

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

Form sections B through K: B Check if applicable; C Name of organization (NORTHWEST HARVEST/EMM); D Employer identification number (91-0826037); E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission statement; 2-7 Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer (MARK VON HAGEL, INTERIM CFO) and Date (05/15/2019).

Paid Preparer Use Only: Print/Type preparer's name (LORI L SCOTT), Preparer's signature, Date, Check self-employed, PTIN (P01452038), Firm's name (BADER MARTIN, P.S.), Firm's EIN (91-1501421), Firm's address (1000 2ND AVE SEATTLE, WA), Phone no. (206-621-1900).

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

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

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

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

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

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

Enter filer's identifying number, see instructions

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

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

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

LINCOLN MILLER

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20____ or
- tax year beginning 07/01, 2017, and ending 06/30, 2018.

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

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

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

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

WS

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code:) (Expenses \$ 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 \$)

4e Total program service expenses 43,978,780.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | X | |
| 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> | | 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? <i>If "Yes," complete Schedule J.</i> | | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | | 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? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 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 disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> | | X |
| 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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | 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? <i>If "Yes," complete Schedule R, Part VI.</i> | | 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. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) VIN GUPTA MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (16) SHAMSO ISSAK MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (17) MIKE REGIS MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (18) THOMAS REYNOLDS CEO | 40.00 0. | | | X | | | | 85,000. | 0. | 9,362. |
| (19) LINCOLN MILLER CFO | 40.00 0. | | | X | | | | 103,393. | 0. | 29,521. |
| (20) EU-WANDA EAGANS COO | 40.00 0. | | | X | | | | 111,754. | 0. | 27,389. |
| (21) MICHELLE ROTONDO CEO (UNTIL 6/30/2017) | 40.00 0. | | | X | | | | 105,301. | 0. | 21,926. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 405,448. | 0. | 88,198. |
| d Total (add lines 1b and 1c) | | | | | | | | 405,448. | 0. | 88,198. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 3

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|----------------------|---------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) . . | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . | 1f | 45,160,358. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 32,949,166. | | | | |
| | h Total. Add lines 1a-1f ▶ | | | 45,160,358. | | | |
| Program Service Revenue | 2a SMART BUYS | Business Code | | | | | |
| | | 624200 | | 1,700,240. | 1,700,240. | | |
| | b TEFAP SVCS PROVIDED | 624200 | | 143,403. | 143,403. | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f ▶ | | | 1,843,643. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2 ▶ | | | 13,042. | | | 13,042. |
| | 4 Income from investment of tax-exempt bond proceeds . ▶ | | | 0. | | | |
| | 5 Royalties ▶ | | | 0. | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) ▶ | | | 0. | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | 1,550. | | | | |
| | b Less: cost or other basis and sales expenses | -6,954. | 1,348. | | | | |
| | c Gain or (loss) | 6,954. | 202. | | | | |
| | d Net gain or (loss) ▶ | | | 7,156. | | | 7,156. |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a | | | | | | |
| | b Less: direct expenses b | | | | | | |
| c Net income or (loss) from fundraising events ▶ | | | 0. | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 a | | | | | | | |
| b Less: direct expenses b | | | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | 0. | | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | | | | | |
| b Less: cost of goods sold b | | | | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | 0. | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a _____ | | | | | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | 0. | | | | |
| 12 Total revenue. See instructions. ▶ | | | 47,024,199. | 1,843,643. | | | 20,198. |

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,041,170. | 1 | 743,544. |
| | 2 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. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 Inventories for sale or use | 3,941,009. | 8 | 2,707,464. |
| | 9 Prepaid expenses and deferred charges | 213,828. | 9 | 53,764. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 17,904,513. | | |
| | b Less: accumulated depreciation | 10b 7,022,650. | | |
| | 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. | |
| Liabilities | 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. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0. | 25 | 0. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,078,839. | 26 | 1,097,757. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 18,071,202. | 27 | 16,865,898. |
| | 28 Temporarily restricted net assets | 1,130,113. | 28 | 1,034,672. |
| | 29 Permanently restricted net assets | 1,187,133. | 29 | 1,173,702. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 20,388,448. | 33 | 19,074,272. | |
| 34 Total liabilities and net assets/fund balances | 21,467,287. | 34 | 20,172,029. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 47,024,199. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 48,153,646. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,129,447. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 20,388,448. |
| 5 | Net unrealized gains (losses) on investments | 5 | 40,271. |
| 6 | Donated services and use of facilities | 6 | -225,000. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 19,074,272. |

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

JSA
7E1210 1.000

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (76.32%); 15 Public support percentage from 2016 Schedule A, Part II, line 14 (77.56%); 16a 33 1/3% support test - 2017 (checked); 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 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 | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ►

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 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 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e 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: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c 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 | | | |

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

EXPLANATION OF OTHER INCOME

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

Schedule of Contributors

2017

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

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

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **NORTHWEST HARVEST/EMM**

Employer identification number
91-0826037

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | _____ _____ _____ | \$ 1,197,802. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ _____ _____ | \$ 1,777,715. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ _____ _____ | \$ 5,873,682. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | _____ _____ _____ | \$ 1,972,838. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | _____ _____ _____ | \$ 1,090,212. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | _____ _____ _____ | \$ 4,735,193. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **NORTHWEST HARVEST/EMM**

Employer identification number
91-0826037

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|--|
| 7 | <p>_____</p> <p>_____</p> <p>_____</p> | <p>\$ 2,275,606.</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p> |
| _____ | <p>_____</p> <p>_____</p> <p>_____</p> | <p>\$ _____</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p> |
| _____ | <p>_____</p> <p>_____</p> <p>_____</p> | <p>\$ _____</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p> |
| _____ | <p>_____</p> <p>_____</p> <p>_____</p> | <p>\$ _____</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p> |
| _____ | <p>_____</p> <p>_____</p> <p>_____</p> | <p>\$ _____</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p> |
| _____ | <p>_____</p> <p>_____</p> <p>_____</p> | <p>\$ _____</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p> |

Name of organization **NORTHWEST HARVEST/EMM**

Employer identification number

91-0826037

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------|---|---|-------------------|
| 1 | DONATED FOOD _____ _____ _____ | \$ 1,197,802. | 06/30/2018 |
| 2 | DONATED FOOD _____ _____ _____ | \$ 1,777,715. | 06/30/2018 |
| 3 | DONATED FOOD _____ _____ _____ | \$ 5,873,682. | 06/30/2018 |
| 4 | DONATED FOOD _____ _____ _____ | \$ 1,972,838. | 06/30/2018 |
| 5 | DONATED FOOD _____ _____ _____ | \$ 1,090,212. | 06/30/2018 |
| 6 | DONATED FOOD _____ _____ _____ | \$ 4,735,193. | 06/30/2018 |

Name of organization **NORTHWEST HARVEST/EMM**

Employer identification number

91-0826037

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

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

Name of organization **NORTHWEST HARVEST/EMM**

Employer identification number
91-0826037

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

4-Year Averaging Period Under section 501(h)

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in) | (a) 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 | | | | | |

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

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

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

PART II-B, LINE 1

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

NORTHWEST HARVEST/EMM

91-0826037

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

Schedule D (Form 990) 2017

JSA 7E1268 2.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment %
b Permanent endowment 49.8200 %
c Temporarily restricted endowment 50.1800 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. Includes Yes/No columns.

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) PERPETUAL TRUST | 1,106,412. |
| (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) Federal income taxes | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 47,024,199.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 48,153,646.

Part XIII Supplemental Information.

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

PART X, LINE 2

THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS AND A LOSS

CONTINGENCY IS RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT A

LIABILITY HAS BEEN INCURRED AND THE AMOUNT CAN BE REASONABLY ESTIMATED.

Part XIII Supplemental Information *(continued)*

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ABERDEEN COMMUNITY FOOD BANK PO BOX 444 ABERDEEN, WA 98520 | 91-0841015 | | | 17,467. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) ADDY RESCUE MISSION PO BOX 38 ADDY, WA 99101 | 91-1394575 | | | 13,147. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) ADRA BERRY MEMORIAL FOOD BANK PO BOX 948 PRESTON, WA 98050 | 91-0982213 | | | 61,900. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) ADVENTIST COMMUNITY SERVICES OF GRAYS HARBO 3101 CHERRY ST. HOQUIAM, WA 98550 | 45-4208191 | | | 9,588. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) ALGER FOOD BANK 1195 ALGER CAIN LAKE RD | 91-1517719 | | | 23,353. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) ALGONA/PACIFIC FOOD PANTRY 603 THIRD AVE. SE PACIFIC, WA 98047 | 91-1498750 | | | 45,368. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) ALL SAINTS FOOD PANTRY 314 S. SPRUCE STREET SPOKANE, WA 99201 | 91-6017136 | | | 68,066. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) ALOHA INN PO BOX 217 SEATTLE, 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 3639 MLK JR WAY S SEATTLE, WA 98144 | 91-0916176 | | | 351,011. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) ASOTIN COUNTY FOOD BANK 1546 MAPLE ST CLARKSTON, WA 99403 | 82-0388109 | | | 34,384. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) AUBURN FOOD BANK PO BOX 464 AUBURN, WA 98071 | 91-1215485 | | | 230,513. | FMV | FOOD | DISTRIBUTION OF FOOD |

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

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

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) BALLARD FOOD BANK 5130 LEARY AVE NW SEATTLE, WA 98107 | 91-1428805 | | | 94,428. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) BASIN CITY HELP SERVICES 1880 DRUMMOND RD MESA, WA 99343 | 91-1544022 | | | 34,739. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) BATTLE GROUND ADVENTIST COMMUNITY SERVICES 11117 NE 189TH ST, STE 100 | 52-0643036 | | | 5,653. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) BELLINGHAM FOOD BANK 1824 ELLIS STREET BELLINGHAM, WA 98225 | 91-0918619 | | | 537,642. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) BIKERS AGAINST STATEWIDE 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 98230 | 91-1160595 | | | 134,784. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) BLUE MOUNTAIN ACTION COUNCIL FOOD BANK 921 W CHERRY ST WALLA WALLA, WA 99362 | 91-0793597 | | | 111,579. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) BONNEY LAKE FOOD BANK PO BOX 7521 BONNEY LAKE, WA 98391 | 27-0270499 | | | 31,366. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) BREAD OF LIFE - MARBLEMOUNT 3302 CEDARDALE RD, D100 | 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, WA 98320 | 91-1377493 | | | 30,292. | FMV | FOOD | DISTRIBUTION OF FOOD |

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

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Schedule I (Form 990) (2017)

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Part I General Information on Grants and Assistance

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) BYRD BARR PLACE 722 18TH AVENUE SEATTLE, WA 98122 | 91-0786727 | | | 197,827. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) CARE & SHARE - GRAND COULEE P.O. BOX 671 GRAND COULEE, WA 99133 | 91-1363219 | | | 44,217. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) CARE & SHARE - LINCOLN COUNTY PO BOX 217 DAVENPORT, 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 MEMORIAL EDMONDS FOOD BANK 828 CASPERS ST. EDMONDS, WA 98020 | 91-0652053 | | | 212,533. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) CASHMERE FOOD BANK PO BOX 225 CASHMERE, WA 98815 | 46-5630025 | | | 13,345. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) CASTLE ROCK LIONS FOOD BANK PO BOX 776 CASTLE ROCK, WA 98611 | 91-6054280 | | | 20,769. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) CATHEDRAL KITCHEN 804 NINTH AVE. SEATTLE, WA 98104 | 91-0567738 | | | 21,704. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) CENTRAL KITSAP FOOD BANK PO BOX 748 SILVERDALE, WA 98383 | 91-1425561 | | | 124,346. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) CHELAN-DOUGLAS COMMUNITY ACTION COUNCIL 620 LEWIS STREET WENATCHEE, WA 98801 | 91-6064514 | | | 45,631. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) CHEWELAH FOOD BANK PO BOX 628 CHEWELAH, WA 99109 | 91-1084840 | | | 25,603. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) CHICKEN SOUP BRIGADE (LIFELONG AIDS ALLIANC P.O. BOX 80547 SEATTLE, WA 98108 | 91-1215715 | | | 176,101. | FMV | FOOD | DISTRIBUTION OF FOOD |

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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NORTHWEST HARVEST/EMM

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Part I General Information on Grants and Assistance

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) CHINOOK FOOD BANK PO BOX 243 CHINOOK, WA 98614 | 30-0165711 | | | 5,720. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) CLARK COUNTY ADVENTIST COMMUNITY SERVICES 3114 E. 4TH PLAIN VANCOUVER, WA 98661 | 52-0643036 | | | 67,290. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) CLEAR LAKE COMMUNITY COVENANT CHURCH & FOOD PO BOX 188 CLEARLAKE, WA 98235 | 68-0650377 | | | 9,996. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) CLOVER PARK SCHOOL DISTRICT FOUR HEROES ELE 9101 LAKEWOOD DRIVE SOUTHWEST | 91-6001563 | | | 6,232. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) CLOVER PARK SCHOOL DISTRICT TYEE PARK ELEME 11920 SEMINOLE RD SW TACOMA, WA 98499 | 91-6001563 | | | 5,861. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) COASTAL HARVEST MOBILE FOOD BANK PO BOX 616 HOQUIAM, WA 98550 | 94-3252669 | | | 18,939. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) COLVILLE CONFEDERATED 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 LEAVENWORTH, 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 PANTRY 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 SEATTLE, WA 98102 | 05-0566668 | | | 17,468. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) COMMUNITY SERVICES OF MOSES LAKE PO BOX 683 MOSES LAKE, WA 98837 | 91-0664984 | | | 270,136. | FMV | FOOD | DISTRIBUTION OF FOOD |

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

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) CONCERN FOR NEIGHBORS FOOD BANK 4700 228TH ST. SW | 91-2027084 | | | 91,182. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) CONCONULLY FOOD BANK 713 E DEWBERRY AVE OMAK, WA 98841 | 91-0972261 | | | 18,071. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) CONCRETE FOOD BANK PO BOX 53 CONCRETE, WA 98237 | 91-1643893 | | | 15,566. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) COPALIS COMMUNITY CHURCH FOOD BANK PO BOX 304 COPALIS BEACH, WA 98535 | 91-0823403 | | | 22,473. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) COUNCIL AGING & HUMAN SERVICES FOOD BANK PO BOX 107 COLFAX, WA 99111 | 91-0964790 | | | 121,750. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) CUSICK FOOD BANK PO BOX 126 CUSICK, WA 99119 | 91-1102635 | | | 39,961. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) DES MOINES AREA FOOD BANK PO BOX 98788 DES MOINES, WA 98198 | 91-1183154 | | | 145,633. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) DOWNTOWN EMERGENCY SERVICE CENTER - EVANS H 515 3RD AVENUE SEATTLE, WA 98104 | 91-1275815 | | | 17,820. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) DOWNTOWN EMERGENCY SERVICE CENTER - RAINIER 515 3RD AVENUE SEATTLE, WA 98104 | 91-1275815 | | | 20,866. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) EAST CENTRAL COMMUNITY CENTER 500 S STONE ST SPOKANE, 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 BAPTIST CHURCH FOOD PANTRY 14516 E WELLESLEY SPOKANE, WA 99216 | 36-4546005 | | | 37,765. | FMV | FOOD | DISTRIBUTION OF FOOD |

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) EDGEWOOD COMMUNITY FISH FOOD BANK 3607 122ND AVE E, STE B EDGEWOOD, WA 98372 | 91-1198391 | | | 46,519. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) EL CENTRO DE LA RAZA FOOD BANK 2524 16TH AVE. S. SEATTLE, WA 98144 | 91-0899927 | | | 178,796. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) ELOISE COOKING POT PO BOX 94545 SEATTLE, WA 98124 | 54-2092145 | | | 223,394. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) ENTIAT VALLEY COMMUNITY SERVICES FOOD BANK PO BOX 697 ENTIAT, WA 98822 | 26-0901943 | | | 19,460. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) EPHRATA FOOD BANK PO BOX 804 EPHRATA, WA 98823 | 91-1391859 | | | 121,015. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) EVERSON FOOD BANK 205 REEDS LN #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 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 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 |

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| (1) FERNDALE FOOD BANK PO BOX 1593 FERNDALE, WA 98248 | 91-1166240 | | | 73,647. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) FISH OF COWLITZ COUNTY PO BOX 135 LONGVIEW, WA 98632 | 23-7452250 | | | 43,045. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) FISH OF ORCHARDS PO BOX 820833 VANCOUVER, WA 98682 | 91-1150994 | | | 11,904. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) FISH OF VANCOUVER PO BOX 585 VANCOUVER, WA 98666 | 91-1166344 | | | 13,159. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) Foothills Food Bank 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 FOOD BANK PO BOX 15 POMEROY, WA 99347 | 91-1657333 | | | 11,477. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) GIFTS FROM THE HEART FOOD BANK PO BOX 155 COUPEVILLE, WA 98239 | 02-0549032 | | | 57,684. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) GOLDEN AGE FOOD SHARE P.O. BOX 4467 PASCO, WA 99301 | 31-1515790 | | | 19,257. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) GOLDENDALE FOOD BANK PO BOX 48 BINGEN, WA 98620 | 91-1086619 | | | 68,132. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) GRAHAM SOUTH HILL FISH FOOD BANK 1702 S 72ND ST. STE. E TACOMA, WA 98408 | 91-1198391 | | | 80,283. | FMV | FOOD | DISTRIBUTION OF FOOD |

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) GRANDVIEW SEVENTH-DAY ADVENTIST FOOD BANK PO BOX 1409 PROSSER, WA 99350 | 91-1230403 | | | 171,334. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) GRANGER FOOD BANK PO BOX 791 GRANGER, WA 98932 | 91-2070485 | | | 117,241. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) GRANITE FALLS FOOD BANK PO BOX 1947 GRANITE FALLS, WA 98252 | 41-2103240 | | | 29,341. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) GREATER CHEHALIS FOOD BANK PO BOX 1311 CHEHALIS, WA 98532 | 51-0180724 | | | 22,329. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) GREENHOUSE COMMUNITY CENTER PO BOX 280 DEER PARK, WA 99006 | 02-0797827 | | | 177,916. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) HAMILTON COMMUNITY FOOD BANK PO BOX 75 HAMILTON, WA 98255 | 91-1351355 | | | 46,248. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) HARRINGTON FOOD BANK 204 N. THIRD ST. HARRINGTON, WA 99134 | 91-0956984 | | | 40,739. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) HARVEST OUTREACH FOOD BANK 1350 S RAINIER ST KENNEWICK, WA 99337 | 91-1184020 | | | 302,178. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) HELPING HANDS FOOD BANK PO BOX 632 SEDRO WOOLLEY, WA 98284 | 91-1203572 | | | 237,053. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) HELPLINE HOUSE 282 KNECHTEL WAY NE | 91-0902503 | | | 34,281. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) HIGHLAND FOOD BANK PO BOX 232 COWICHE, WA 98923 | 90-0714318 | | | 95,575. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) HIGHLINE AREA FOOD BANK PO BOX 66427 BURIEN, WA 98166 | 91-1665389 | | | 108,197. | FMV | FOOD | DISTRIBUTION OF FOOD |

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) HIGHLINE SCHOOL DIST BEVERLY PARK ELEMENTAR 1201 S 104TH ST SEATTLE, WA 98168 | 91-6001631 | | | 6,514. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) HIGHLINE SCHOOL DIST HAZEL VALLEY ELEMENTAR 402 SOUTHWEST 132ND ST BURIEN, WA 98146 | 91-6001631 | | | 6,296. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) HIGHLINE SCHOOL DIST MOUNT VIEW ELEMENTARY 10811 12TH AVE SW SEATTLE, WA 98146 | 91-6001631 | | | 6,977. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) HOH TRIBAL FOOD BANK P O BOX 2196 FORKS, WA 98331 | 91-0887990 | | | 6,855. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) HOOD CANAL FOOD BANK PO BOX 995 HOODSPORT, WA 98548 | 91-1449048 | | | 19,451. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) HOPELINK BELLEVUE 14812 MAIN ST BELLEVUE, WA 98007 | 91-0982116 | | | 496,166. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) HOPESOURCE FOOD BANK 700 E MOUNTAIN VIEW AVE, STE 5 | 91-0814544 | | | 14,598. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) HOQUIAM FOOD & CLOTHING BANK PO BOX 472 HOQUIAM, WA 98550 | 94-3249593 | | | 24,033. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) HOQUIAM SCHOOL DISTRICT - CENTRAL ELEMENTAR 310 SIMPSON AVE. HOQUIAM, WA 98550 | 91-0982116 | | | 6,363. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) HOQUIAM SCHOOL DISTRICT - LINCOLN ELEMENTAR 700 WOOD AVE HOQUIAM, WA 98550 | 91-6001563 | | | 6,180. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) HOUSE OF CHARITY PO BOX 2253 SPOKANE, WA 99210 | 91-0569880 | | | 28,001. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) HUB CITY MISSION FOOD BANK 132 KIRKLAND RD CHEHALIS, WA 98532 | 44-0577787 | | | 27,747. | FMV | FOOD | DISTRIBUTION OF FOOD |

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| (1) HUNTERS FOOD BANK PO BOX 24 HUNTERS, WA 99137 | 91-1285211 | | | 8,207. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) IMMANUEL COMMUNITY SERVICES FOOD BANK 1215 THOMAS ST SEATTLE, WA 98109 | 26-0881300 | | | 26,679. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) INTERFAITH ASSOCIATION OF NORTHWEST WASHING PO BOX 12824 EVERETT, WA 98206 | 91-1340220 | | | 6,583. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) INTER-FAITH TREASURE HOUSE PO BOX 815 CAMAS, WA 98607 | 91-1214478 | | | 6,798. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) ISSAQUAH FOOD & CLOTHING BANK 179 1ST AVE. SE ISSAQUAH, WA 98027 | 91-1245499 | | | 11,488. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) JEWISH FAMILY SERVICE 1601 16TH AVE. SEATTLE, WA 98122 | 91-0565537 | | | 95,463. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) KALAMA HELPING HAND PO BOX 621 KALAMA, WA 98625 | 91-1343233 | | | 22,629. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) KENT SCHOOL DISTRICT EAST HILL ELEMENTARY 9825 S 240TH ST KENT, WA 98031 | 91-6001646 | | | 5,703. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) KENT SCHOOL DISTRICT ELEMENTARY SCHOOL 24700 64TH AVE S KENT, WA 98032 | 91-6001646 | | | 6,865. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) KENT SCHOOL DISTRICT PARK ORCHARD ELEMENTAR 11010 SE 232ND STREET KENT, WA 98031 | 91-6001646 | | | 7,271. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) KENT SCHOOL DISTRICT SPRINGBROOK ELEMENTARY 20035 100TH AVE SE KENT, WA 98031 | 91-6001646 | | | 5,290. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) KETTLE FALLS COMMUNITY CHEST PO BOX 1145 KETTLE FALLS, WA 99141 | 91-1328160 | | | 15,035. | FMV | FOOD | DISTRIBUTION OF FOOD |

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| (1) KETTLE RIVER LINC 365 MAIN ST ORIENT, WA 99160 | 26-4139251 | | | 6,421. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) KEY PENINSULA BISCHOFF FOOD BANK PO BOX 554 VAUGHN, WA 98394 | 46-5405179 | | | 51,772. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) LA CONNER SUNRISE FOOD BANK PO BOX 922 LA CONNER, WA 98257 | 80-0866528 | | | 16,855. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) LAKE CHELAN FOOD BANK PO BOX 2684 CHELAN, WA 98816 | 30-0843675 | | | 49,263. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) LAKES AREA FISH FOOD BANK 6900 STEILACOOM BLVD 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 BEND, WA 98586 | 27-0234045 | | | 12,349. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) LOON LAKE FOOD BANK PO BOX 64 LOON LAKE, WA 99148 | 91-1236018 | | | 461,737. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) LORD'S NEIGHBORHOOD DINER 700 CALLAHAN DRIVE BREMERTON, WA 98310 | 31-1692002 | | | 11,760. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) LORD'S PANTRY 4800 CENTRAL PARK DRIVE ABERDEEN, WA 98520 | 90-0504967 | | | 6,634. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) LUMMI NATION FOOD BANK 2665 KWINA ROAD BELLINGHAM, WA 98226 | 91-1836621 | | | 79,396. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) LYNNWOOD FOOD BANK 5320 176TH ST. SW LYNNWOOD, WA 98037 | 84-1642388 | | | 183,794. | FMV | FOOD | DISTRIBUTION OF FOOD |

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| (1) MAKAH FOOD BANK PO BOX 115 NEAH BAY, WA 98357 | 91-0492517 | | | 78,823. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) MALONE FOOD BANK PO BOX 983 MALONE, WA 98559 | 44-0577787 | | | 9,145. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) MANSFIELD FOOD BANK PO BOX 191 MANSFIELD, WA 98830 | 91-2168580 | | | 9,583. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) MAPLE VALLEY FOOD BANK & EMERGENCY SERVICES PO BOX 322 MAPLE VALLEY, WA 98038 | 91-6057006 | | | 191,508. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) MARGIE WILLIAMS HELPING HANDS PO BOX 2145 RENTON, WA 98056 | 75-3163092 | | | 66,677. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) MARY'S PLACE PO BOX 1711 SEATTLE, WA 98111-1711 | 27-2087950 | | | 26,614. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) MARYSVILLE COMM. FOOD BANK PO BOX 917 MARYSVILLE, WA 98270 | 91-1347507 | | | 97,412. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) MATLOCK FOOD BANK PO BOX 122 MATLOCK, WA 98560 | 91-1229585 | | | 12,315. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) MATTAWA AREA FOOD BANK BOX 853 MATTAWA, WA 99349 | 02-0789497 | | | 172,517. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) MCCLEARY FOOD BANK PO BOX 1065 MCCLEARY, WA 98557 | 91-1594489 | | | 7,582. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) MIDWEST FOOD BANK 1703 VETERANS PARKWAY BLOOMINGTON, IL 61701 | 41-2120170 | | | 445,882. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) MILLIONAIR CLUB 2515 WESTERN AVE SEATTLE, WA 98121 | 91-0607513 | | | 13,965. | FMV | FOOD | DISTRIBUTION OF FOOD |

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

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) MOBILE FOOD EXPRESS, SKAGIT CAP 330 PACIFIC PLACE MOUNT VERNON, WA 98273 | 91-1140086 | | | 36,596. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) MONTESANO FOOD BANK 222 N MAIN ST MONTESANO, WA 98563 | 91-1318048 | | | 12,579. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) MOSES LAKE SCHOOL DISTRICT LARSON HEIGHTS 700 LINDBERG LANE MOSES LAKE, WA 98837 | 91-6001956 | | | 6,065. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) MOSES LAKE SCHOOL DISTRICT MIDWAY ELEMENTAR 502 S C ST MOSES LAKE, WA 98837 | 91-6001956 | | | 6,066. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) MOSES LAKE SCHOOL DISTRICT NORTH ELEMENTARY 1200 W CRAIG BLVD MOSES LAKE, WA 98837 | 91-6001956 | | | 5,302. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) MT SI HELPING HAND FOOD BANK PO BOX 2464 NORTH BEND, WA 98045 | 94-3073249 | | | 137,942. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) MULTI-SERVICE CENTER PO BOX 23699 FEDERAL WAY, WA 98093 | 23-7120815 | | | 277,017. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) MY SISTER'S PANTRY 621 TACOMA AVE. S TACOMA, WA 98402 | 91-1975606 | | | 65,461. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) NEIGHBORS HELPING NEIGHBORS PO BOX 789 RIDGEFIELD, WA 98642 | 91-1190827 | | | 5,653. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) NEW HOPE FOOD BANK PO BOX 247 SEKIU, WA 98381 | 91-1352736 | | | 10,177. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) NEW HOPE RANCH FB 13507 W CHARLES RD | 91-1630914 | | | 50,025. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) NEWPORT FOOD BANK PO BOX 1952 NEWPORT, WA 99156 | 91-1637970 | | | 65,865. | FMV | FOOD | DISTRIBUTION OF FOOD |

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| (1) NOAH'S ARK PO BOX 1562 YAKIMA, WA 98907 | 20-3070634 | | | 40,215. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) NOEL HOUSE 118 BELL ST SEATTLE, WA 98121 | 91-1099134 | | | 16,172. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) NOOKSACK TRIBAL FOOD BANK P.O. BOX 157 DEMING, WA 98244 | 91-1487296 | | | 12,076. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) NORTH COUNTY COMMUNITY FOOD BANK PO BOX 2106 BATTLE 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 BITTERLAKE 12736 33RD AVE. NE, #100 SEATTLE, WA 98125 | 91-1475182 | | | 56,414. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) NORTH HELPLINE FOOD BANK 12736 33RD AVE NE STE 100 SEATTLE, WA 98125 | 91-1475182 | | | 292,963. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) NORTH KITSAP FISHLINE PO BOX 1517 POULSBO, WA 98370 | 91-1244431 | | | 95,449. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) NORTH PACIFIC COUNTY FOOD BANK 1899 PARK AVE RAYMOND, WA 98577 | 82-2491928 | | | 8,961. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) NORTHEAST FOOD PANTRY PO BOX 7398 SPOKANE, WA 99207 | 90-0724290 | | | 98,901. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) NORTHPORT FOOD BANK PO BOX 411 NORTHPORT, WA 99157 | 91-2073170 | | | 14,510. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) NOURISH PIERCE COUNTY MOBILE 1702 S 72ND ST, STE E TACOMA, WA 98408 | 91-1198391 | | | 25,844. | FMV | FOOD | DISTRIBUTION OF FOOD |

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) NW TACOMA FISH FOOD BANK 2710 N MADISON TACOMA, WA 98407 | 91-1198391 | | | 58,968. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) OCEAN PARK FOOD 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 SHORES, WA 98569 | 46-3480003 | | | 26,168. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) OIC OF WA FOOD BANK 815 FRUITVALE BLVD. YAKIMA, WA 98902 | 91-0873024 | | | 440,454. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) OKANOGAN FOOD BANK PO BOX 1067 OKANOGAN, WA 98840 | 91-0814162 | | | 50,444. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) OL' MILL FOOD BANK PO BOX 301 KLUCKITAT, 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 NIGHTWATCH PO BOX 21181 SEATTLE, WA 98111 | 91-0964027 | | | 19,107. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) OPERATION SACK LUNCH PO BOX 4128 SEATTLE, WA 98194 | 91-1658187 | | | 24,701. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) ORCAS ISLAND FOOD BANK PO BOX 424 EASTSOUND, WA 98245 | 91-1255700 | | | 21,639. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) OROVILLE FOOD BANK PO BOX 471 OROVILLE, WA 98844 | 31-1543077 | | | 34,585. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) ORTING FOOD BANK PO BOX 1877 ORTING, WA 98380 | 20-8562623 | | | 43,972. | FMV | FOOD | DISTRIBUTION OF FOOD |

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) OHELLO FOOD BANK PO BOX 152 OHELLO, WA 99344 | 91-1269359 | | | 72,662. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) OUR PLACE COMMUNITY MINISTRIES 1509 W COLLEGE SPOKANE, WA 99201 | 91-1384287 | | | 49,722. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) OZANAM HOUSE 801 NINTH AVE. SEATTLE, WA 98104 | 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 98106 | 30-0116000 | | | 49,649. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) PASCO COMMUNITY SERVICES 1468 OXFORD AVE RICHLAND, WA 99352 | 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 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 | 94-3131776 | | | 3,172,635. | FMV | FOOD | DISTRIBUTION OF FOOD |

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) PIKE MARKET FOOD BANK 85 PIKE STREET, STE 200 SEATTLE, WA 98101 | 91-1034838 | | | 195,388. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) PIKE MARKET SENIOR CENTER MEALS 85 PIKE STREET #200 SEATTLE, WA 98101 | 91-1034838 | | | 46,128. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) PLATEAU OUTREACH MINISTRIES PO BOX 391 ENUMCLAW, 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 FOOD 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 2800 1ST AVE. #126 SEATTLE, WA 98121 | 91-0927902 | | | 124,185. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) PUYALLUP FOOD BANK PO BOX 202 PUYALLUP, WA 98371 | 23-7259739 | | | 56,085. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) QUILCENE FOOD BANK PO BOX 112 QUILCENE, WA 98376 | 91-1377493 | | | 36,815. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) QUILEUTE FOOD BANK PO BOX 279 LA PUSH, WA 98350 | 91-0761286 | | | 15,279. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) QUINALT COMMUNITY FOOD BANK PO BOX 22 NEILTON, WA 98566 | 91-1452437 | | | 9,178. | FMV | FOOD | DISTRIBUTION OF FOOD |

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| (1) QUINCY COMMUNITY FOOD BANK PO BOX 413 QUINCY, WA 98848 | 91-1612682 | | | 108,413. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) RAINIER VALLEY FOOD BANK 4205 RAINIER AVE. S. SEATTLE, WA 98118 | 91-1500768 | | | 287,128. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) RECOVERY CAFE 2022 BOREN AVE. 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 PANTRY PO BOX 442 RITZVILLE, WA 99169 | 56-2312501 | | | 30,889. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) ROCK ISLAND FOOD BANK 1420 DEMAR PL ROCK ISLAND, WA 98850 | 94-3036847 | | | 25,250. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) ROOF COMMUNITY SERVICES PO BOX 312 ROCHESTER, WA 98579 | 77-0620956 | | | 22,342. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) ROOTS SHELTER & FRIDAY FEAST 1415 NE 43RD STREET SEATTLE, WA 98105 | 91-2110379 | | | 25,037. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) ROYAL CITY FOOD BANK PO BOX 144 ROYAL CITY, WA 99357 | 91-1910402 | | | 240,275. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) SAGE 710 N CHELAN WENATCHEE, WA 98801 | 91-1018890 | | | 8,177. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) SAINT VINCENT DE PAUL BREMERTON 1137 N. CALLOW BREMERTON, WA 98312 | 91-0635027 | | | 121,700. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) SAINT VINCENT DE PAUL CLARKSTON 604 2ND STREET CLARKSTON, WA 99403 | 23-7278799 | | | 95,114. | FMV | FOOD | DISTRIBUTION OF FOOD |

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (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 ILWACO, WA 98624 | 43-1999783 | | | 8,875. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) SAINT VINCENT DE PAUL LONGVIEW PO BOX 2957 LONGVIEW, 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 WENATCHEE, WA 98801 | 13-5562362 | | | 44,061. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) SAINTS PANTRY FOOD BANK PO BOX 1064 SHELTON, WA 98584 | 27-0386653 | | | 46,542. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) SALVATION ARMY ABERDEEN PO BOX 1437 ABERDEEN, WA 98520 | 94-1156347 | | | 21,890. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) SALVATION ARMY CENTRALIA PO BOX 488 CENTRALIA, WA 98531 | 94-1156347 | | | 34,098. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) SALVATION ARMY RENTON PO BOX 977 RENTON, WA 98057 | 94-1156347 | | | 182,489. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) SALVATION ARMY SPOKANE CORPS 222 E INDIANA AVE SPOKANE, WA 99207 | 94-1156347 | | | 512,920. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) SD CLARK COUNTY FOOD BANK 6502 NE 47TH AVE VANCOUVER, WA 98661 | 91-1307564 | | | 645,714. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) SD COASTAL HARVEST DIST. CTR P.O. BOX 616 HOQUIAM, WA 98550 | 94-3252669 | | | 654,897. | FMV | FOOD | DISTRIBUTION OF FOOD |

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

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) SD LEWIS COUNTY FOOD COALITION PO BOX 307 CHEHALIS, WA 98532 | 91-1391826 | | | 72,941. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) SD LOWER COLUMBIA CAP (HELP) 1526 COMMERCE LONGVIEW, WA 98632 | 91-0814141 | | | 51,288. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) SD OKANOGAN CAC PO BOX 1067 OKANOGAN, WA 98840 | 91-0814162 | | | 25,209. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) SD RURAL RESOURCES 956 SOUTH MAIN STREET COLVILLE, WA 99114 | 91-0793447 | | | 18,212. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) SD SKAGIT COUNTY DIST. CENTER 330 PACIFIC PLACE MT VERNON, WA 98273 | 91-1140086 | | | 136,606. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) SEA MAR ADULT TREATMENT 1415 CENTER ST. TACOMA, WA 98409 | 91-1020139 | | | 15,387. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT SEATTLE, WA 98105 | 91-0564748 | | | 9,454. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) SEATTLE INDIAN CENTER FOOD BANK 1265 S MAIN ST STE 105 SEATTLE, WA 98144 | 91-0877683 | | | 119,712. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) SEATTLE SCHOOL DISTRICT HIGHLAND PARK ELEME 1012 SW TRENTON 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 1107 W. FREMONT AVE. SELAH, WA 98942 | 91-0940244 | | | 64,537. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) SEQUIM FOOD BANK P.O. BOX 1453 SEQUIM, WA 98382 | 91-1215709 | | | 67,937. | FMV | FOOD | DISTRIBUTION OF FOOD |

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| (1) SERVE SPOKANE FOOD PANTRY 8303 N. DIVISION SPOKANE, WA 99208 | 20-4040980 | | | 81,986. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) SHALOM MINISTRIES PO BOX 4684 SPOKANE, WA 99220 | 91-1878389 | | | 22,011. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) SHARENET FOOD BANK PO BOX 250 KINGSTON, WA 98346 | 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. VERNON, WA 98273-0517 | 91-1335750 | | | 11,091. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) SKAGIT VALLEY NEIGHBORS IN NEED PO BOX 394 MT. VERNON, WA 98273 | 91-0951646 | | | 161,026. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) SKY VALLEY FOOD BANK PO BOX 724 MONROE, WA 98272 | 91-1186822 | | | 180,138. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) SNOHOMISH COMMUNITY FOOD BANK P.O. BOX 1364 SNOHOMISH, 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 BANK PO BOX 925 SOAP LAKE, WA 98851 | 91-1454702 | | | 159,624. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) SOMMA FOOD BANK PO BOX 116 SILVER CREEAK, WA 98585 | 91-1302453 | | | 8,361. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) SOUTH BEACH FOOD BANK SERVICES PO BOX 686 WESTPORT, WA 98595 | 46-4500713 | | | 8,473. | FMV | FOOD | DISTRIBUTION OF FOOD |

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) SOUTH KITSAP HELPLINE 1012 MITCHELL AVE PORT ORCHARD, WA 98366 | 91-1117868 | | | 77,547. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) SOUTH WHIDBEY GOOD CHEER FOOD BANK PO BOX 144 LANGLEY, WA 98260 | 23-7047914 | | | 105,199. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) SOUTHEAST NOURISH 1704 E 85TH TACOMA, WA 98445 | 91-1198391 | | | 52,445. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) SPOKANE SCHOOL DISTRICT BEMISS ELEMENTARY 2323 E. BRIDGEPORT SPOKANE, WA 99207 | 91-6001550 | | | 7,298. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) SPOKANE SCHOOL DISTRICT GRANT ELEMENTARY 1300 E. 9TH AVE. SPOKANE, WA 99202 | 91-6001550 | | | 7,623. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) SPOKANE SCHOOL DISTRICT HOLMES ELEMENTARY 2600 W SHARP AVE SPOKANE, WA 99201-2996 | 91-6001550 | | | 6,993. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) SPOKANE SCHOOL DISTRICT LOGAN ELEMENTARY 1001 E. MONTGOMERY AVE. SPOKANE, WA 99207 | 91-6001550 | | | 6,953. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) SPOKANE SCHOOL DISTRICT LONGFELLOW ELEMENTA 800 E PROVIDENCE AVE SPOKANE, WA 99207 | 91-6001550 | | | 6,173. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) SPOKANE SCHOOL DISTRICT WHITMAN ELEMENTARY 5400 N HELENA ST SPOKANE, WA 99207 | 91-6001550 | | | 5,436. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) SPOKANE TRIBE FOOD BANK PO BOX 540 WELLPINIT, WA 99040 | 91-0606339 | | | 30,979. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) SPOKANE VALLEY PARTNERS FOOD BANK PO BOX 141360 SPOKANE VALLEY, WA 99214 | 91-1478830 | | | 510,196. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) SPRAGUE HORIZONS COMMUNITY FOOD BANK PO BOX 178 SPRAGUE, WA 99032 | 26-2231541 | | | 56,697. | FMV | FOOD | DISTRIBUTION OF FOOD |

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ST. LEO'S FOOD CONNECTION 710 S. 13TH STREET TACOMA, WA 98405 | 91-0622353 | | | 263,774. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) ST. MICHAELS FOOD PANTRY 5 S NACHES AVE YAKIMA, WA 98901 | 91-0564996 | | | 77,049. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) STANWOOD CAMANO FOOD BANK 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 BANK PO BOX 718 SUNNYSIDE, WA 98944 | 91-1218657 | | | 68,648. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) SUNRISE OUTREACH CENTER MABTON FOOD BANK PO BOX 10413 YAKIMA, WA 98909 | 27-1028426 | | | 95,882. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) SUNRISE OUTREACH CENTER SUNNYSIDE FOOD BANK PO BOX 10413 YAKIMA, WA 98909 | 27-1028426 | | | 84,744. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) SUNRISE OUTREACH CENTER WAPATO FOOD PANTRY PO BOX 10413 YAKIMA, WA 98909 | 27-1028426 | | | 336,866. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) SUNRISE OUTREACH CENTER YAKIMA OUR DAILY BR PO BOX 10413 YAKIMA, WA 98909 | 27-1028426 | | | 436,431. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) TACOMA ADVENTIST COMMUNITY 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 98589 | 91-2144590 | | | 43,775. | FMV | FOOD | DISTRIBUTION OF FOOD |

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) THE COVE PO BOX 895 TWISP, WA 98856 | 91-2051659 | | | 21,497. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) THE FOOD BANK @ ST. MARY'S 611 20TH AVE. S. SEATTLE, WA 98144 | 91-1989445 | | | 500,525. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) THE PANTRY AT MOXEE 7203 MIERAS ROAD YAKIMA, WA 98901 | 91-1010989 | | | 23,165. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) THURSTON COUNTY FOOD BANK 220 N.E. THURSTON 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 BANK 101 HWY 97 TONASKET, WA 98855 | 52-1350098 | | | 44,929. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) TOPPENISH COMMUNITY CHEST 4 NORTH B ST TOPPENISH, WA 98948 | 55-0845518 | | | 275,894. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) TOPPENISH SCHOOL DISTRICT GARFIELD ELEMENTA 505 MADISON AVE TOPPENISH, WA 98948 | 91-6001615 | | | 5,344. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) TOPPENISH SCHOOL DISTRICT LINCOLN ELEMENTAR 309 NORTH ALDER TOPPENISH, WA 98948 | 91-6001615 | | | 5,927. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) TOPPENISH SCHOOL DISTRICT VALLEY VIEW ELEME 515 ZILLAH AVE TOPPENISH, WA 98948 | 91-6001615 | | | 5,483. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) TRI-AREA FOOD BANK PO BOX 124 PT HADLOCK, WA 98339 | 91-1377493 | | | 72,468. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) TRI-CITIES BENTON CITY FOOD BANK 420 W DESCHUTES AVE KENNEWICK, WA 99336 | 91-1011971 | | | 71,501. | FMV | FOOD | DISTRIBUTION OF FOOD |

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| (1) TRI-CITIES KENNEWICK FOOD BANK 420 W DESCHUTES AVE KENNEWICK, WA 99336 | 91-1011971 | | | 134,118. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) TRI-CITIES RICHLAND FOOD BANK 420 W. DESCHUTES AVENUE KENNEWICK, WA 99336 | 91-1011971 | | | 62,456. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) TRI-PARISH FOOD BANK 935 PETERSON RD BURLINGTON, WA 98233 | 91-0778147 | | | 20,152. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) TUKWILA PANTRY 3118 S 140 ST TUKWILA, 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 6424 HWY 291 NINE MILE FALLS, WA 99026 | 27-2469928 | | | 39,201. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) UNION GOSPEL MISSION SEATTLE 3800 S. OTHELLO ST. SEATTLE, WA 98118 | 91-0595029 | | | 215,134. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) UNION GOSPEL MISSION TRI-CITIES PO BOX 1443 PASCO, WA 99301 | 91-0840528 | | | 82,246. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) UNIVERSITY DISTRICT FOOD BANK 5017 ROOSEVELT WAY NE SEATTLE, WA 98105 | 91-1224834 | | | 282,932. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) VALLEY FOOD PANTRY PO BOX 81 VALLEY, WA 99181 | 27-1907351 | | | 40,714. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) VASHON-MAURY COMMUNITY FOOD BANK PO BOX 1205 VASHON, WA 98070 | 94-3165664 | | | 72,393. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) VOLUNTEER FOOD RESOURCE CENTER COLVILLE FOO 210 S. WYNNE COLVILLE, WA 99114 | 91-1192094 | | | 37,690. | FMV | FOOD | DISTRIBUTION OF FOOD |

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) VOLUNTEERS OF AMERICA CROSSWALK 525 W. SECOND AVE. SPOKANE, WA 99201 | 91-0577131 | | | 33,028. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) VOLUNTEERS OF AMERICA EVERETT PO BOX 839 EVERETT, WA 98206 | 91-0577129 | | | 204,570. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) VOLUNTEERS OF AMERICA SULTAN PO BOX 268 SULTAN, WA 98294 | 91-0577129 | | | 41,769. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) WAHAKIYAKUM HELPING HAND FOOD BANK PO BOX 12 CATHLAMET, 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 BANK PO BOX 553 WATERVILLE, WA 98858 | 83-0477714 | | | 11,017. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) WAUCONDA FOOD BANK PO BOX 27 WAUCONDA, WA 98859 | 41-2208079 | | | 10,959. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) WENATCHEE FOOD BANK 134 VIEW RIDGE CIRCLE 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 FOOD BANK 22901 EDMONDS WAY EDMONDS, WA 98020 | 91-0774622 | | | 84,311. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) WHITE CENTER FOOD BANK 10829 EIGHTH AVE SW SEATTLE, WA 98146 | 91-1167830 | | | 167,074. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) WHITE PASS COMMUNITY FOOD BANK PO BOX 175 RANDLE, WA 98377 | 80-0184689 | | | 10,507. | FMV | FOOD | DISTRIBUTION OF FOOD |

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) WHITE SWAN COMMUNITY FOOD BANK PO BOX 40 WHITE SWAN, WA 98952 | 91-0878380 | | | 71,320. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) WINLOCK-VADER FOOD BANK PO BOX 304 WINLOCK, WA 98596 | 46-4465558 | | | 8,486. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) WOMEN'S & CHILDREN'S FREE REST 1408 N. WASHINGTON SPOKANE, WA 99201 | 91-1399742 | | | 10,317. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) WOODLAND ACTION CENTER PO BOX 1475 WOODLAND, WA 98674 | 91-2105285 | | | 51,636. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) YAKIMA ROTARY FOOD BANK PO BOX 2221 YAKIMA, WA 98907-2221 | 91-1397598 | | | 747,789. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (6) YAKIMA SCHOOL DISTRICT ADAMS ELEMENTARY 723 S 8TH ST YAKIMA, WA 98901 | 91-6001550 | | | 5,864. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (7) YAKIMA SCHOOL DISTRICT BARGELINCOLN ELEMENT 219 E. I ST. YAKIMA, WA 98901 | 91-6001550 | | | 6,627. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (8) YAKIMA SCHOOL DISTRICT GARFIELD ELEMENTARY 612 N. 6TH AVE YAKIMA, WA 98902 | 91-6001550 | | | 6,610. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (9) YAKIMA SCHOOL DISTRICT HOOVER ELEMENTARY 400 WEST VIOLA YAKIMA, WA 98902 | 91-6001550 | | | 6,803. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (10) YAKIMA SCHOOL DISTRICT RIDGEVIEW ELEMENTARY 609 WEST WASHINGTON UNION GAP, WA 98903 | 91-6001550 | | | 6,046. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (11) YAKIMA SCHOOL DISTRICT WASHINGTON MIDDLESCH 510 S 9TH ST YAKIMA, WA 98901 | 91-6001550 | | | 5,467. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (12) YAKIMA SEVENTH-DAY ADVENTIST FOOD BANK 507 N. 35TH AVE. YAKIMA, WA 98902 | 91-0932432 | | | 382,987. | FMV | FOOD | DISTRIBUTION OF FOOD |

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) YELM COMMUNITY SERVICES PO BOX 5320 YELM, WA 98597 | 23-7226534 | | | 53,704. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (2) YWCA ANGELINE'S CENTER 2030 THIRD AVENUE SEATTLE, WA 98121 | 91-0482890 | | | 8,530. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (3) YWCA--CENTRAL AREA FOOD BANK 2820 E. CHERRY STREET SEATTLE, WA 98122 | 91-0482890 | | | 47,860. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (4) ZILLAH FOOD BANK PO BOX 1442 ZILLAH, WA 98953 | 91-1347733 | | | 21,302. | FMV | FOOD | DISTRIBUTION OF FOOD |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

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

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

Schedule I (Form 990) (2017)

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

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

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

PART I, LINE 2

FOOD IS DISTRIBUTED TO HUNGER PROGRAMS WHO SERVE INDIVIDUALS IN NEED

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

91-0826037

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 19,581,409. | 32,700,953. | FAIR MARKET VALUE |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (ATCH 1) | | 25. | 248,213. | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

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

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

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

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

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

PART I, COLUMN B

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

BASED ON THE NUMBER OF ITEMS CONTRIBUTED.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| <u>DESCRIPTION</u> | <u>(A) CHECK</u> | <u>(B) NUMBER OF CONTRIBUTIONS</u> | <u>(C) REVENUES REPORTED</u> | <u>(D) METHOD OF DETERMINING</u> |
|---------------------------|------------------|------------------------------------|------------------------------|----------------------------------|
| NONFOOD GOODS FOR DISTRIB | X | 12. | 95,742. | FAIR MARKET VALUE |
| MISC ITEMS | X | 12. | 2,334. | FAIR MARKET VALUE |
| BUILDING IMPROVEMENTS | X | 1. | 150,137. | FAIR MARKET VALUE |
| TOTALS | | <u>25.</u> | <u>248,213.</u> | |

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NORTHWEST HARVEST/EMM

Employer identification number

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

| | |
|---|--|
| Name of the organization NORTHWEST HARVEST/EMM | Employer identification number 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 COMPARABLE CEOS IN THE REGION. COMPENSATION OF THE CEO IS DISCUSSED AND DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS IN A PRIVATE EXECUTIVE SESSION.

ATTACHMENT 1

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

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

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

| DESCRIPTION | (A) | (B) | (C) | (D) |
|-------------------|----------------|---------------------------|-------------------------|------------------|
| | TOTAL REVENUE | RELATED OR EXEMPT REVENUE | UNRELATED BUSINESS REV. | EXCLUDED REVENUE |
| INVESTMENT INCOME | 13,042. | | | 13,042. |
| TOTALS | <u>13,042.</u> | | | <u>13,042.</u> |

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 | <u>53,764.</u> |