, for any recipi							
				un \$5,000. 1 art n		•		
	address of organization overnment	(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) FERNDALE FOOD BANK								
PO BOX 1593 FERNDA	LE, WA 98248	91-1166240			73,647.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) FISH OF COWLITZ CO	DUNTY							
PO BOX 135 LONGVIE	W, WA 98632	23-7452250			43,045.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) FISH OF ORCHARDS								
PO BOX 820833 VANC	OUVER, WA 98682	91-1150994			11,904.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) FISH OF VANCOUVER								
PO BOX 585 VANCOUV	VER, WA 98666	91-1166344			13,159.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) FOOTHILLS FOOD BAN	IK							
5568 MT. BAKER HWY	DEMING, WA 98244	91-1347974			84,874.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) FORD FOOD PANTRY								
FORD SUNSET CLUB,	PO BOX 184 FORD, WA 99013	91-1367180			32,837.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) FORKS FOOD BANK								
PO BOX 270 FORKS,	WA 98331	91-1102628			12,939.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) GARFIELD COUNTY FO	OOD BANK							
PO BOX 15 POMEROY,	WA 99347	91-1657333			11,477.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) GIFTS FROM THE HEA	ART FOOD BANK							
PO BOX 155 COUPEVI	LLE, WA 98239	02-0549032			57,684.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) GOLDEN AGE FOOD SH	IARE							
P.O. BOX 4467 PASC	0, WA 99301	31-1515790			19,257.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) GOLDENDALE FOOD BA	NK	1						
PO BOX 48 BINGEN,	WA 98620	91-1086619			68,132.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) GRAHAM SOUTH HILL	FISH FOOD BANK							
	E. E TACOMA, WA 98408	91-1198391			80,283.		FOOD	DISTRIBUTION OF FOOD
	er of section 501(c)(3) and g	•	•					
3 Enter total number	er of other organizations list	ed in the line	1 table			<u></u>	<u> </u>	
For Paperwork Reduction	n Act Notice, see the Instructi	ons for Form 9	90.				Sci	nedule I (Form 990) (2017)

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States								OMB No. 1545-0047
			•	wered "Yes" on F				2017
Demonstration of the Transmission		p	-	tach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection
Name of the organization							Employer identif	cation number
NORTHWEST HARVI	EST/EMM						91-08260	37
Part I General I	nformation on Grants an	d Assistance	9					
1 Does the organi	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eliaibility for the aran	ts or assistance. and	3
•	teria used to award the gran			•	•			X Yes No
	IV the organization's proce							
	nd Other Assistance to D			<u> </u>		nlete if the organiz	ation answered "	/es" on Form
	IV, line 21, for any recip		-					
990, Fan	TV, The ZT, TOT any recip			an \$5,000. Fait ii				
	nd address of organization 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) GRANDVIEW SEVENTH	H-DAY ADVENTIST FOOD BANK							
PO BOX 1409 PROSS	SER, WA 99350	91-1230403			171,334.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) GRANGER FOOD BANK	X							
PO BOX 791 GRANGE	ER, WA 98932	91-2070485			117,241.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) GRANITE FALLS FOO	DD BANK							
PO BOX 1947 GRANI	ITE FALLS, WA 98252	41-2103240			29,341.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) GREATER CHEHALIS	FOOD BANK							
PO BOX 1311 CHEHA	ALIS, WA 98532	51-0180724			22,329.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) GREENHOUSE COMMUN	NITY CENTER							
PO BOX 280 DEER B	PARK, WA 99006	02-0797827			177,916.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) HAMILTON COMMUNIT	IY FOOD BANK							
PO BOX 75 HAMILTO	ON, WA 98255	91-1351355			46,248.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) HARRINGTON FOOD H	BANK							
	HARRINGTON, WA 99134	91-0956984			40,739.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) HARVEST OUTREACH	FOOD BANK							
	F KENNEWICK, WA 99337	91-1184020			302,178.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) HELPING HANDS FOO		_						
	WOOLLEY, WA 98284	91-1203572			237,053.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) HELPLINE HOUSE		_						
282 KNECHTEL WAY		91-0902503			34,281.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) HIGHLAND FOOD BAN		_						
PO BOX 232 COWICH		90-0714318			95,575.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) HIGHLINE AREA FOO								
PO BOX 66427 BUE		91-1665389			108,197.		FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) and	-	-				••••••••••••	•
	per of other organizations lis			<u></u>		<u> </u>		· · · · · · · · · · · · · · · · · · ·
For Paperwork Reducti	on Act Notice, see the Instruct	tions for ⊢orm 9	90.				So	chedule I (Form 990) (2017)

SCHEDULE I (Form 990)	a 990) 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.									
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the	atest information	٦.		Inspection		
Name of the organization							Employer identifie	cation number		
NORTHWEST HARVE	EST/EMM						91-08260	37		
Part I General I	nformation on Grants and	d Assistance	e							
the selection crit 2 Describe in Part	zation maintain records to su reria used to award the grant IV the organization's proced	s or assistanc dures for mon	e? itoring the use	of grant funds in th	e United States.			X Yes No		
Part II Grants an	nd Other Assistance to D	omestic Org	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form		
990, Part	IV, line 21, for any recipi	ient that rec	eived more tha	an \$5,000. Part II	can be duplicat	ted if additional spa	ce is needed.			
	d address of organization 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) HIGHLINE SCHOOL I	DIST BEVERLY PARK ELEMENTAR									
1201 S 104TH ST S		91-6001631			6,514.	FMV	FOOD	DISTRIBUTION OF FOOD		
(2) HIGHLINE SCHOOL I	DIST HAZEL VALLEY ELEMENTAR									
	ND ST BURIEN, WA 98146	91-6001631			6,296.	FMV	FOOD	DISTRIBUTION OF FOOD		
(3) HIGHLINE SCHOOL I	DIST MOUNT VIEW ELEMENTARY									
10811 12TH AVE SW	N SEATTLE, WA 98146	91-6001631			6,977.	FMV	FOOD	DISTRIBUTION OF FOOD		
(4) HOH TRIBAL FOOD E	BANK									
P O BOX 2196 FORM	CS, WA 98331	91-0887990			6,855.	FMV	FOOD	DISTRIBUTION OF FOOD		
(5) HOOD CANAL FOOD E	BANK									
PO BOX 995 HOODSE	PORT, WA 98548	91-1449048			19,451.	FMV	FOOD	DISTRIBUTION OF FOOD		
(6) HOPELINK BELLEVUE										
14812 MAIN ST BEI	LEVUE, WA 98007	91-0982116			496,166.	FMV	FOOD	DISTRIBUTION OF FOOD		
(7) HOPESOURCE FOOD E	BANK									
700 E MOUNTAIN VI	EW AVE, STE 5	91-0814544			14,598.	FMV	FOOD	DISTRIBUTION OF FOOD		
(8) HOQUIAM FOOD & CI	JOTHING BANK	_								
PO BOX 472 HOQUIA	MM, WA 98550	94-3249593			24,033.	FMV	FOOD	DISTRIBUTION OF FOOD		
(9) HOQUIAM SCHOOL DI	STRICT - CENTRAL ELEMENTAR	_								
310 SIMPSON AVE.	HOQUIAM, WA 98550	91-0982116			6,363.	FMV	FOOD	DISTRIBUTION OF FOOD		
(10) HOQUIAM SCHOOL DI	STRICT - LINCOLN ELEMENTAR	_								
700 WOOD AVE HOQU	JIAM, WA 98550	91-6001563			6,180.	FMV	FOOD	DISTRIBUTION OF FOOD		
(11) HOUSE OF CHARITY		_								
PO BOX 2253 SPOKA		91-0569880			28,001.	FMV	FOOD	DISTRIBUTION OF FOOD		
(12) HUB CITY MISSION		4								
	CHEHALIS, WA 98532	44-0577787			27,747.		FOOD	DISTRIBUTION OF FOOD		
	per of section 501(c)(3) and	-	-				· · · · · · · · · · •			
	per of other organizations list						<u></u>			
Ear Danarwark Daduati	on Act Notice, see the Instructi	ione for Earm 0	an				°.	hadula I (Earm 000) (2017)		

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

SCHEDULE I				Assistance t			OMB No. 1545-004			
(Form 990)	Go	vernmer	nts, and Ir	ndividuals i	n the Unite	d States		2017		
	Comp	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.				
Department of the Treasury			► At	tach to Form 990.				Open to Public		
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the l	atest informatio	n.		Inspection		
Name of the organization							Employer identific	ation number		
NORTHWEST HARVE							91-082603	37		
Part I General I	nformation on Grants and	d Assistance	9							
 Does the organized 	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, and			
the selection crit	eria used to award the grant	s or assistanc	e?					X Yes No		
2 Describe in Part	IV the organization's proceed	dures for mon	itoring the use	of grant funds in the	e United States.					
Part II Grants ar	nd Other Assistance to D	omestic Org	ganizations ar	nd Domestic Gov	vernments. Con	plete if the organiz	ation answered "Y	es" on Form		
	IV, line 21, for any recipi		-							
	· · ·	1				(f) Method of valuation				
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) HUNTERS FOOD BANK	τ									
PO BOX 24 HUNTERS		91-1285211			8,207.	FMV	FOOD	DISTRIBUTION OF FOOD		
(2) IMMANUEL COMMUNIT										
1215 THOMAS ST SE		26-0881300			26,679.	FMV	FOOD	DISTRIBUTION OF FOOD		
(3) INTERFAITH ASSOCI	ATION OF NORTHWEST WASHING									
PO BOX 12824 EVER		91-1340220			6,583.	FMV	FOOD	DISTRIBUTION OF FOOD		
(4) INTER-FAITH TREAS	SURE HOUSE									
PO BOX 815 CAMAS,	WA 98607	91-1214478			6,798.	FMV	FOOD	DISTRIBUTION OF FOOD		
(5) ISSAQUAH FOOD & C	LOTHING BANK									
179 1ST AVE. SE I	SSAQUAH, WA 98027	91-1245499			11,488.	FMV	FOOD	DISTRIBUTION OF FOOD		
(6) JEWISH FAMILY SER	RVICE									
1601 16TH AVE. S	SEATTLE, WA 98122	91-0565537			95,463.	FMV	FOOD	DISTRIBUTION OF FOOD		
(7) KALAMA HELPING HA	AND									
PO BOX 621 KALAMA	A, WA 98625	91-1343233			22,629.	FMV	FOOD	DISTRIBUTION OF FOOD		
(8) KENT SCHOOL DISTR	RICT EAST HILL ELEMENTARY									
9825 S 240TH ST K	CENT, WA 98031	91-6001646			5,703.	FMV	FOOD	DISTRIBUTION OF FOOD		
(9) KENT SCHOOL DISTR	RICT ELEMENTARY SCHOOL									
24700 64TH AVE S	KENT, WA 98032	91-6001646			6,865.	FMV	FOOD	DISTRIBUTION OF FOOD		
(10) KENT SCHOOL DISTR	RICT PARK ORCHARD ELEMENTAR									
11010 SE 232ND ST	TREET KENT, WA 98031	91-6001646			7,271.	FMV	FOOD	DISTRIBUTION OF FOOD		
(11) KENT SCHOOL DISTR	CICT SPRINGBROOK ELEMENTARY	_								
20035 100TH AVE S	SE KENT, WA 98031	91-6001646			5,290.	FMV	FOOD	DISTRIBUTION OF FOOD		
(12) KETTLE FALLS COMM	IUNITY CHEST	4								
	LE FALLS, WA 99141	91-1328160			15,035.		FOOD	DISTRIBUTION OF FOOD		
	per of section 501(c)(3) and									
	per of other organizations list									
For Paperwork Reduction	on Act Notice, see the Instructi	ions for Form 9	90.				Sci	nedule I (Form 990) (2017)		

SCHEDULE I (Form 990)				Assistance t Individuals in				OMB No. 1545-0047
	Com	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			-	ach to Form 990.	,	, ,		Open to Public
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest informatio	า.		Inspection
Name of the organization	•						Employer identific	ation number
NORTHWEST HARVE	EST/EMM						91-082603	37
Part I General I	nformation on Grants and	d Assistance	e					
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
•	teria used to award the grant			•		• • •		X Yes No
	IV the organization's procee							
	nd Other Assistance to D IV, line 21, for any recip		-					es" on Form
	d address of organization 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) KETTLE RIVER LINC	2							
365 MAIN ST ORIEN	VT, WA 99160	26-4139251			6,421.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) KEY PENINSULA BIS	SCHOFF FOOD BANK							
PO BOX 554 VAUGHN	1, WA 98394	46-5405179			51,772.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) LA CONNER SUNRISE	E FOOD BANK							
PO BOX 922 LA CON	INER, WA 98257	80-0866528			16,855.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) LAKE CHELAN FOOD	BANK							
PO BOX 2684 CHELA	AN, WA 98816	30-0843675			49,263.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) LAKES AREA FISH F	FOOD BANK							
6900 STEILACOOM E	SLVD LAKEWOOD, WA 98499	91-1198391			40,719.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) LATINO HOT MEAL ((EL CENTRO)							
2524 16TH AVE. S.	. SEATTLE, WA 98144	91-0899927			21,748.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) LEGACY COMMUNITY	OUTREACH FOOD BANK							
PO BOX 1388 SOUTH	H BEND, WA 98586	27-0234045			12,349.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) LOON LAKE FOOD BA	ANK	_						
PO BOX 64 LOON LA		91-1236018			461,737.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) LORD'S NEIGHBORHC	OOD DINER	_						
700 CALLAHAN DRIV	/E BREMERTON, WA 98310	31-1692002			11,760.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) LORD'S PANTRY		_						
4800 CENTRAL PARK	C DRIVE ABERDEEN, WA 98520	90-0504967			6,634.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) LUMMI NATION FOOD	BANK	_						
2665 KWINA ROAD E	BELLINGHAM, WA 98226	91-1836621			79,396.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) LYNNWOOD FOOD BAN	1K	4						
	V LYNNWOOD, WA 98037	84-1642388			183,794.	FMV	FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) and	-	-				••••••	
3 Enter total numb	per of other organizations list	ted in the line	1 table				<u> </u>	
For Paperwork Reduction	on Act Notice, see the Instruct	ions for Form 9	90.				Sch	nedule I (Form 990) (2017)

SCHEDULE I (Form 990)				Assistance t Individuals in			-	omb No. 1545-0047
	Comp	lete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			-	ach to Form 990.	·			Open to Public
Internal Revenue Service		► Go t	o www.irs.gov	/Form990 for the I	atest informatio	٦.		Inspection
Name of the organization							Employer identifie	ation number
NORTHWEST HARVE	EST/EMM						91-082603	37
Part I General I	nformation on Grants and	d Assistance	;					
1 Does the organi	zation maintain records to su	ubstantiate the	e amount of the	grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
•	teria used to award the grant			•		• • •		X Yes No
	: IV the organization's proced							
	nd Other Assistance to D IV, line 21, for any recipi	-				•		es" on Form
	d address of organization 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) MAKAH FOOD BANK								
PO BOX 115 NEAH E	BAY, WA 98357	91-0492517			78,823.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) MALONE FOOD BANK								
PO BOX 983 MALONE	E, WA 98559	44-0577787			9,145.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) MANSFIELD FOOD BA	ANK							
PO BOX 191 MANSFI		91-2168580			9,583.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) MAPLE VALLEY FOOD	D BANK & EMERGENCY SERVICES							
PO BOX 322 MAPLE	VALLEY, WA 98038	91-6057006			191,508.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) MARGIE WILLIAMS H	HELPING HANDS							
PO BOX 2145 RENTO	DN, WA 98056	75-3163092			66,677.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) MARY'S PLACE								
PO BOX 1711 SEATT	FLE, WA 98111-1711	27-2087950			26,614.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) MARYSVILLE COMM.	FOOD BANK	_						
PO BOX 917 MARYSV	/ILLE, WA 98270	91-1347507			97,412.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) MATLOCK FOOD BANK	ς							
PO BOX 122 MATLOC	CK, WA 98560	91-1229585			12,315.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) MATTAWA AREA FOOD	DBANK							
BOX 853 MATTAWA,	WA 99349	02-0789497			172,517.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) MCCLEARY FOOD BAN	лк	_						
PO BOX 1065 MCCLE	EARY, WA 98557	91-1594489			7,582.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) MIDWEST FOOD BANK	ς							
1703 VETERANS PAR	RKWAY BLOOMINGTON, IL 61701	41-2120170			445,882.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) MILLIONAIR CLUB		_						
	SEATTLE, WA 98121	91-0607513			13,965.	FMV	FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) and goer of other organizations list	-	-					
	on Act Notice, see the Instructi						Sc	hedule I (Form 990) (2017)

SCHEDULE I (Form 990)	(Go	-	OMB No. 1545-0047					
			•	wered "Yes" on F				2017
	Comp		-	tach to Form 990.	onn 550, i art iv	, 1110 21 01 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest informatio	۱.		Inspection
Name of the organization							Employer identif	ication number
NORTHWEST HARVEST	C/EMM						91-08260	37
Part I General Info	ormation on Grants and	d Assistance	9				•	
	ion maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance. and	d
-	a used to award the grant			-	-			X Yes No
	the organization's proced							
	Other Assistance to D					nlete if the organiz	ation answered "	Yes" on Form
	, line 21, for any recipi	-	•					
				an \$5,000. T art n	•	•	1	
	Idress of organization ernment	(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) MOBILE FOOD EXPRESS,	SKAGIT CAP							
330 PACIFIC PLACE MC	OUNT VERNON, WA 98273	91-1140086			36,596.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) MONTESANO FOOD BANK								
222 N MAIN ST MONTES	SANO, WA 98563	91-1318048			12,579.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) MOSES LAKE SCHOOL DI	STRICT LARSON HEIGHTS							
700 LINDBERG LANE MO	DSES LAKE, WA 98837	91-6001956			6,065.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) MOSES LAKE SCHOOL DI	STRICT MIDWAY ELEMENTAR	4						
502 S C ST MOSES LAF	E, WA 98837	91-6001956			6,066.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) MOSES LAKE SCHOOL DI	STRICT NORTH ELEMENTARY	4						
1200 W CRAIG BLVD MC		91-6001956			5,302.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) MT SI HELPING HAND H	OOD BANK	_						
PO BOX 2464 NORTH BE		94-3073249			137,942.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) MULTI-SERVICE CENTER		4						
PO BOX 23699 FEDERAI	WAY, WA 98093	23-7120815			277,017.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) MY SISTER'S PANTRY		-						
621 TACOMA AVE. S TA		91-1975606			65,461.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) NEIGHBORS HELPING NE		-			5			
PO BOX 789 RIDGEFIEI	D, WA 98642	91-1190827			5,653.	FWV	FOOD	DISTRIBUTION OF FOOD
(10) NEW HOPE FOOD BANK	00201	-			10 155			
PO BOX 247 SEKIU, WA	4 98381	91-1352736			10,177.	F.WA	FOOD	DISTRIBUTION OF FOOD
(11) NEW HOPE RANCH FB		91-1630914			50.025	170437	FOOD	DICEDIDIETON OF FOOD
13507 W CHARLES RD (12) NEWPORT FOOD BANK		91-1030914			50,025.	F PIV	FOOD	DISTRIBUTION OF FOOD
PO BOX 1952 NEWPORT,	WA 99156	91-1637970			65,865.	FMV	FOOD	DISTRIBUTION OF FOOD
	of section 501(c)(3) and		nanizations lie	ted in the line 1 tek				
	of other organizations list	-	-					•
	Act Notice, see the Instructi							

SCHEDULE I (Form 990)	C Go	-	омв no. 1545-0047 20 17					
	Comp	lete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► Att	ach to Form 990.				Open to Public
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization							Employer identific	ation number
NORTHWEST HARVE	ST/EMM						91-082603	37
Part I General I	nformation on Grants and	d Assistance	9					
1 Does the organiz	zation maintain records to su	ubstantiate the	e amount of the	grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
the selection crite	the selection criteria used to award the grants or assistance? No							
2 Describe in Part	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.							
	d address of organization 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) NOAH'S ARK								
PO BOX 1562 YAKIM	A, WA 98907	20-3070634			40,215.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) NOEL HOUSE								
118 BELL ST SEATT	LE, WA 98121	91-1099134			16,172.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) NOOKSACK TRIBAL F	OOD BANK							
P.O. BOX 157 DEM	ING, WA 98244	91-1487296			12,076.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) NORTH COUNTY COMM	UNITY FOOD BANK							
PO BOX 2106 BATTL	E GROUND, WA 98604	91-1715580			13,159.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) NORTH COUNTY FOOD	PANTRY							
P.O. BOX 388 ELK,	WA 99009	94-3167688			125,555.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) NORTH HELPLINE BI	TTERLAKE							
12736 33RD AVE. N	E, #100 SEATTLE, WA 98125	91-1475182			56,414.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) NORTH HELPLINE FO	OD BANK							
12736 33RD AVE NE	STE 100 SEATTLE, WA 98125	91-1475182			292,963.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) NORTH KITSAP FISH	LINE							
PO BOX 1517 POULS	BO, WA 98370	91-1244431			95,449.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) NORTH PACIFIC COU	NTY FOOD BANK							
1899 PARK AVE RAY	MOND, WA 98577	82-2491928			8,961.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) NORTHEAST FOOD PA	NTRY							
PO BOX 7398 SPOKA	NE, WA 99207	90-0724290			98,901.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) NORTHPORT FOOD BA	NK							
PO BOX 411 NORTHP	PO BOX 411 NORTHPORT, WA 99157 91-2073170 14,510. FMV FOOD DISTRIBUTION OF FOOD							
(12) NOURISH PIERCE CO	UNTY MOBILE							
1702 S 72ND ST, S	TE E TACOMA, WA 98408	91-1198391			25,844.	FMV	FOOD	DISTRIBUTION OF FOOD
2 Enter total numb	er of section 501(c)(3) and	government o	organizations lis	ted in the line 1 tab	ble			
3 Enter total numb	er of other organizations list	ed in the line	1 table	<u></u>		<u></u>	<u> </u>	
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2017)								

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States							omb No. 1545-0047 എ്ര 17
			•	wered "Yes" on F				
Dependent of the Treesury			-	ach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection
Name of the organization							Employer identific	ation number
NORTHWEST HARVE	EST/EMM						91-082603	37
Part I General I	nformation on Grants a	and Assistance	9					
1 Does the organiz	zation maintain records to	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance. and	
-	eria used to award the gra			-	-			X Yes No
	IV the organization's proc							
Part II Grants an	nd Other Assistance to IV, line 21, for any rec	Domestic Org	ganizations ar	nd Domestic Gov	vernments. Com			es" on Form
	d address of organization 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) NW TACOMA FISH FO	OD BANK							
2710 N MADISON TA	COMA, WA 98407	91-1198391			58,968.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) OCEAN PARK FOOD E	BANK							
PO BOX 907 OCEAN	PARK, WA 98640	27-0852377			15,637.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) OCEAN SHORES FOOD	BANK							
PO BOX 1293 OCEAN	I SHORES, WA 98569	46-3480003			26,168.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) OIC OF WA FOOD BA	NK							
815 FRUITVALE BLV	D. YAKIMA, WA 98902	91-0873024			440,454.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) OKANOGAN FOOD BAN	IK							
PO BOX 1067 OKANC	GAN, WA 98840	91-0814162			50,444.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) OL' MILL FOOD BAN	IK							
PO BOX 301 KLICKI	TAT, WA 98628	91-0793062			32,831.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) OMAK FOOD BANK								
PO BOX 4337 OMAK,	WA 98841	91-1190398			63,572.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) OPERATION NIGHTWA	ТСН							
PO BOX 21181 SEAT	TLE, WA 98111	91-0964027			19,107.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) OPERATION SACK LU	NCH							
PO BOX 4128 SEATT	'LE, WA 98194	91-1658187			24,701.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) ORCAS ISLAND FOOD	BANK							
PO BOX 424 EASTSC		91-1255700			21,639.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) OROVILLE FOOD BAN	IK .							
PO BOX 471 OROVIL	LE, WA 98844	31-1543077			34,585.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) ORTING FOOD BANK								
PO BOX 1877 ORTIN		20-8562623			43,972.		FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) an per of other organizations	-	-				· · · · · · · · · · · •	
	on Act Notice, see the Instru						Sci	nedule I (Form 990) (2017)

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States						
	Complete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		-	tach to Form 990.	,	, ,		Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization						Employer identific	ation number
NORTHWEST HARVEST/EMM						91-082603	37
Part I General Information of	on Grants and Assistanc	е					
1 Does the organization maintai	n records to substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance. and	
the selection criteria used to a			-	-			X Yes No
2 Describe in Part IV the organiz	8						
Part II Grants and Other Ass	sistance to Domestic Or for any recipient that rec	ganizations ar	nd Domestic Gov	vernments. Com	ted if additional spa		es" on Form
1 (a) Name and address of organ or government	hization (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) OTHELLO FOOD BANK							
PO BOX 152 OTHELLO, WA 99344	91-1269359			72,662.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) OUR PLACE COMMUNITY MINISTRIES							
1509 W COLLEGE SPOKANE, WA 9920	01 91-1384287			49,722.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) OZANAM HOUSE							
801 NINTH AVE. SEATTLE, WA 9810	04 91-1099134			7,868.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) PANTRY SHELF OF WALLA WALLA							
325 S. FIRST AVE. WALLA WALLA,	WA 99362 91-2143214			12,615.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) PARADISE OF PRAISE FOOD BANK							
1316 SW HOLDEN ST SEATTLE, WA 9	98106 30-0116000			49,649.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) PASCO COMMUNITY SERVICES							
1468 OXFORD AVE RICHLAND, WA 99	9352 91-0160609			260,897.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) PASTOR'S PANTRY							
PO BOX 880 MORTON, WA 98356	94-2712386			9,368.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) PE ELL COMMUNITY FOOD BANK							
PO BOX 235 PE ELL, WA 98572	91-1724698			5,230.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) PEOPLE FOR PEOPLE							
1008 W AHTANUM STE 3 UNION GAP	, WA 98903 91-0783225			26,890.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) PEOPLES PANTRY OF FERRY COUNTY							
PO BOX 1114 REPUBLIC, WA 99166	47-1246202			19,547.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) PHINNEY RIDGE LUTHERAN CHURCH H	FOOD BANK						
7500 GREENWOOD AVE. N. SEATTLE	, WA 98103 91-0581656			49,400.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) PIERCE COUNTY WAREHOUSING							
3318 92 ST S LAKEWOOD, WA 98499				3,172,635.		FOOD	DISTRIBUTION OF FOOD
2 Enter total number of section \$3 Enter total number of other or		-					
For Paperwork Reduction Act Notice,							nedule I (Form 990) (2017)

SCHEDULE I (Form 990)	Go	-	0MB №. 1545-0047					
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		-	► Att	tach to Form 990.				Open to Public
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection
Name of the organization							Employer identifie	ation number
NORTHWEST HARVE	EST/EMM						91-082603	37
Part I General I	nformation on Grants an	nd Assistance	Э					
1 Does the organiz	zation maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
the selection crit	eria used to award the gran	nts or assistanc	e?					X Yes No
2 Describe in Part	IV the organization's proce	dures for mon	itoring the use	of grant funds in the	e United States.			
Part II Grants ar	nd Other Assistance to I	Domestic Ord	panizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form
	IV, line 21, for any recip	-	-					
						•		
	d address of organization 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) PIKE MARKET FOOD	BANK							
85 PIKE STREET, S	TE 200 SEATTLE, WA 98101	91-1034838			195,388.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) PIKE MARKET SENIC	OR CENTER MEALS							
85 PIKE STREET #2	200 SEATTLE, WA 98101	91-1034838			46,128.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) PLATEAU OUTREACH	MINISTRIES							
PO BOX 391 ENUMCI	AW, WA 98022-0391	91-1965830			84,012.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) PORT ANGELES FOOD	BANK							
PO BOX 1885 PORT	ANGELES, WA 98362	91-1192596			128,993.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) PORT TOWNSEND FOO	D BANK	_						
PO BOX 1795 PORT	TOWNSEND, WA 98368	91-1377493			88,112.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) PROJECT HOPE FOOD	BANK							
205 SO. BC AVENUE	LYNDEN, WA 98264	91-0858511			56,703.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) PROVIDENCE REGINA	HOUSE							
8201 10TH AVE S #	6 SEATTLE, WA 98108	91-1996732			253,623.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) PUGET SOUND LABOR	AGENCY	_						
	126 SEATTLE, WA 98121	91-0927902			124,185.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) PUYALLUP FOOD BAN	IK							
PO BOX 202 PUYALI		23-7259739			56,085.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) QUILCENE FOOD BAN		_						
PO BOX 112 QUILCE		91-1377493			36,815.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) QUILEUTE FOOD BAN	IK	_						
	PO BOX 279 LA PUSH, WA 98350 91-0761286 15,279. FMV FOOD DISTRIBUTION OF FOOD							
(12) QUINAULT COMMUNIT		_						
PO BOX 22 NEILTON		91-1452437			9,178.		FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) and	-	-					
For Paperwork Reduction	on Act Notice, see the Instruc	tions for Form 9	90.				Sc	hedule I (Form 990) (2017)

SCHEDULE I (Form 990)	G	-	0MB №. 1545-0047					
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		•	-	ach to Form 990.	,	, ,		Open to Public
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization							Employer identific	ation number
NORTHWEST HARVE	EST/EMM						91-082603	37
Part I General I	nformation on Grants ar	nd Assistance	9					
1 Does the organiz	zation maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
	eria used to award the grar			-	-			X Yes No
	IV the organization's proce							
	nd Other Assistance to I IV, line 21, for any recip		-					es" on Form
	d address of organization 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) QUINCY COMMUNITY	FOOD BANK							
PO BOX 413 QUINCY		91-1612682			108,413.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) RAINIER VALLEY FO	OOD BANK							
	S. SEATTLE, WA 98118	91-1500768			287,128.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) RECOVERY CAFE								
2022 BOREN AVE. S	SEATTLE, WA 98121	91-2158547			19,785.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) RENEWAL FOOD BANK	(
12819 SE 38TH ST,	PMB #241	46-1502418			104,429.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) RITZVILLE FOOD PA	ANTRY							
PO BOX 442 RITZVI	LLE, WA 99169	56-2312501			30,889.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) ROCK ISLAND FOOD	BANK							
1420 DEMAR PL ROC	CK ISLAND, WA 98850	94-3036847			25,250.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) ROOF COMMUNITY SE	RVICES	_						
PO BOX 312 ROCHES		77-0620956			22,342.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) ROOTS SHELTER & F	RIDAY FEAST	_						
	ET SEATTLE, WA 98105	91-2110379			25,037.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) ROYAL CITY FOOD E	BANK							
PO BOX 144 ROYAL	CITY, WA 99357	91-1910402			240,275.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) SAGE		_						
710 N CHELAN WENA		91-1018890			8,177.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) SAINT VINCENT DE	PAUL BREMERTON	_						
	REMERTON, WA 98312	91-0635027			121,700.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) SAINT VINCENT DE		_						
	ARKSTON, WA 99403	23-7278799			95,114.		FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) and	•	•				•••••••••••••••••••••••••••••••••••••••	
	per of other organizations lis					<u></u>		
For Paperwork Reduction	on Act Notice, see the Instruc	tions for Form 9	90.				Sc	hedule I (Form 990) (2017)

SCHEDULE I (Form 990)	(Go		OMB No. 1545-0047 の ヘーー					
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			-	ach to Form 990.	,	, ,		Open to Public
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information	า.		Inspection
Name of the organization							Employer identific	ation number
NORTHWEST HARVE	CST/EMM						91-082603	37
Part I General I	nformation on Grants an	d Assistance	9					
1 Does the organiz	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
-	eria used to award the grant			-	-			X Yes No
	IV the organization's procee							
Part II Grants an	d Other Assistance to D IV, line 21, for any recip	omestic Org	ganizations ar	nd Domestic Gov	vernments. Com			es" on Form
	d address of organization 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 GEORGETOWN							
5950 FOURTH AVE.	S. SEATTLE, WA 98108	91-0583891			233,976.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) SAINT VINCENT DE	PAUL ILWACO							
PO BOX 494 ILWAC	O, WA 98624	43-1999783			8,875.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) SAINT VINCENT DE	PAUL LONGVIEW							
PO BOX 2957 LONGV	IEW, WA 98632	41-2218247			72,019.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) SAINT VINCENT DE	PAUL PASCO							
PO BOX 4273 PASCO	, WA 99302-4273	91-0726356			690,519.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) SAINT VINCENT DE	PAUL ST. JOSEPH	_						
625 S. ELLIOTT WE	NATCHEE, WA 98801	13-5562362			44,061.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) SAINTS PANTRY FOO	D BANK	_						
PO BOX 1064 SHELT	ON, WA 98584	27-0386653			46,542.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) SALVATION ARMY AB	ERDEEN	_						
PO BOX 1437 ABERD	EEN, WA 98520	94-1156347			21,890.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) SALVATION ARMY CE	NTRALIA	_						
PO BOX 488 CENTRA		94-1156347			34,098.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) SALVATION ARMY RE	NTON	_						
PO BOX 977 RENTON		94-1156347			182,489.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) SALVATION ARMY SP	OKANE CORPS	_						
222 E INDIANA AVE	SPOKANE, WA 99207	94-1156347			512,920.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) SD CLARK COUNTY F	OOD BANK	_						
	VANCOUVER, WA 98661	91-1307564			645,714.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) SD COASTAL HARVES		_						
P.O. BOX 616 HOQU		94-3252669			654,897.		FOOD	DISTRIBUTION OF FOOD
	er of section 501(c)(3) and er of other organizations lis	-	-					
	on Act Notice, see the Instruct							nedule I (Form 990) (2017)

SCHEDULE I (Form 990)	Go	-	омв №. 1545-0047 20 17					
	Comp	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			-	tach to Form 990.	,	,		Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	n.		Inspection
Name of the organization							Employer identifie	ation number
NORTHWEST HARVE	EST/EMM						91-08260	37
Part I General I	nformation on Grants and	d Assistance	e					
1 Does the organi	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
•	teria used to award the grant			•		• • •		X Yes No
	IV the organization's proced							
	nd Other Assistance to D					nlete if the organiz	ation answered "Y	es" on Form
	IV, line 21, for any recipi		-					
			1			•	1	
	d address of organization 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) SD LEWIS COUNTY F	FOOD COALITION							
PO BOX 307 CHEHAI	LIS, WA 98532	91-1391826			72,941.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) SD LOWER COLUMBIA	A CAP (HELP)							
1526 COMMERCE LON	NGVIEW, WA 98632	91-0814141			51,288.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) SD OKANOGAN CAC								
PO BOX 1067 OKANO	DGAN, WA 98840	91-0814162			25,209.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) SD RURAL RESOURCE	ES							
956 SOUTH MAIN ST	TREET COLVILLE, WA 99114	91-0793447			18,212.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) SD SKAGIT COUNTY	DIST. CENTER							
330 PACIFIC PLACE	E MT VERNON, WA 98273	91-1140086			136,606.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) SEA MAR ADULT TRE	EATMENT							
1415 CENTER ST. 7	FACOMA, WA 98409	91-1020139			15,387.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) SEATTLE CHILDREN	S HOSPITAL	_						
4800 SAND POINT S	SEATTLE, WA 98105	91-0564748			9,454.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) SEATTLE INDIAN CE	ENTER FOOD BANK	_						
1265 S MAIN ST ST	TE 105 SEATTLE, WA 98144	91-0877683			119,712.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) SEATTLE SCHOOL DI	ISTRICT HIGHLAND PARK ELEME	_						
1012 SW TRENTON S	ST SEATTLE, WA 98106	01-6001541			5,568.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) SEEDS OF GRACE		_						
7314 44TH AVE NE	MARYSVILLE, WA 98270	91-1643947			50,331.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) SELAH FOOD BANK		_						
	AVE. SELAH, WA 98942	91-0940244			64,537.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) SEQUIM FOOD BANK		4						
P.O. BOX 1453 SEQ		91-1215709			67,937.		FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) and	-	-					
	5							
For Paperwork Reducti	on Act Notice, see the Instructi	ions for Form 9	90.				Sc	hedule I (Form 990) (2017)

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States							<u>OMB No. 1545-0047</u> のの ー 7
			•	wered "Yes" on F				
Description of the Treasury			-	ach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization							Employer identific	ation number
NORTHWEST HARVE	CST/EMM						91-082603	37
Part I General I	nformation on Grants an	d Assistance	9					
	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce the grantees	' eligibility for the gran	ts or assistance and	
-	eria used to award the gran			-	-			X Yes No
	IV the organization's proce							
	<u> </u>					alata if the annual		
	nd Other Assistance to D	-	-					es" on Form
990, Part	IV, line 21, for any recip	ient that rec	eived more that	an \$5,000. Part II	can be duplicat	ted if additional spa	ce is needed.	
	d address of organization 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) SERVE SPOKANE FOC	D PANTRY							
~/	SPOKANE, WA 99208	20-4040980			81,986.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) SHALOM MINISTRIES	1							
PO BOX 4684 SPOKA		91-1878389			22,011.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) SHARENET FOOD BAN	K							
PO BOX 250 KINGST		91-1229210			58,627.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) SHEPHERD'S HEART	CARE CENTER							
PO BOX 1345 LYMAN	, WA 98263	91-1615025			12,180.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) SKAGIT FRIENDSHIP	HOUSE							
PO BOX 517 MT. VE	RNON, WA 98273-0517	91-1335750			11,091.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) SKAGIT VALLEY NEI	GHBORS IN NEED							
PO BOX 394 MT. VE	RNON, WA 98273	91-0951646			161,026.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) SKY VALLEY FOOD E	ANK							
PO BOX 724 MONROE	, WA 98272	91-1186822			180,138.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) SNOHOMISH COMMUNI	TY FOOD BANK							
P.O. BOX 1364 SN	OHOMISH, WA 98291	91-1334772			114,784.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) SNOQUALMIE VALLEY	FOOD BANK							
PO BOX 1541 NORTH	BEND, WA 98045	46-4388454			123,944.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) SOAP LAKE FOOD BA	NK							
PO BOX 925 SOAP I	AKE, WA 98851	91-1454702			159,624.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) SOMMA FOOD BANK								
PO BOX 116 SILVE	R CREEAK, WA 98585	91-1302453			8,361.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) SOUTH BEACH FOOD	BANK SERVICES							
PO BOX 686 WESTPO	RT, WA 98595	46-4500713			8,473.	FMV	FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) and	-	-					
3 Enter total numb	er of other organizations lis	ted in the line	1 table	<u></u>		<u></u>	<u></u>	
For Paperwork Reducti	on Act Notice, see the Instruct	ions for Form 9	90.				Sci	hedule I (Form 990) (2017)

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States							OMB No. 1545-0047 の ロオ
	Com	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			-	ach to Form 990.	,			Open to Public
Internal Revenue Service		► Go t	o www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization							Employer identific	ation number
NORTHWEST HARVEST	/EMM						91-082603	37
Part I General Info	rmation on Grants and	d Assistance)					
	on maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance. and	
	used to award the grant							X Yes No
	he organization's proced							
Part II Grants and C	Dther Assistance to D line 21, for any recipi	omestic Org	ganizations ar	d Domestic Gov	ernments. Com			es" on Form
1 (a) Name and add or gove		(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) SOUTH KITSAP HELPLINE	2							
1012 MITCHELL AVE POF		91-1117868			77,547.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) SOUTH WHIDBEY GOOD CH	IEER FOOD BANK							
PO BOX 144 LANGLEY, W		23-7047914			105,199.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) SOUTHEAST NOURISH								
1704 E 85TH TACOMA, W	IA 98445	91-1198391			52,445.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) SPOKANE SCHOOL DISTRI	CT BEMISS ELEMENTARY							
2323 E. BRIDGEPORT SE	POKANE, WA 99207	91-6001550			7,298.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) SPOKANE SCHOOL DISTRI	CT GRANT ELEMENTARY							
1300 E. 9TH AVE. SPOK	KANE, WA 99202	91-6001550			7,623.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) SPOKANE SCHOOL DISTRI	CT HOLMES ELEMENTARY							
2600 W SHARP AVE SPOK	CANE, WA 99201-2996	91-6001550			6,993.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) SPOKANE SCHOOL DISTRI	ICT LOGAN ELEMENTARY							
1001 E. MONTGOMERY AV	VE. SPOKANE, WA 99207	91-6001550			6,953.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) SPOKANE SCHOOL DISTRI	CT LONGFELLOW ELEMENTA							
800 E PROVIDENCE AVE	SPOKANE, WA 99207	91-6001550			6,173.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) SPOKANE SCHOOL DISTRI	CT WHITMAN ELEMENTARY							
5400 N HELENA ST SPOK	KANE, WA 99207	91-6001550			5,436.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) SPOKANE TRIBE FOOD BA	ANK							
PO BOX 540 WELLPINIT,	WA 99040	91-0606339			30,979.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) SPOKANE VALLEY PARTNE	ERS FOOD BANK							
PO BOX 141360 SPOKANE	E VALLEY, WA 99214	91-1478830			510,196.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) SPRAGUE HORIZONS COMM	NUNITY FOOD BANK							
PO BOX 178 SPRAGUE, W	IA 99032	26-2231541			56,697.	FMV	FOOD	DISTRIBUTION OF FOOD
2 Enter total number of	of section 501(c)(3) and	government c	organizations lis	ted in the line 1 tab	le			
3 Enter total number of	of other organizations list	ted in the line	1 table	<u></u>		<u></u>	<u></u>	
For Paperwork Reduction A	ct Notice, see the Instruct	ions for Form 9	90.				Scl	nedule I (Form 990) (2017)

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States							
	Com	olete if the or	ganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.		
Department of the Treesury			-	ach to Form 990.	,			Open to Public
Department of the Treasury Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest informatio	ı.		Inspection
Name of the organization							Employer identific	ation number
NORTHWEST HARVEST/	EMM						91-082603	37
Part I General Inform	mation on Grants an	d Assistance	9					
1 Does the organization	n maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance. and	
	used to award the grant			-	-			X Yes No
2 Describe in Part IV th	•							
Part II Grants and Ot	ther Assistance to D ine 21, for any recip	omestic Org	ganizations ar	nd Domestic Gov	vernments. Com			es" on Form
1 (a) Name and addre or govern		(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) ST. LEO'S FOOD CONNECT	ION							
710 S. 13TH STREET TAC	OMA, WA 98405	91-0622353			263,774.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) ST. MICHAELS FOOD PANT	RY							
5 S NACHES AVE YAKIMA,	WA 98901	91-0564996			77,049.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) STANWOOD CAMANO FOOD B	ANK							
PO BOX 1285 STANWOOD,	WA 98292	91-1155426			22,235.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) STEVENSON FOOD BANK								
P.O. BOX 507 STEVENSON	, WA 98648	91-0793062			65,686.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) SUMNER COMMUNITY FOOD	BANK							
PO BOX 475 SUMNER, WA	98390	91-2061833			11,735.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) SUNNYSIDE ACS FOOD BAN	IK.							
PO BOX 718 SUNNYSIDE,	WA 98944	91-1218657			68,648.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) SUNRISE OUTREACH CENTE	R MABTON FOOD BANK	_						
PO BOX 10413 YAKIMA, W	A 98909	27-1028426			95,882.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) SUNRISE OUTREACH CENTE	R SUNNYSIDE FOOD BANK	_						
PO BOX 10413 YAKIMA, W	A 98909	27-1028426			84,744.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) SUNRISE OUTREACH CENTE	R WAPATO FOOD PANTRY	_						
PO BOX 10413 YAKIMA, W	A 98909	27-1028426			336,866.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) SUNRISE OUTREACH CENTE	R YAKIMA OUR DAILY BR	_						
PO BOX 10413 YAKIMA, W	A 98909	27-1028426			436,431.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) TACOMA ADVENTIST COMMU	NITY SERVICES	_						
PO BOX 11291 TACOMA,	WA 98411	72-1547205			24,855.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) TENINO FOOD BANK PLUS		_						
PO BOX 1239 TENINO, WA		91-2144590			43,775.		FOOD	DISTRIBUTION OF FOOD
2 Enter total number of3 Enter total number of	section 501(c)(3) and other organizations list	-	-					
For Paperwork Reduction Ac								nedule I (Form 990) (2017)

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States							OMB No. 1545-0047
			•	wered "Yes" on F				
Department of the Treasury			-	tach to Form 990.	,	, ,		Open to Public
Internal Revenue Service		► Go t	o www.irs.gov	/Form990 for the I	atest information	า.		Inspection
Name of the organization							Employer identific	ation number
NORTHWEST HARVE	EST/EMM						91-082603	37
Part I General I	nformation on Grants and	d Assistance	9					
1 Does the organi	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
the selection crit	teria used to award the grant	s or assistanc	e?					X Yes No
2 Describe in Part	IV the organization's procee	lures for mon	itoring the use	of grant funds in the	e United States.			
	nd Other Assistance to D IV, line 21, for any recipi	-						es" on Form
	d address of organization 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) THE COVE								
PO BOX 895 TWISP,	. WA 98856	91-2051659			21,497.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) THE FOOD BANK @ S	ST. MARY'S							
611 20TH AVE. S.	. SEATTLE, WA 98144	91-1989445			500,525.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) THE PANTRY AT MOX	KEE							
7203 MIERAS ROAD	YAKIMA, WA 98901	91-1010989			23,165.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) THURSTON COUNTY F	FOOD BANK							
220 N.E. THURSTON	J OLYMPIA, WA 98501	23-7297837			239,684.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) TOLEDO FOOD BANK								
PO BOX 311 ETHEL,	WA 98542	91-1357619			5,491.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) TONASKET FOOD BAN	ık	1						
101 HWY 97 TONASK		52-1350098			44,929.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) TOPPENISH COMMUNI	ITY CHEST	4						
4 NORTH B ST TOPE		55-0845518			275,894.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) TOPPENISH SCHOOL	DISTRICT GARFIELD ELEMENTA	_						
	COPPENISH, WA 98948	91-6001615			5,344.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) TOPPENISH SCHOOL	DISTRICT LINCOLN ELEMENTAR	4						
	COPPENISH, WA 98948	91-6001615			5,927.	FMV	FOOD	DISTRIBUTION OF FOOD
<u></u>	DISTRICT VALLEY VIEW ELEME	4						
	DPPENISH, WA 98948	91-6001615			5,483.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) TRI-AREA FOOD BAN		-						
PO BOX 124 PT HAI		91-1377493			72,468.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) TRI-CITIES BENTON		-						
	AVE KENNEWICK, WA 99336	91-1011971		 	71,501.		FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) and	-	-					
	per of other organizations list			<u></u>		<u></u>		
For Paperwork Reducti	on Act Notice, see the Instructi	ons for Form 9	90.				Sch	nedule I (Form 990) (2017)

SCHEDULE I (Form 990)				Assistance t ndividuals in			-	омв №. 1545-0047 20 17
	Comp	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			-	tach to Form 990.				Open to Public
Internal Revenue Service		► Go t	o www.irs.gov	/Form990 for the l	atest information	n.		Inspection
Name of the organization							Employer identifi	cation number
NORTHWEST HARVE	EST/EMM						91-08260	37
Part I General I	nformation on Grants and	d Assistance	•					
1 Does the organized	zation maintain records to su	ubstantiate the	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, and	
the selection crit	eria used to award the grant	s or assistanc	e?					X Yes No
2 Describe in Part	IV the organization's proceed	dures for mon	itoring the use	of grant funds in the	e United States.			
Part II Grants ar	nd Other Assistance to D	omestic Ord	anizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	es" on Form
	IV, line 21, for any recipi	-						
	· · ·	1			•	•		
	d address of organization 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) TRI-CITIES KENNEW	IICK FOOD BANK							
420 W DESCHUTES A	VE KENNEWICK, WA 99336	91-1011971			134,118.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) TRI-CITIES RICHLA	ND FOOD BANK							
420 W. DESCHUTES	AVENUE KENNEWICK, WA 99336	91-1011971			62,456.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) TRI-PARISH FOOD E	BANK							
935 PETERSON RD E	BURLINGTON, WA 98233	91-0778147			20,152.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) TUKWILA PANTRY								
3118 S 140 ST TUK	WILA, WA 98168	75-2974441			282,589.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) TULALIP FOOD BANK		_						
1330 MARINE DRIVE	NE TULALIP, WA 98271	26-0078444			72,631.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) TUM TUM COMMUNITY	FOOD PANTRY	4						
6424 HWY 291 NINE	MILE FALLS, WA 99026	27-2469928			39,201.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) UNION GOSPEL MISS	SION SEATTLE	_						
	T. SEATTLE, WA 98118	91-0595029			215,134.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) UNION GOSPEL MISS		_						
PO BOX 1443 PASCO	-	91-0840528			82,246.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) UNIVERSITY DISTRI		_						
-	AY NE SEATTLE, WA 98105	91-1224834			282,932.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) VALLEY FOOD PANTE		-						
PO BOX 81 VALLEY,		27-1907351			40,714.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) VASHON-MAURY COMM		-						
PO BOX 1205 VASHO		94-3165664			72,393.	FMV	FOOD	DISTRIBUTION OF FOOD
\	SOURCE CENTER COLVILLE FOO							
210 S. WYNNE COLV		91-1192094			37,690.		FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) and	-	-				•••••••••••	·
	per of other organizations list			<u></u>		<u> </u>	<u> </u>	
For Paperwork Reduction	on Act Notice, see the Instructi	ions for Form 9	90.				Sc	hedule I (Form 990) (2017)

JSA

SCHEDULE I (Form 990)				Assistance t Individuals in			-	0MB №. 1545-0047 ⊘ ∩17
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury		-	► Att	ach to Form 990.				Open to Public
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information	٦.		Inspection
Name of the organization							Employer identifie	ation number
NORTHWEST HARVE	CST/EMM						91-082603	37
Part I General I	nformation on Grants an	d Assistance	9					
1 Does the organiz	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
-	eria used to award the gran			-	-			X Yes No
2 Describe in Part	IV the organization's proce	dures for mon	itoring the use	of grant funds in the	e United States.			
	nd Other Assistance to D IV, line 21, for any recip	-	-					es" on Form
				un \$5,000. 1 art n		•		
	d address of organization 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) VOLUNTEERS OF AME	RICA CROSSWALK							
525 W. SECOND AVE	. SPOKANE, WA 99201	91-0577131			33,028.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) VOLUNTEERS OF AME	RICA EVERETT							
PO BOX 839 EVERET	T, WA 98206	91-0577129			204,570.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) VOLUNTEERS OF AME	RICA SULTAN							
PO BOX 268 SULTAN	, WA 98294	91-0577129			41,769.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) WAHKIAKUM HELPING	HAND FOOD BANK							
PO BOX 12 CATHLAM	ET, WA 98612	91-2083984			9,180.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) WASHINGTON GORGE	ACTION PROGRAMS	_						
PO BOX 805 BINGEN	, WA 98605	91-0793062			123,560.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) WATERVILLE FOOD B	JANK	_						
PO BOX 553 WATERV	VILLE, WA 98858	83-0477714			11,017.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) WAUCONDA FOOD BAN	K	_						
PO BOX 27 WAUCOND	A, WA 98859	41-2208079			10,959.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) WENATCHEE FOOD BA	NK	_						
134 VIEW RIDGE CI	RCLE WENATCHEE, WA 98801	94-3036847			88,163.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) WEST SEATTLE FOOD	BANK	_						
3419 SW MORGAN ST	. SEATTLE, WA 98126-3133	91-1464412			243,548.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) WESTGATE CHAPEL F	OOD BANK	_						
	EDMONDS, WA 98020	91-0774622			84,311.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) WHITE CENTER FOOD	BANK	_						
	SW SEATTLE, WA 98146	91-1167830			167,074.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) WHITE PASS COMMUN		_						
PO BOX 175 RANDLE		80-0184689			10,507.		FOOD	DISTRIBUTION OF FOOD
	per of section 501(c)(3) and	-	-					
	er of other organizations lis					<u> </u>		
For Paperwork Reduction	on Act Notice, see the Instruct	tions for Form 9	90.				Sc	hedule I (Form 990) (2017)

SCHEDULE I (Form 990)				Assistance t Individuals in	-	•	-	OMB No. 1545-0047
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury			-	ach to Form 990.	,	, ,		Open to Public
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization							Employer identifie	ation number
NORTHWEST HARVE	EST/EMM						91-08260	37
Part I General I	nformation on Grants and	d Assistance	9					
	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
	teria used to award the grant			-	-			X Yes No
	IV the organization's proced							
						valate if the evenesia		
	nd Other Assistance to D	-	•					es on Form
990, Part	IV, line 21, for any recipi	ent that rec	eived more that	an \$5,000. Part II	can be duplicat	ted if additional spa	ce is needed.	
	d address of organization 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) WHITE SWAN COMMUN	IITY FOOD BANK							
PO BOX 40 WHITE	SWAN, WA 98952	91-0878380			71,320.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) WINLOCK-VADER FOO								
PO BOX 304 WINLOC		46-4465558			8,486.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) WOMEN'S & CHILDRE	EN'S FREE REST							
	DN SPOKANE, WA 99201	91-1399742			10,317.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) WOODLAND ACTION C	CENTER							
PO BOX 1475 WOODI	LAND, WA 98674	91-2105285			51,636.	FMV	FOOD	DISTRIBUTION OF FOOD
(5) YAKIMA ROTARY FOC	DD BANK							
PO BOX 2221 YAKIM	MA, WA 98907-2221	91-1397598			747,789.	FMV	FOOD	DISTRIBUTION OF FOOD
(6) YAKIMA SCHOOL DIS	STRICT ADAMS ELEMENTARY							
723 S 8TH ST YAKI	IMA, WA 98901	91-6001550			5,864.	FMV	FOOD	DISTRIBUTION OF FOOD
(7) YAKIMA SCHOOL DIS	STRICT BARGELINCOLN ELEMENT							
219 E. I ST. YAKI	IMA, WA 98901	91-6001550			6,627.	FMV	FOOD	DISTRIBUTION OF FOOD
(8) YAKIMA SCHOOL DIS	STRICT GARFIELD ELEMENTARY							
612 N. 6TH AVE YA	AKIMA, WA 98902	91-6001550			6,610.	FMV	FOOD	DISTRIBUTION OF FOOD
(9) YAKIMA SCHOOL DIS	STRICT HOOVER ELEMENTARY							
400 WEST VIOLA YA	AKIMA, WA 98902	91-6001550			6,803.	FMV	FOOD	DISTRIBUTION OF FOOD
(10) YAKIMA SCHOOL DIS	STRICT RIDGEVIEW ELEMENTARY							
609 WEST WASHINGT	TON UNION GAP, WA 98903	91-6001550			6,046.	FMV	FOOD	DISTRIBUTION OF FOOD
(11) YAKIMA SCHOOL DIS	STRICT WASHINGTON MIDDLESCH							
510 S 9TH ST YAKI	IMA, WA 98901	91-6001550			5,467.	FMV	FOOD	DISTRIBUTION OF FOOD
(12) YAKIMA SEVENTH-DA	AY ADVENTIST FOOD BANK							
507 N. 35TH AVE.	YAKIMA, WA 98902	91-0932432			382,987.	FMV	FOOD	DISTRIBUTION OF FOOD
2 Enter total numb	per of section 501(c)(3) and	government o	organizations lis	ted in the line 1 tak	le			
3 Enter total numb	per of other organizations list	ted in the line	1 table	<u> </u>	<u></u>	<u></u>	<u></u>	
For Paperwork Reducti	on Act Notice, see the Instructi	ions for Form 9	90.				Sc	hedule I (Form 990) (2017)

SCHEDULE I (Form 990)				Assistance t Idividuals ir				omb no. 1545-0047
Department of the Treasury			-	wered "Yes" on F ach to Form 990.				Open to Public
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization							Employer identific	ation number
NORTHWEST HARVE	CST/EMM						91-082603	37
Part I General I	nformation on Grants an	d Assistance	9				•	
1 Does the organiz	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance. and	
	eria used to award the gran							X Yes No
	IV the organization's proce							
	IV , line 21, for any recip	-	-					es" on Form
	d address of organization 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) YELM COMMUNITY SE	RVICES							
PO BOX 5320 YELM,	WA 98597	23-7226534			53,704.	FMV	FOOD	DISTRIBUTION OF FOOD
(2) YWCA ANGELINE'S C	ENTER							
2030 THIRD AVENUE	SEATTLE, WA 98121	91-0482890			8,530.	FMV	FOOD	DISTRIBUTION OF FOOD
(3) YWCACENTRAL ARE	A FOOD BANK							
2820 E. CHERRY ST	REET SEATTLE, WA 98122	91-0482890			47,860.	FMV	FOOD	DISTRIBUTION OF FOOD
(4) ZILLAH FOOD BANK								
PO BOX 1442 ZILLA	H, WA 98953	91-1347733			21,302.	FMV	FOOD	DISTRIBUTION OF FOOD
(5)		_						
(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)								
(11)		_						
(12)		_						
3 Enter total numb	er of section 501(c)(3) and er of other organizations lis on Act Notice, see the Instruct	ted in the line	1 table				<u></u>	nedule I (Form 990) (2017)

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. Part III

(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
L .					
5					
art IV Supplemental Information. Provide information.	the information re	quired in Part I,	line 2, Part III, o	column (b); and any o	ther additional

PART I, LINE 2

JSA

FOOD IS DISTRIBUTED TO HUNGER PROGRAMS WHO SERVE INDIVIDUALS IN NEED

SCHEDULE M (Form 990)

D.

Noncash Contributions

OMB No. 1545-0047

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. - - -

2017 **Open to Public** Inspection

Name of the organization NORTHWEST HARVEST/EMM

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

Employer identification number 91-0826037

Par	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	Method o noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	19,581,409.	32,700,953.	FAIR MARK	CET V	/ALUI	2
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		0.5	040.010				
25	Other \blacktriangleright (<u>ATCH 1</u>)		25.	248,213.				
26	Other ►()							
27	Other ►()							
	Other ►()							
29	Number of Forms 8283 received				20			
	which the organization completed F	-orm 8283,	Part IV, Donee Acknowledg		29		Yes	No
202	During the year, did the organizat	ion rocoivo	by contribution any propa	rty reported in Part I line	c 1 through		103	NO
30a	28, that it must hold for at least the		• • • • •	• •	•			
	to be used for exempt purposes for	-				30a		Х
h	If "Yes," describe the arrangement i					ovu		
31	Does the organization have a		tance policy that require	as the review of any	nonstandard			
51	contributions?					31	Х	
32a	Does the organization hire or use							
	contributions?	-	-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)) is checked.			
	describe in Part II.	•			· · · · · · · · · · · · · · · · · · ·			
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for For	rm 990.		Schedule	M (For	m 990)	(2017)

91-0826037

Page 2

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

PART I, COLUMN B

FOOD INVENTORY IS COUNTED IN POUNDS, DONATED NON-FOOD GOODS ARE COUNTED

BASED ON THE NUMBER OF ITEMS CONTRIBUTED.

Page 2

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, Part II or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
NONFOOD GOODS FOR DISTR	RIB X	12.	95,742.	FAIR MARKET VALUE
MISC ITEMS	Х	12.	2,334.	FAIR MARKET VALUE
BUILDING IMPROVEMENTS	Х	1.	150,137.	FAIR MARKET VALUE
TOTALS	_	25.	248,213.	

SCHEDULE O (Form 990 or 990-EZ)

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.



Department of the Treasury Internal Revenue Service Name of the organization NORTHWEST HARVEST/I

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

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

FORM 990, PART I, LINE 6

VOLUNTEER TIME IS TRACKED BY THE ORGANIZATION ON AN HOURS SERVED BASIS BASED ON THE 91,270 VOLUNTEER HOURS DONATED DURING THE YEAR, NORTHWEST HARVEST HAD AN ESTIMATED 7,606 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 ENTIRE BOARD RECEIVES A COPY OF THE FORM 990 BEFORE FILING. THE CHIEF FINANCIAL OFFICER REVIEWS THE FORM 990 BEFORE SUBMITTING IT TO THE IRS.

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

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

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

FORM 990, PART VI, SECTION B, LINE 15A THE FOLLOWING FACTORS ARE TAKEN INTO ACCOUNT FOR DETERMINING THE

Schedule O (Form 990 or 990-EZ) 2017	Page 2
Name of the organization	Employer identification number
NORTHWEST HARVEST/EMM	91-0826037

COMPENSATION OF THE CEO: THE PAST PERFORMANCE OF THE CEO, THE PRESENT AND FUTURE NEEDS OF THE AGENCY, AND THE COMPENSATION OF THE COMPARBALE CEOS IN THE REGION. COMPENSATION OF THE CEO IS DISCUSSED AND DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS IN A PRIVATE EXECUTIVE SESSION. <u>ATTACHMENT 1</u> 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				
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INVESTMENT INCOME	13,04	2.		13,042.
TOTALS	13,04	2.		13,042.

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	6,043.
PREPAID LIABILITY INSURANCE	23,865.
PRDP UMEMPL. SELF-INSURANCE	23,856.
TOTALS	53,764.

JSA 7E1228 1.000