EXTENDED TO MAY 16, 2022

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Dep	artment	of the Treasury enue Service	Go to www.irs.gov	-		-	-		Open to Public Inspection		
				TUL 1,			UN 30, 20	021			
В	Check if applicab	C Name o	organization				D Employer id	entifica	tion number		
_			HWEST HARVEST EMM								
F	Addre chang Name		26021	7							
F	chang Initial	e Doing b	usiness as	live and to et	td-d\	De emplessite	91-082		1		
F	return Fiṇal	DO B	and street (or P.O. box if mail is not de $OX\ 12272$	elivered to str	eet address)	Room/suite	E Telephone no 206 – 63		755		
	—Jreturn termir ated	í-	own, state or province, country, and	I 7IP or fore	ian postal code		206-625-0755 G Gross receipts \$ 98,048,028				
	Amen	ded CEAM	TLE, WA 98102	H(a) Is this a gro							
	Application	F Name a	nd address of principal officer: THC	MAS R	EYNOLDS		for subordi		77		
	pendi	SAME	AS C ABOVE				H(b) Are all subordi	nates inclu	uded? Yes No		
		empt status:		(insert	no.) 4947(a)(1	l) or 527	If "No," atta	ach a lis	t. See instructions		
			NORTHWESTHARVEST.C		- Lau		H(c) Group exer				
			X Corporation Trust A	ssociation	Other	L Year	of formation: 190	5 / M S	State of legal domicile: WA		
Р	art I	Summary			T E A 1	DINC MU		TOD I	THE HIMODY		
Se	1	STATEMT	e the organization's mission or mos	t significant	activities: LEAI	LE BESP	E FIGHT I	IETR	DICNITY		
Activities & Governance	2		if the organization disco								
ver	3		ing members of the governing body				: triair 25/0 Or its	1 - 1	17		
Ğ	4		ependent voting members of the go		,			-	17		
တ္တ	5		of individuals employed in calendar					5	110		
/itie	6		of volunteers (estimate if necessary)					6	5198		
ç	7 a		d business revenue from Part VIII, c					7a	0.		
۹	b		business taxable income from Form					7b	0.		
							Prior Year		Current Year		
Ð	8	Contributions	and grants (Part VIII, line 1h)				70,537,5	79.	76,019,875.		
Revenue	9	Program servi	/ - \				4,632,7		19,246,180.		
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4	1, and 7d)			6,047,5	79.	459,117.		
<u> </u>	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8d			0.	832,770.				
	12	Total revenue	- add lines 8 through 11 (must equa	l Part VIII, c	olumn (A), line 12)		81,217,90		96,557,942.		
	13	Grants and sin	nilar amounts paid (Part IX, column	(A), lines 1-	3)		41,925,20		40,743,176.		
	14	Benefits paid	o or for members (Part IX, column (A), line 4)				0.	0.		
es	15	Salaries, othe	compensation, employee benefits	(Part IX, col	umn (A), lines 5-10))	7,042,78		9,660,182.		
Expenses	16a		undraising fees (Part IX, column (A),	,				0.	0.		
ă X	b		ng expenses (Part IX, column (D), lir	•					10 056 510		
ш	1/		es (Part IX, column (A), lines 11a-11d				5,831,43		12,976,748.		
	18		s. Add lines 13-17 (must equal Part				54,799,43		63,380,106.		
. 0	19	Revenue less	expenses. Subtract line 18 from line	12			26,418,48		33,177,836.		
Net Assets or European	3					Ве	ginning of Current	Year	End of Year		
Ssel	20	Total assets (I					58,835,04 5,744,0		90,036,518.		
let A	21		(Part X, line 26)				53,744,0		4,137,607. 85,898,911.		
	≧∣22 art II		fund balances. Subtract line 21 from	n line 20			55,090,9	/ 4 •	05,090,911.		
			dagleweithat I have examined this return	including of	soompanying cohodu	ulae and etatam	ante and to the hoe	t of my k	nowledge and helief it is		
true	aei peiid	at and complete	peclaration of preparer (other than office	er) is based (on all information of	which nrenarer	hae any knowledge	t Of fifty K	nowledge and belief, it is		
uu	, 60116	st, and complete	by claration of preparer (other than office	or) is baseu	on an imormation or	willon proparci	15/16/	2022			
Si.	'n	Signaturi	36199EE26409 Of Officer				I Date				
Sig He		1	AS REYNOLDS, CEO								
пе	i e		rint name and title								
		Print/Type pre		Preparer's	signature		Date Ch	eck	PTIN		
Pai	id		DONKIN, CPA		D DONKIN,	CPA 0	5/13/22 if sel	f-employed	P00147726		
	parer	Firm's name	▶ JACOBSON JARVIS				Firm's FI	N > 9:	1-2011386		
	e Only		200 FIRST AVE WE				321				
	•		SEATTLE, WA 9811				Phone no	0. (20	6)-628-8990		
Ma	y the I	RS discuss thi	return with the preparer shown ab						X Yes No		

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Form **990** (2020)

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: LEADING THE FIGHT FOR HUNGRY PEOPLE STATEWIDE TO HAVE ACCESS TO
	NUTRITIOUS FOOD WHILE RESPECTING THEIR DIGNITY AND PROMOTING GOOD
	HEALTH. OUR VISION IS ENDING HUNGER IN WA STATE.
	THEADIN: OOK VISION IS ENDING HONGER IN WA STATE:
2	Did the organization undertake any significant program services during the year which were not listed on the
2	77
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 \$ 58,186,428 · including grants of \$ 40,743,176 ·) (Revenue \$ 19,246,180 ·)
	NORTHWEST HARVEST COLLECTS FOOD AND CASH DONATIONS TO PURCHASE AND
	DISTRIBUTE FOOD TO FRONTLINE HUNGER RELIEF PROGRAMS AND INDIVIDUALS AT
	NO CHARGE. DURING THE 2021 FISCAL YEAR, MORE THAN 33.6 MILLION POUNDS
	OF FOOD WAS DISTRIBUTED. HIGHLIGHTS INCLUDE:
	DISTRIBUTION - NORTHWEST HARVEST JOINED THE STATE'S COVID-19 HUNGER
	RELIEF TASK FORCE IN AN UNPRECEDENTED EMERGENCY PARTNERSHIP. IN THE
	LEAD COUNTY STRATEGY, NWH PROVIDED PROVISIONS FOR A THIRD OF THE STATE
	- 13 OF THE TOTAL 39 COUNTIES - WITH 12- TO 15-POUND EMERGENCY FOOD
	BOXES.
4b	(Code:) (Expenses \$
	UNDER THE LEAD COUNTY STRATEGY; BY PILOTING A CASH-EQUIVALENT PROGRAM
	WITH MAJOR CORPORATE SUPPORT; AND BY ADDING VARIOUS CBOS (IMMIGRANT
	ORGANIZATIONS, TRANSITIONAL HOUSING SITES, FAITH COMMUNITIES, SHELTERS
	& CLINICS) IN FOOD DELIVERIES IN SOUTH KING, PIERCE, YAKIMA & SPOKANE
	COUNTIES.
	PUBLIC POLICY - WE HAD MAJOR POLICY SUCCESSES: EXPANDING THE COMMUNITY
	ELIGIBILITY PROVISION FOR SCHOOL MEAL ACCESS; INCREASING THE VALUE OF
	WIC FARMERS MARKET VOUCHERS; FORMALIZING THE STATE FOOD POLICY FORUM;
	INCREASING OUR STATE'S MATCH FOR SNAP DOLLARS; INVESTING IN COLD
	STORAGE AT FOOD BANKS; EXPANDING OUR FARM TO FOOD PANTRY PROGRAM.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 58,186,428.

Form 990 (2020) NORTHWEST HA 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)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		1
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		Α.
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Α.
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2020) NORTHWEST HARVEST Part IV Checklist of Required Schedules (continued)

		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35.2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	INO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2020) NORTHWEST HARVEST EMM Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 110			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Company of the second		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	issa provided to the pover	-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		70		
C		•	7c		Х
d	I	7d	70		
u _	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	<u> </u>	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	l			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Didd.		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	, <u> </u>	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		
b	· · · · · · · · · · · · · · · · · · ·	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
р	Enter the amount of reserves the organization is required to maintain by the states in which the	401-			
_		13b			
		13c	1/10		Х
			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner.		14b		
15	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.		13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.		,,,		
	1. 155, Complete Formatize, Contoure C.				

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

_	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
		1 1	4		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervisior	n						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X			
6									
7a									
	more members of the governing body?								
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the f	orm?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe							
	in Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approv	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a							
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►WA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 5	501(c)(3)	s only) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain	n on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest po	olicy, and	l finar	ncial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records							
	THOMAS REYNOLDS - 206-625-0755								
	PO BOX 12272. SEATTLE. WA 98102								

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

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

Check this box if neither the organization r	(B)	l	21 11ZC	((пре	ISA	(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
Name and the	hours per	(do not check more than obox, unless person is both			is bot	h an	compensation	compensation	amount of	
	week	offi	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	98			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		e e	ubeus		(W-2/1099-MISC)		organization and related
	below	dual tr	tional	١. ا	nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-orme			ga <u>-</u>
(1) THOMAS REYNOLDS	40.00									
CEO		1		Х				192,091.	0.	31,678.
(2) WAYNE SHORTER	40.00									
C00						Х		158,247.	0.	18,839.
(3) LAURA HAMILTON	40.00									
CHIEF ADVANCEMENT OFFICER						X		107,987.	0.	43,766.
(4) CARMEN D'ARCHANGELO	40.00									
STRATEGIC TALENT AND ORGANIZATIONAL						Х		129,653.	0.	17,646.
(5) DAVID COE	40.00					l		404 054	•	00 000
IT MANAGER	1000					X		104,051.	0.	29,279.
(6) JAMES GIBBS	40.00					l		110 600	•	46 065
CHIEF OF STAFF	40.00					X		112,623.	0.	16,965.
(7) CYNTHIA CHAVEZ	40.00	1		,,				0	0	•
CFO	2 00			Х				0.	0.	0.
(8) SCOTT MCQUILKIN	3.00	,,		,,				0	0	0
BOARD CHAIR	2 00	Х		Х				0.	0.	0.
(9) BRANDON PEDERSEN	3.00			х				0.	0.	0.
TREASURER (10) CRIS HALES	3.00	Х		Δ				0.	0.	0.
SECRETARY	3.00	X		х				0.	0.	0.
(11) RACHEL BEDA	3.00	Δ		Δ				0.	· ·	0.
CHAIR-ELECT	3.00	Х		х				0.	0.	0.
(12) NEAL BOLING	3.00							•	•	· ·
BOARD MEMBER		x						0.	0.	0.
(13) ALAN CAPLAN	3.00									•
BOARD MEMBER		x						0.	0.	0.
(14) MELANNIE DENISE CUNNINGHAM	3.00									
BOARD MEMBER		х						0.	0.	0.
(15) CONNIE FALON	3.00									
BOARD MEMBER		х						0.	0.	0.
(16) TIM GROVES	3.00									
BOARD MEMBER		Х						0.	0.	0.
(17) VIN GUPTA	3.00									
BOARD MEMBER		Х						0.	0.	0.

Page 8	}
(F)	

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(A) (B)			((C)			(D)	(E)	(F)			
Name and title	Average		not c		more	than		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation from	compensation from related			other	ot
	(list any	ctor						the	organization			pensa	tion
	hours for	or director				ted		organization	(W-2/1099-MIS	SC)	fr	om th	е
	related organizations	istee (trustee			beusa		(W-2/1099-MISC)			·	anizat	
	below	ual tru	ional		ploye	t com	_					d relat ınizati	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ļ	orge	ıı ıızatı	0113
(18) SHAMSO ISSAK	3.00	_	_	Ť									
BOARD MEMBER		Х						0.		0.			0.
(19) RHONDA MEDOWS	3.00												
BOARD MEMBER		Х						0.		0.			0.
(20) KEN PRICE	3.00												
BOARD MEMBER		Х						0.		0.			0.
(21) MIKE REGIS	3.00									_			_
BOARD MEMBER		Х						0.		0.			0.
(22) DWIGHT RIVES	3.00	l								•			_
BOARD MEMBER	2 00	Х						0.		0.			0.
(23) DEIDRA WAGER	3.00	,,								^			^
BOARD MEMBER	2 00	Х						0.		0.			0.
(24) ESTHER MAGASIS	3.00							0.		0			0
BOARD MEMBER		Х						0.		0.			0.
		-								ļ			
		1								ļ			
1b Subtotal	l .						<u> </u>	804,652.		0.	15	8,1	73.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							>	804,652.		0.	15	8,1	73.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wł	no re	eceived more than \$100	0,000 of reportab	le			
compensation from the organization												1	7
												Yes	No
3 Did the organization list any former officer,										ļ			v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•							•	•			Х	
and related organizations greater than \$150Did any person listed on line 1a receive or a											4		
rendered to the organization? If "Yes," com	•				•			ed organization or indiv			5		Х
Section B. Independent Contractors	piete deriedar	C 0 1	01 30	JCII	perc	3011 .							
Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compensation for	•	•							·				
(A)							П	(B)			(C		
Name and business	address						ightharpoonup	Description of s	services		omper	nsatio	n
SMART TALENT		٠ -									1.0	<u> </u>	0.0
PO BOX 2205, GIG HARBOR,	WA 983.	3 5					4	LABOR			т9	0,7	υờ.

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

Form **990** (2020)

Form 990 (2020) NORTHWE Part VIII Statement of Revenue

		Check if Schedule O	contains a resnonse	or note to any lin	e in this Part VIII			
		Officer if Scriedule O	contains a response	or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	` '	Revenuè excluded
						function revenue	business revenue	from tax under
(0, (0)								sections 512 - 514
nts	1 a	Federated campaigns	1a					
Gra	k	Membership dues	1b					
ts,	c	Fundraising events	1c					
la la	c	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contr	ributions) 1e	13,010,434.				
rsi	f	All other contributions, gifts,	grants, and					
the l		similar amounts not included		63,009,441.				
ΕĠ		Noncash contributions included in	· · · · · · · · · · · · · · · · · · ·	34,858,815.				
Sol	_	Total. Add lines 1a-1f		, , ,	76,019,875.			
<u> </u>		Totali / Ga iiii co Ta Ti		Business Code				
σ	2.6	WSDA EMERGENCY BOXE	q	624200	18,589,850.	18,589,850.		
Š	2 a			624200	363,154.	363,154.		
Ser	t			624200		· · · · · · · · · · · · · · · · · · ·		
m S	C				266,034.	266,034.		
gra Re	C	OTHER SERVICES		624200	27,142.	27,142.		
Program Service Revenue	e							
-	f	All other program service						
\rightarrow		Total. Add lines 2a-2f			19,246,180.			
	3	Investment income (includ						
		other similar amounts)		r	456,985.			456,985.
	4	Income from investment of	of tax-exempt bond	proceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	k	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	c	Net rental income or (loss)	s)					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a 1,492,218					
	k	Less: cost or other basis						
ne		and sales expenses	7b 1,490,086	.				
Ven	c	Gain or (loss)	7c 2,132					
Revenue		Net gain or (loss)			2,132.			2,132.
ther		Gross income from fundraisir						
₹		including \$	of					
		contributions reported on	line 1c). See					
		Part IV, line 18	, , , , , , , , , , , , , , , , , , ,	,				
	Ŀ	Less: direct expenses		,				
		Net income or (loss) from		•				
		Gross income from gamin						
		Part IV, line 19	-	,				
	ŀ	Less: direct expenses						
		Net income or (loss) from		•				
		Gross sales of inventory, I						
		and allowances	a					
	ŀ	Less: cost of goods sold		_				
		Net income or (loss) from		' 				
_			Salos of involitory .	Business Code				
sno	11 =	AMORTIZATION OF DEF	ERRED GAIN	900099	832,770.			832,770.
Miscellaneous Revenue	ıı c				,,,,,,,,			,
ella								
SS R		All other revenue						
≥		Total. Add lines 11a-11d			832,770.			
	12	Total revenue See instruction			96 557 942.	19 246 180.	0.	1 291 887.

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).

3601	ion 501(c)(3) and 501(c)(4) organizations must com	-		implete column (A).							
_	Check if Schedule O contains a response or note to any line in this Part IX.										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations	40 540 456									
	and domestic governments. See Part IV, line 21	40,743,176.	40,743,176.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	000 680		000 680							
	trustees, and key employees	208,673.		208,673.							
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	E 010 0E0	5 006 505	1 110 150	1 210 615						
7	Other salaries and wages	7,812,270.	5,086,505.	1,413,150.	1,312,615.						
8	Pension plan accruals and contributions (include	006 036	101 201	EU 006	46 000						
	section 401(k) and 403(b) employer contributions)	286,036.	181,391.	57,836.	46,809.						
9	Other employee benefits	823,223.	522,049.	166,455.	134,719.						
10	Payroll taxes	529,980.	336,088.	107,161.	86,731.						
11	Fees for services (nonemployees):										
	Management										
	Legal	60 600	40 460	12 262	12 057						
	Accounting	69,682.	42,462.	13,263.	13,957.						
	Lobbying	17,542.	17,542.								
	Professional fundraising services. See Part IV, line 17	126 706	77 011	24 117	25 270						
f	Investment management fees	126,706.	77,211.	24,117.	25,378.						
g	Other. (If line 11g amount exceeds 10% of line 25,	000 076	101 170	155 776	162 022						
	column (A) amount, list line 11g expenses on Sch O.)	800,876.	481,178. 5,653.	155,776.	163,922.						
12	Advertising and promotion	386,785. 913,462.	483,296.	16,304. 239,377.	364,828.						
13	Office expenses	392,482.	244,230.	78,541.	190,789. 69,711.						
14	Information technology	332,402.	244,230•	70,341.	09,711.						
15	Royalties	2,474,388.	2,382,414.	54,017.	37,957.						
16	Occupancy	209,095.	99,225.	46,727.	63,143.						
17	Travel	209,095.	99,223.	40,727•	05,145.						
18	Payments of travel or entertainment expenses										
40	for any federal, state, or local public officials			+							
19	Conferences, conventions, and meetings										
20	***************************************										
21 22	Payments to affiliates Depreciation, depletion, and amortization	527,855.	426,260.	39,814.	61,781.						
		321,033	120,200	37,014.	01,701.						
23 24	Other expenses. Itemize expenses not covered										
24	above (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
9	FOOD/NON-FOOD ADJUSTMEN	6,348,888.	6,348,888.								
a h	FOOD/NON-FOOD TRANSPORT	708,987.	708,860.	100.	27.						
C		70075076	,								
d											
	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	63,380,106.	58,186,428.	2,621,311.	2,572,367.						
26	Joint costs. Complete this line only if the organization	, , =	, ,	, , ,	, , , , , , , , ,						
_5	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
	0. 10.00.00				Earm 990 (2020)						

Form 990 (2020) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			20,418,973.	1	18,532,346.
	2	Savings and temporary cash investments			18,230,146.	2	43,085,286.
	3	Pledges and grants receivable, net			400,000.	3	490,000.
	4	Accounts receivable, net			2,770,261.	4	949,820.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied pe				
		under section 4958(f)(1)), and persons described	l in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		6,009,029.	8	10,749,587.	
	9				189,222.	9	402,556.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,476,663.			
	b	Less: accumulated depreciation	10b	5,130,476.	2,854,065.	10c	6,346,187.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		7,963,349.	15	9,480,736.	
	16	Total assets. Add lines 1 through 15 (must equa	33)	58,835,045.	16	90,036,518.	
	17	Accounts payable and accrued expenses			1,461,407.	17	1,807,053.
	18	Grants payable		18			
	19	Deferred revenue			4,282,666.	19	2,330,554.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
ja ja		controlled entity or family member of any of thes		_		22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)). Complete Part X			
		of Schedule D			E 7// 072	25	4,137,607.
	26			V	5,744,073.	26	4,13/,60/.
S		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔼			
ĕ		and complete lines 27, 28, 32, and 33.			36,476,515.		62,523,376.
ala	27				16,614,457.	27	23,375,535.
P B	28	Net assets with donor restrictions			10,014,457.	28	43,313,333.
臣		Organizations that do not follow FASB ASC 98	o8, che	eck here 🕨 📖			
Net Assets or Fund Balances		and complete lines 29 through 33.			00		
ets	29	Capital stock or trust principal, or current funds			29		
SS	30	Paid-in or capital surplus, or land, building, or eq				30	
et /	31	Retained earnings, endowment, accumulated inc			53,090,972.	31	85,898,911.
Ž	32	Total net assets or fund balances			58,835,045.	32	
	33	Total liabilities and net assets/fund balances			50,055,045.	33	90,036,518.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			7,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0,9	
5	Net unrealized gains (losses) on investments	5		-36	9,8	97.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	85	<u>,89</u>	8,9	<u> 11.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	b Were the organization's financial statements audited by an independent accountant?				Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				l	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	lit			
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit		ı	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Employer identification number Name of the organization NORTHWEST HARVEST EMM 91-0826037 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and	. ,	. ,	. ,	, ,	. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	51152346.	45160358.	60585873.	70537579.	76019875.	303456031
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	51152346.	45160358.	60585873.	70537579.	76019875.	303456031
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						05404000
	column (f)						25434080.
	Public support. Subtract line 5 from line 4.						278021951
	ction B. Total Support	() 0040	#1.0047	() 0040	(1) 0040	() 0000	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2016 51152316	(b) 2017 45160359	(c) 2018	(d) 2019 70537570	(e) 2020 76010075	(f) Total 303456031
	Amounts from line 4	31132340.	43100336.	00303073.	10331313.	70013673.	303430031
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	36,620.	13,042.	88,383.	298,814.	456,985.	893,844.
0	and income from similar sources Net income from unrelated business	30,020.	13,042.	00,303.	250,014.	430,303.	055,044.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					832,770.	832,770.
11	Total support. Add lines 7 through 10						305182645
	Gross receipts from related activities	. etc. (see instructi	ons)				,354,290.
	First 5 years. If the Form 990 is for the			fourth, or fifth tax	vear as a section		· · · · · · · · · · · · · · · · · · ·
	organization, check this box and sto						
Sec	ction C. Computation of Pub						
14	Public support percentage for 2020 (line 6, column (f), c	divided by line 11,	column (f))		14	91.10 %
	Public support percentage from 2019					15	87.33 %
	33 1/3% support test - 2020. If the					nore, check this b	ox and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fac-	ts-and-circumstand	es test, check thi	s box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circur	nstances test, che	eck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Ti	he organization qu	ualifies as a publicly	y supported organ	ization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	b, check this box a	and see instruction	ns ▶∟

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.)

Se	ction A. Public Support	ciew, picade cerri	proto r urt m,				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	_					
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
<u>Se</u>	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			1	1		
	assets (Explain in Part VI.)				ļ		
	Total support. (Add lines 9, 10c, 11, and 12.)			1	<u> </u>	<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>	check this box and stop here ction C. Computation of Publ						P
				(f)\		15	
	Public support percentage for 2020 (I Public support percentage from 2019					16	<u>%</u> %
	ction D. Computation of Inves					10	70
17						17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						▶□
ŀ	33 1/3% support tests - 2019. If the						and
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		ŭ	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	35		
	3с		
	30		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2020

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	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 support	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion 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	_		
800	the supported organization(s). etion D. All Type III Supporting Organizations	1		
Sec	Stion D. All Type III Supporting Organizations		<u>ا بر</u>	
			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	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		I	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions.	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
J_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
D	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.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	ıs	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2020

NORTHWEST HARVEST EMM 91-0826037 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

91-0826037

Name of organization Employer identification number

NORTHWEST HARVEST EMM

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 11,735,767.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>4,496,455</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 2,890,191.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 7,551,556.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>2,478,645</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$1,819,866.	Person X Payroll

Name of organization

Employer identification number

NORTHWEST HARVEST EMM

91-0826037

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,627,462.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NORTHWEST HARVEST EMM

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
	FOOD & PPE	_	
1			
		<u>\$ 11,735,767.</u>	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	GIFT CARDS		
4		_	
		\$\$\$	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD & PPE	_	
5		_	
		\$2,478,645.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	FOOD	_	
6		_	
		\$\$	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-	FOOD	_	
7		-	
		\$\$	_06/30/21_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
002452 11 0		_ \$	000 000 F7 or 000 PF\(0000\

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Employer identification number Name of organization NORTHWEST HARVEST EMM 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 info. once.) 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

➤ 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

- Section	301(c)(4), (3), 01 (0) 01ga1112a	tions. Complete Fart III.			
Name of or	ganization			Emp	loyer identification number
	NORTHWE	ST HARVEST EMM			91-0826037
Part I-A	Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 c	organization.
2 Politica	al campaign activity expendit	zation's direct and indirect politi cures ign activities		▶ \$	3
Part I-B	Complete if the org	ganization is exempt un	der section 501(c))(3).	
1 Enter t	he amount of any excise tax	incurred by the organization ur	nder section 4955	> \$	}
2 Enter t	he amount of any excise tax	incurred by organization manage	gers under section 495	5 ▶\$	
3 If the o	organization incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
4a Was a	correction made?				Yes No
	," describe in Part IV.				
Part I-C	Complete if the org	ganization is exempt un	der section 501(c)	, except section 501	(c)(3).
		d by the filing organization for s			
2 Enter t	he amount of the filing organ	nization's funds contributed to o	other organizations for s		
		s. Add lines 1 and 2. Enter here		-	
line 17	b			▶\$	S
		1120-POL for this year?			
		mployer identification number (E Ition listed, enter the amount pa	· · ·		
	•	omptly and directly delivered to			•
politica	al action committee (PAC). If	additional space is needed, pro	ovide information in Par	t 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

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

Schedule C (Form 990 or 990-EZ) 2020

Calendar year (or fiscal year beginning in)

(a) 2017
(b) 2018
(c) 2019
(d) 2020
(e) Total

2a Lobbying nontaxable amount
(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2020

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)).

	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	Х			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		17	7,542.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		Х	4 -	
j	Total. Add lines 1c through 1i			17	7,542.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	FO4/a\/	/ / \	-4!	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6).			Yes	No
	N/			162	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from to till-B Complete if the organization is exempt under section 501(c)(4), section 50			ction	
rai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				a 3 is
	answered "Yes."	110 011	(b) i di c	71,	C 0, 10
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
_	expenses for which the section 527(f) tax was paid).	oui			
а	Current year		2a		
	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 exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
	t IV Supplemental Information				
Provi	de 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 a	and 2 (See	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.			•	
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
NOI	RTHWEST HARVEST EMPLOYS A DIRECTOR OF PUBLIC POLICY	AND A	DVOCA	CY TO	
PEI	RFORM EDUCATION AND ADVOCACY WORK IN OLYMPIA. VOLUN	TEERS	PARTI	CIPATE	ED
IN	HUNGER ACTION DAY AT THE STATE CAPITOL.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NORTHWEST HARVEST EMM

Employer identification number 91-0826037

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accou	ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education) 🔲 Preservation o	f a historically	important land area
	Protection of natural habitat	Preservation o	f a certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conserva	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organizatior	n during the tax
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			Yes I No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cor	nservation eas	ements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easemer	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial staten	nents that des	cribes the
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Transuras or (hor Cimil	or Acceta
Га	Complete if the organization answered "Yes" on Form	-		ai Assets.
			and balance of	shoot works
Id	If the organization elected, as permitted under FASB ASC 950 of art, historical treasures, or other similar assets held for pub	·		
	service, provide in Part XIII the text of the footnote to its finan	,		public
h	· ·			t works of
D	If the organization elected, as permitted under FASB ASC 956 art, historical treasures, or other similar assets held for public			
		exhibition, education, or research in fur	inerance or pu	iblic service,
	provide the following amounts relating to these items:		_	¢
	(i) Revenue included on Form 990, Part VIII, line 1			Ψ
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea			·
2	the following amounts required to be reported under FASB AS		ai gairi, provid	C
•			.	\$
d	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			Ψ Φ

Sched	dule D (Form 990) 2020 NORTHWE	ST HARVEST	EMM		91-08	2603	7 Page	e 2	
	t III Organizations Maintaining C			easures, or Oth				_	
3	Using the organization's acquisition, accessi								
	collection items (check all that apply):	•	,	J	· ·				
а	Public exhibition	d	Loan or exc	hange program					
b Scholarly research e Other									
c Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further t	he organization's ex	empt purpose in Par	t XIII.			
	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?		Yes		٥V	
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes" o	n Form 990, Part IV,	line 9, o	r		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	ot included	_			
	on Form 990, Part X?					Yes		٥V	
	If "Yes," explain the arrangement in Part XIII								
						Amoun	t		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
	Ending balance				1f				
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or co	ustodial account liab	oility?L	Yes	\	VО	
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fou	r years ba		
	Beginning of year balance	6,772,042.	6,257,163.	· · · · · · · · · · · · · · · · · · ·			196,21	.7.	
b	Contributions			6,000,000.				_	
	Net investment earnings, gains, and losses	1,717,069.	521,512.	17,457.	23,804.		19,68	5.	
	Grants or scholarships								
	Other expenditures for facilities	405 655	6 600						
	and programs	405,655.	6,633.						
	Administrative expenses	0 002 456	6 772 042	6 257 162	220 706		215 00		
_	End of year balance	8,083,456.	6,772,042.		239,706.		215,90	. 2	
	Provide the estimated percentage of the curr	9.5000		a)) neid as:					
	Board designated or quasi-endowment ► Permanent endowment ► • 0000		_%						
	00 5000	%							
	The percentages on lines 2a, 2b, and 2c sho		Aio Aloua A Ioulul a		4h				
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are neid a	na administered for	the organization	1	Vac N	_	
	by: (i) Uprolated organizations					30(1)	Yes N	lo	
	(i) Unrelated organizations							X	
	(ii) Related organizations						 	_	
	Describe in Part XIII the intended uses of the					. Lan		_	
~	t VI Land, Buildings, and Equipm		windit iuilus.					_	

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

5511plate it the argumentation and are the second and are the second and are the second and are the second are										
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value						
1a Land	·	2,534,378.		2,534,378.						
b Buildings		348,436.	284,774.	63,662.						
c Leasehold improvements										
d Equipment										
e Other		8,593,849.	4,845,702.							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										

Schedule D (Form 990) 2020

Schedule D Part VII	(Form 990) 2020 NORTHWEST H	ARVEST EMM	91	-0826037 Page
Part VII		an Farma 000 Part IV line	11b Cas Faura 000 Part V line 10	
(a) Descrip	Complete if the organization answered "Yes" tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of year market value
		(b) Dook value	(c) Wethod of Valuation. Cost of end	
	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
T GIT VIII	Complete if the organization answered "Yes"	on Form 900 Part IV line	11c Soc Form 900 Part V line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	J-of-vear market value
(1)	(a) = 222p	(-,	(-,	· · · , · · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	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	
		Description		(b) Book value
(1) BE		NDS HELD BY O	THERS	9,317,271
(- /	CURITY DEPOSITS			163,465
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) lin	e 15.)	•	9,480,736
Part X	Other Liabilities.	<i> </i>		
	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
	leral income taxes			
(2)				
(0)				

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

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

Schedule D (Form 990) 2020

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	96,847,875.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-369,897.		
b	Donated services and use of facilities	2b	659,830.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	289,933.
3	Subtract line 2e from line 1			3	96,557,942.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5				5	96,557,942.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	64,039,936.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	659,830.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	659,830.
3	Subtract line 2e from line 1			3	63,380,106.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	, , , , , , , , , , , , , , , , , , , ,				_
С	Add lines 4a and 4b			4c	0.
5 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	0. 63,380,106.
Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.
Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III and	art IV, lines 1b	and 2b; Part V, line	5	63,380,106.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number Name of the organization 91-0826037 NORTHWEST HARVEST EMM 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 X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) ASIAN COUNSELING AND REFERRAL SERVICE - 3639 MARTIN LUTHER KING DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS JR WAY S - SEATTLE, WA 98144-6847 91-0916176 501C3 0 190,267.BOOK FOOD RAINTER VALLEY FOOD BANK 9021 RAINIER AVE S FOOD & GIFT DISTRIBUTION OF FOOD TO SEATTLE, WA 98118-5024 91-1500768 501C3 203,657.BOOK CARDS LOW INCOME INDIVIDUALS BALLARD FOOD BANK 1400 NW LEARY WAY FOOD & GIFT DISTRIBUTION OF FOOD TO CARDS SEATTLE WA 98107-4819 91-1428805 501C3 0 137,526,BOOK LOW INCOME INDIVIDUALS DES MOTNES AREA FOOD BANK PO BOX 98788 FOOD & GIFT DISTRIBUTION OF FOOD TO 501C3 162 447 BOOK CARDS LOW INCOME INDIVIDUALS DES MOINES WA 98198 91-1183154 BYRD BARR PLACE 722 18TH AVE FOOD & GIFT DISTRIBUTION OF FOOD TO 91-0786727 501C3 99 096 BOOK CARDS LOW INCOME INDIVIDUALS SEATTLE, WA 98122 0 PRESTON FOOD BANK PO BOX 948 DISTRIBUTION OF FOOD TO PRESTON, WA 98050 91-0982213 501C3 40 875 BOOK FOOD LOW INCOME INDIVIDUALS 335. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 34. 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

Schedule I (Form 990) NORTHWEST	HARVEST	EMM				9	91-0826037 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNNWOOD FOOD BANK							
5320 176TH ST SW						FOOD & GIFT	DISTRIBUTION OF FOOD TO
LYNNWOOD, WA 98037-3035	84-1642388	501C3	0.	183,492.	воок	CARDS	LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA SULTAN							
PO BOX 268							DISTRIBUTION OF FOOD TO
SULTAN, WA 98294-0268	91-0577129	501C3	0.	23,634.	воок	FOOD	LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA - EVERETT							
FOOD BANK - PO BOX 839 - EVERETT,						FOOD & GIFT	DISTRIBUTION OF FOOD TO
WA 98206-0839	91-0577129	501C3	0.	176,901.	воок	CARDS	LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA - SOUTH							
EVERETT FOOD BANK - PO BOX 839 -							DISTRIBUTION OF FOOD TO
EVERETT, WA 98206-0839	91-0577129	501C3	0.	31,300.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA - MILL CREEK							
FOOD BANK - PO BOX 839 - EVERETT,							DISTRIBUTION OF FOOD TO
WA 98206-0839	91-0577129	501C3	0.	34,400.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA - WETMORE							
PO BOX 839							DISTRIBUTION OF FOOD TO
EVERETT, WA 98206-0839	91-0577129	501C3	0.	22,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
				,			
EL CENTRO DE LA RAZA FOOD BANK							
2524 16TH AVE S						FOOD & GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98144-5104	91-0899927	501C3	0.	88,024.	воок	CARDS	LOW INCOME INDIVIDUALS
OTHELLO FOOD BANK							
PO BOX 152							DISTRIBUTION OF FOOD TO
OTHELLO, WA 99344-0152	91-1269359	501C3	0.	35,029.	ВООК	FOOD	LOW INCOME INDIVIDUALS
			1	,-20.			
RITZVILLE FOOD PANTRY							
PO BOX 442							DISTRIBUTION OF FOOD TO
RITZVILLE, WA 99169-0442	56-2312501	501C3	0.	16,910.	воок	FOOD	LOW INCOME INDIVIDUALS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-CITIES RICHLAND FOOD BANK							
420 W DESCHUTES AVE						FOOD & GIFT	DISTRIBUTION OF FOOD TO
KENNEWICK, WA 99336-3636	91-1011971	501C3	0.	39,964.	воок	CARDS	LOW INCOME INDIVIDUALS
TRI-CITIES BENTON CITY FOOD BANK							
420 W DESCHUTES AVE						FOOD & GIFT	DISTRIBUTION OF FOOD TO
KENNEWICK, WA 99336-3636	91-1011971	501C3	0.	65,967.	воок	CARDS	LOW INCOME INDIVIDUALS
TRI-CITIES KENNEWICK FOOD BANK							
420 W DESCHUTES AVE						FOOD & GIFT	DISTRIBUTION OF FOOD TO
KENNEWICK, WA 99336-3636	91-1011971	501C3	0.	64,493.	воок	CARDS	LOW INCOME INDIVIDUALS
IMMANUEL COMMUNITY SERVICES FOOD							
BANK - 1215 THOMAS ST - SEATTLE,							DISTRIBUTION OF FOOD TO
WA 98109-5427	26-0881300	501C3	0.	22,359.	воок	FOOD	LOW INCOME INDIVIDUALS
PIKE MARKET FOOD BANK							
85 PIKE ST STE 200	91-1034838	501C3		04 121	DOOK	FIGOR	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98101-2077	91-1034636	501C3	0.	84,131.	BOOK	FOOD	LOW INCOME INDIVIDUALS
FAMILY WORKS FOOD BANK							
1501 N 45TH						FOOD & GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98103	91-1757277	501C3	0.	58,550.	воок	CARDS	LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL GEORGETOWN							
5950 4TH AVE S							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98108-3208	91-0583891	501C3	0.	72,574.	воок	FOOD	LOW INCOME INDIVIDUALS
HIGHLINE AREA FOOD BANK							
PO BOX 66427						FOOD & GIFT	DISTRIBUTION OF FOOD TO
BURIEN, WA 98166	91-1665389	501C3	0.	137,858.	воок	CARDS	LOW INCOME INDIVIDUALS
·				,			
PUGET SOUND LABOR AGENCY							
404 S BRANDON ST	04 0007007	501.03				FOOD & GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98108-2236	91-0927902	501C3	0.	55,132.	BOOK	CARDS	LOW INCOME INDIVIDUALS

Schedule I (Form 990) NORTHWEST	HARVEST	EMM				9	1-0826037 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAPLE VALLEY FOOD BANK & EMERGENCY SERVICES - PO BOX 322 - MAPLE VALLEY, WA 98038-0322	91-6057006	501c3	0.	199,900.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO
ALGONA/PACIFIC FOOD PANTRY 603 3RD AVE SE PACIFIC, WA 98047-1431	91-1498750	501C3	20,000.	58,244.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
THE FOOD BANK @ ST. MARY'S 611 20TH AVE S SEATTLE, WA 98144-2208	91-1989445	501C3	0.	98,729.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WEST SEATTLE FOOD BANK 3419 SW MORGAN ST. SEATTLE, WA 98126-3133	91-1464412	501C3	0.	189,891.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
RENEWAL FOOD BANK 12819 SE 38TH ST, PMB #241 BELLEVUE, WA 98006	46-1502418	501C3	0.	29,165.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ISSAQUAH FOOD & CLOTHING BANK 179 1ST AVE. SE ISSAQUAH, WA 98027	91-1245499	501C3	0.	157,350.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
JEWISH FAMILY SERVICE 1601 16TH AVE. SEATTLE, WA 98122	91-0565537	501c3	0.	48,342.	воок	FOOD	DISTRIBUTION OF FOOD TO
YWCA ANGELINE'S CENTER 2030 THIRD AVE SEATTLE, WA 98121	91-0482890	501C3	0.	5,665.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CHICKEN SOUP BRIGADE (LIFELONG AIDS ALLIANCE) - P.O. BOX 80547 - SEATTLE, WA 98108	91-1215715	501 c 3	0.	67,269.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990) NORTHWEST	HARVEST	EMM				9	1-0826037 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILLIONAIR CLUB PO BOX 61340 SEATTLE, WA 98141-6340	91-0607513	501C3	0.	6,389.	воок	FOOD & GIFT	DISTRIBUTION OF FOOD TO
DOWNTOWN EMERGENCY SERVICE CENTER - UNION HOTEL - 515 3RD AVE - SEATTLE, WA 98104-2304	91-1275815	501C3	0.	15,400.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO
DOWNTOWN EMERGENCY SERVICE CENTER - RAINIER HOUSE - 515 3RD AVE - SEATTLE, WA 98104-2304	91-1275815	501C3	0.	20,980.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
DOWNTOWN EMERGENCY SERVICE CENTER - EVANS HOUSE - 515 3RD AVE - SEATTLE, WA 98104-2304	91-1275815	501C3	0.	38,570.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CATHEDRAL KITCHEN 804 NINTH AVE. SEATTLE, WA 98104	91-0567738	501C3	0.	61,623.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ROOTS SHELTER & FRIDAY FEAST 1415 NE 43RD ST SEATTLE, WA 98105-5804	91-2110379	501C3	0.	52,596.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOQUIAM FOOD & CLOTHING BANK PO BOX 472 HOQUIAM, WA 98550-0472	94-3249593	501C3	0.	20,700.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOQUIAM SCHOOL DISTRICT - LINCOLN ELEMENTARY - 700 WOOD AVE - HOQUIAM, WA 98550-1066	91-6001563	GOVERNMENT	0.	5,259.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOQUIAM SCHOOL DISTRICT - CENTRAL ELEMENTARY - 310 SIMPSON AVE - HOQUIAM, WA 98550-2411	91-0982116	GOVERNMENT	0.	5,427.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990) NORTHWEST	HARVEST	EMM				9	1-0826037 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
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PORT TOWNSEND FOOD BANK							
PO BOX 1795						FOOD & GIFT	DISTRIBUTION OF FOOD TO
PORT TOWNSEND, WA 98368-0209	91-1377493	501C3	0.	49,937.	воок	CARDS	LOW INCOME INDIVIDUALS
PHINNEY RIDGE LUTHERAN CHURCH FOOD							
BANK - 7500 GREENWOOD AVE N -						FOOD & GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98103-4668	91-0581656	501C3	0.	46,586.	воок	CARDS	LOW INCOME INDIVIDUALS
PIKE MARKET SENIOR CENTER MEALS							DIGERLINITAN OF FOOD TO
85 PIKE ST STE 200	91-1034838	501C3	0.	0 401	ROOK	FOOD	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98101-2077	91-1034636	50103	1	9,481.	BOOK	FOOD	LOW INCOME INDIVIDUALS
PLATEAU OUTREACH MINISTRIES							
PO BOX 391						FOOD & GIFT	DISTRIBUTION OF FOOD TO
ENUMCLAW, WA 98022-0391	91-1965830	501C3	0.	137,701.	воок	CARDS	LOW INCOME INDIVIDUALS
PROVIDENCE REGINA HOUSE							
8201 10TH AVE S #6						FOOD & GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98108	91-1996732	501C3	0.	98,322.	BOOK	CARDS	LOW INCOME INDIVIDUALS
SEATTLE INDIAN CENTER FOOD BANK							
1265 S MAIN ST STE 105						FOOD & GIFT	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98144-2003	91-0877683	501C3	0.	90,389.	воок	CARDS	LOW INCOME INDIVIDUALS
· · · · · · · · · · · · · · · · · · ·				,			
SAINT VINCENT DE PAUL SOUTH KING							
COUNTY - PO BOX 624 - AUBURN, WA						FOOD & GIFT	DISTRIBUTION OF FOOD TO
98071-0624	91-0601570	501C3	0.	44,026.	воок	CARDS	LOW INCOME INDIVIDUALS
UNIVERSITY DISTRICT FOOD BANK							DIGERLINION OF BOOD TO
5017 ROOSEVELT WAY NE	91-1224834	501C3	0.	68,043.	BOOK .	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEATTLE, WA 98105-3610	91-1224034	00103	1	00,043.	, DOOK	FOOD	HOM INCOME INDIVIDUALS
VASHON-MAURY COMMUNITY FOOD BANK							
PO BOX 1205							DISTRIBUTION OF FOOD TO
VASHON, WA 98070-1205	94-3165664	501C3	0.	114,717.	воок	FOOD	LOW INCOME INDIVIDUALS

Part II Continuation of Grants and Other	r Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WITTER GENERAL BOOK DANK							
WHITE CENTER FOOD BANK						HOOD C CITH	DIGERTRICAL OF BOOD TO
10829 EIGHTH AVE SW	01 1167020	501C3		216 170	DOOK	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98146	91-1167830	501C3	0.	316,170.	BOOK	CARDS	LOW INCOME INDIVIDUALS
EDMONDS FOOD BANK							
828 CASPERS ST						FOOD & GIFT	DISTRIBUTION OF FOOD TO
EDMONDS, WA 98020-2618	91-0652053	501C3	0.	145,776.	BOOK	CARDS	LOW INCOME INDIVIDUALS
EDMONDE, WIL 30020 2010	31 0032033	50103		143,770	Dook	CINDO	HOW INCOME INDIVIDUME
CONCERN FOR NEIGHBORS FOOD BANK							
4700 228TH ST. SW						FOOD & GIFT	DISTRIBUTION OF FOOD TO
MOUNTLAKE TERRACE, WA 98043-4429	91-2027084	501C3	0.	112,034.	воок	CARDS	LOW INCOME INDIVIDUALS
•				,			
GRANITE FALLS FOOD BANK							
PO BOX 1947							DISTRIBUTION OF FOOD TO
GRANITE FALLS, WA 98252-1947	41-2103240	501C3	0.	14,558.	воок	FOOD	LOW INCOME INDIVIDUALS
MARYSVILLE COMMUNITY FOOD BANK							
PO BOX 917						FOOD & GIFT	DISTRIBUTION OF FOOD TO
MARYSVILLE, WA 98270-0917	91-1347507	501C3	0.	63,601.	воок	CARDS	LOW INCOME INDIVIDUALS
SKY VALLEY FOOD BANK							
PO BOX 724						FOOD & GIFT	DISTRIBUTION OF FOOD TO
MONROE, WA 98272-0724	91-1186822	501C3	0.	98,411.	BOOK	CARDS	LOW INCOME INDIVIDUALS
CNOLONICII COMMINIEV EOOD DANK							
SNOHOMISH COMMUNITY FOOD BANK P.O. BOX 1364						FOOD & GIFT	DISMBIBITION OF FOOD TO
	91-1334772	501C3	0.	109,189.	DOOK	CARDS	DISTRIBUTION OF FOOD TO
SNOHOMISH, WA 98291	91-1334772	501C3	0.	109,169.	BOOK	CARDS	LOW INCOME INDIVIDUALS
TULALIP FOOD BANK							
1330 MARINE DRIVE NE							DISTRIBUTION OF FOOD TO
	26 0079444	501C3		41 005	BOOK .	FOOD	
TULALIP, WA 98271	26-0078444	20162	0.	41,005.	DOOK	FOOD	LOW INCOME INDIVIDUALS
WESTGATE CHAPEL FOOD BANK							
22901 EDMONDS WAY							DISTRIBUTION OF FOOD TO
EDMONDS, WA 98020-5043	91-0774622	501C3	0.	46,626.	BOOK	FOOD	LOW INCOME INDIVIDUALS
	71 0//1022	<u> </u>	<u> </u>	1 =0,020,	F-51.	<u> </u>	Cohodula I (Forms 00

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(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 non-cash assistance	(h) Purpose of grant or assistance
SKAGIT FRIENDSHIP HOUSE PO BOX 517 MOUNT VERNON, WA 98273-0517	91-1335750	501C3	0.	50,250.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SKAGIT VALLEY NEIGHBORS IN NEED PO BOX 394 MOUNT VERNON, WA 98273-0394	91-0951646	501C3	0.	33,795.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COMMUNITY CUPBOARD - MEND PO BOX 772 LEAVENWORTH, WA 98826-0772	91-1415660	501C3	0.	15,706.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LAKE CHELAN FOOD BANK PO BOX 2684 CHELAN, WA 98816-2684	30-0843675	501C3	0.	17,963.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CASHMERE FOOD BANK PO BOX 225 CASHMERE, WA 98815-0225	46-5630025	501C3	10,000.	11,704.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAGE 710 N CHELAN WENATCHEE, WA 98801	91-1018890	501C3	0.	37,702.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ST VINCENT DE PAUL, ST. JOSEPH CONFERENCE - 625 S. ELLIOTT - WENATCHEE, WA 98801	13-5562362	501C3	0.	6,013.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WENATCHEE FOOD BANK 134 VIEW RIDGE CIR WENATCHEE, WA 98801-9040	94-3036847	501C3	0.	42,265.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MAKAH FOOD BANK PO BOX 115 NEAH BAY, WA 98357-0115	91-0492517	501C3	0.	47,704.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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NEW HOPE FOOD BANK							
PO BOX 247						FOOD & GIFT	DISTRIBUTION OF FOOD TO
SEKIU, WA 98381-0247	91-1352736	501C3	0.	17,196.	воок	CARDS	LOW INCOME INDIVIDUALS
PORT ANGELES FOOD BANK PO BOX 1885 PORT ANGELES, WA 98362-0282	91-1192596	501C3	0.	164,631.	BOOK	FOOD & GIFT	DISTRIBUTION OF FOOD TO
TORT ANGELES, WA 30302 0202	J1 11J2JJ0	50105	<u> </u>	104,031.	BOOK	CARDS	HOW INCOME INDIVIDUALD
BASIN CITY HELP SERVICES 1880 DRUMMOND RD MESA, WA 99343	91-1544022	501C3	0.	35,573.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOZO FOOD BANK							
1350 S RAINIER ST						FOOD & GIFT	DISTRIBUTION OF FOOD TO
KENNEWICK, WA 99337-3326	91-1184020	501C3	0.	98,286.	воок	CARDS	LOW INCOME INDIVIDUALS
COMMUNITY SERVICES OF MOSES LAKE PO BOX 683						FOOD & GIFT	DISTRIBUTION OF FOOD TO
MOSES LAKE, WA 98837-0099	91-0664984	501C3	0.	198,508.	воок	CARDS	LOW INCOME INDIVIDUALS
MOSES LAKE SCHOOL DISTRICT LARSON HEIGHTS - 700 LINDBERG LANE - MOSES LAKE, WA 98837	91-6001956	GOVERNMENT	0.	5,568.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MOSES LAKE SCHOOL DISTRICT NORTH ELEMENTARY - 1200 W CRAIG ST -							DISTRIBUTION OF FOOD TO
MOSES LAKE, WA 98837-3307	91-6001956	GOVERNMENT	0.	5,557.	воок	FOOD	LOW INCOME INDIVIDUALS
MOSES LAKE SCHOOL DISTRICT MIDWAY ELEMENTARY - 502 S C ST - MOSES							DISTRIBUTION OF FOOD TO
LAKE, WA 98837-2080	91-6001956	GOVERNMENT	0.	5,534.	воок	FOOD	LOW INCOME INDIVIDUALS
SOAP LAKE ELEMENTARY SCHOOL 410 S GINGKO							DISTRIBUTION OF FOOD TO
SOAP LAKE, WA 98851		GOVERNMENT	0.	5,568.	воок	FOOD	LOW INCOME INDIVIDUALS

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MOSES LAKE SCHOOL DISTRICT							
PENINSULA ELEMENTARY - 2406 W							
TEXAS ST - MOSES LAKE, WA							DISTRIBUTION OF FOOD TO
98837-2857	91-6001956	GOVERNMENT	0.	6,499	BOOK	FOOD	LOW INCOME INDIVIDUALS
EPHRATA FOOD BANK							
PO BOX 804						FOOD & GIFT	DISTRIBUTION OF FOOD TO
EPHRATA, WA 98823	91-1391859	501C3	0.	64,513	воок	CARDS	LOW INCOME INDIVIDUALS
CARE & SHARE - GRAND COULEE							
P.O. BOX 671						FOOD & GIFT	DISTRIBUTION OF FOOD TO
GRAND COULEE, WA 99133	91-1363219	501C3	0.	36,353	BOOK	CARDS	LOW INCOME INDIVIDUALS
QUINCY COMMUNITY FOOD BANK							
PO BOX 413						FOOD & GIFT	DISTRIBUTION OF FOOD TO
QUINCY, WA 98848-0413	91-1612682	501C3	0.	70,983	воок	CARDS	LOW INCOME INDIVIDUALS
ROYAL CITY FOOD BANK							
PO BOX 144						FOOD & GIFT	DISTRIBUTION OF FOOD TO
ROYAL CITY, WA 99357	91-1910402	501C3	0.	254,020	BOOK	CARDS	LOW INCOME INDIVIDUALS
BREMERTON FOODLINE							
PO BOX 824						FOOD & GIFT	DISTRIBUTION OF FOOD TO
BREMERTON, WA 98337-0173	91-1111086	501C3	0.	36,660	воок	CARDS	LOW INCOME INDIVIDUALS
				, , , , , , , , , , , , , , , , , , , ,			
CENTRAL KITSAP FOOD BANK							
PO BOX 748						FOOD & GIFT	DISTRIBUTION OF FOOD TO
SILVERDALE, WA 98383-0748	91-1425561	501C3	0.	80,007	воок	CARDS	LOW INCOME INDIVIDUALS
HELPLINE HOUSE							
282 KNECHTEL WAY NE							DISTRIBUTION OF FOOD TO
	91-0902503	501C3	0.	63,700.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
BAINBRIDGE IS, WA 98110-1840	71-0302303	50103	· ·	03,700	, DOOR	GIFT CARDS	DOM INCOME INDIVIDUADS
SHARENET FOOD BANK							
PO BOX 250							DISTRIBUTION OF FOOD TO
KINGSTON, WA 98346-0250	91-1229210	501C3	0.	27,550	воок	GIFT CARDS	LOW INCOME INDIVIDUALS

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(a) Name and address of	(b) EIN (c) IRC section		(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(=, =::	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SOUTH KITSAP HELPLINE							
1012 MITCHELL AVE						FOOD & GIFT	DISTRIBUTION OF FOOD TO
PORT ORCHARD, WA 98366	91-1117868	501C3	0.	49,062.	воок	CARDS	LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL BREMERTON							
1137 N CALLOW AVE						FOOD & GIFT	DISTRIBUTION OF FOOD TO
BREMERTON, WA 98312-3007	91-0635027	501C3	0.	34,014.	BOOK	CARDS	LOW INCOME INDIVIDUALS
	32 0000027			01,011.			
АРОУО							
P.O. BOX 194 ELLENSBURG						FOOD & GIFT	DISTRIBUTION OF FOOD TO
ELLENSBURG, WA 98926	91-1970470	501C3	5,000.	207,076.	воок	CARDS	LOW INCOME INDIVIDUALS
WASHINGTON GORGE ACTION PROGRAMS							
PO BOX 805							DISTRIBUTION OF FOOD TO
BINGEN, WA 98605	91-0793062	501C3	0.	311,404.	воок	FOOD	LOW INCOME INDIVIDUALS
a.m. w.a							
HUB CITY MISSION FOOD BANK						EOOD C CIEM	DIGERTRIMION OF BOOD WO
132 KIRKLAND RD CHEHALIS, WA 98532-8724	44-0577787	501C3	0.	27,079.	BOOK	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CHERALIS, WA 90332-0724	44-03///8/	50103	0.	27,079.	BOOK	CARDS	LOW INCOME INDIVIDUALS
GREATER CHEHALIS FOOD BANK							
PO BOX 1311						FOOD & GIFT	DISTRIBUTION OF FOOD TO
CHEHALIS, WA 98532-0309	51-0180724	501C3	0.	30,499.	воок	CARDS	LOW INCOME INDIVIDUALS
CARE & SHARE - LINCOLN COUNTY							
PO BOX 217						FOOD & GIFT	DISTRIBUTION OF FOOD TO
DAVENPORT, WA 99122-0217	91-1228920	501C3	0.	27,058.	воок	CARDS	LOW INCOME INDIVIDUALS
SQUAXIN ISLAND TRIBE FOOD BANK							
2750 SE OLD OLYMPIC HWY							DISTRIBUTION OF FOOD TO
SHELTON, WA 98584-8523	91-0922254	501C3	0.	5,400.	ROOK	GIFT CARDS	LOW INCOME INDIVIDUALS
SAINTS PANTRY FOOD BANK							
PO BOX 1064							DISTRIBUTION OF FOOD TO
SHELTON, WA 98584-0930	27-0386653	501C3	0.	23,100.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS

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COLVILLE CONFEDERATED TRIBES FOOD BANK - PO BOX 150 - NESPELEM, WA 99155-0150	91-0557683	501C3	0.	98,211.	воок	FOOD	DISTRIBUTION OF FOOD TO
OMAK FOOD BANK PO BOX 4337 OMAK, WA 98841-4337	91-1190398	501C3	0.	20,120.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CUSICK FOOD BANK PO BOX 126 CUSICK, WA 99119-0126	91-1102635	501C3	0.	42,765.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NEWPORT FOOD BANK PO BOX 1952 NEWPORT, WA 99156-1952	91-1637970	501C3	0.	95,014.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ALLEN AME FOOD PANTRY 1223 MARTIN LUTHER KING JR WAY TACOMA, WA 98405-3927	91-1593175	501C3	0.	6,902.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PUYALLUP FOOD BANK PO BOX 202 PUYALLUP, WA 98371-0022	23-7259739	501C3	0.	376,574.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MY SISTER'S PANTRY 621 TACOMA AVE S TACOMA, WA 98402-2301	91-1975606	501C3	0.	42,660.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEA MAR ADULT TREATMENT 1415 CENTER ST. TACOMA, WA 98409	91-1020139	501C3	0.	24,592.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO
GRAHAM SOUTH HILL NOURISH FOOD BANK - 1702 S 72ND ST STE E - TACOMA, WA 98408-1238	91-1198391	501C3	0.	17,211.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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LAKES AREA NOURISH FOOD BANK 6900 STEILACOOM BLVD SW LAKEWOOD, WA 98499-1944	91-1198391	501C3	0.	33,067.	воок	FOOD & GIFT	DISTRIBUTION OF FOOD TO
SOUTHEAST NOURISH 1704 E 85TH TACOMA, WA 98445	91-1198391	501c3	0.	16,132.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NW TACOMA NOURISH FOOD BANK 2710 N MADISON ST TACOMA, WA 98407-5230	91-1198391	501C3	0.	31,761.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EDGEWOOD COMMUNITY NOURISH FOOD BANK - 3607 122ND AVE E, STE B - EDGEWOOD, WA 98372	91-1198391	501C3	0.	53,765.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO
TACOMA ADVENTIST COMMUNITY SERVICES - PO BOX 11291 - TACOMA, WA 98411	72-1547205	501C3	0.	19,460.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ST. LEO'S FOOD CONNECTION 710 S. 13TH ST TACOMA, WA 98405	91-0622353	501 c 3	0.	163,237.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CHEWELAH FOOD BANK PO BOX 628 CHEWELAH, WA 99109-0628	91-1084840	501C3	0.	21,861.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VOLUNTEER FOOD RESOURCE CENTER COLVILLE FOOD BANK - 210 S. WYNNE ST - COLVILLE, WA 99114	91-1192094	501C3	0.	22,476.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO
FORD FOOD PANTRY FORD SUNSET CLUB, PO BOX 184 FORD, WA 99013	91-1367180	501C3	0.	36,058.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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LOON LAKE BOOD DANK							
LOON LAKE FOOD BANK PO BOX 64						FOOD & GIFT	DISTRIBUTION OF FOOD TO
LOON LAKE, WA 99148-0064	91-1236018	501C3	0.	455,108.	BOOK	CARDS	LOW INCOME INDIVIDUALS
	71 1100010		1	100,200.			
SPOKANE TRIBE FOOD BANK							
PO BOX 540							DISTRIBUTION OF FOOD TO
WELLPINIT, WA 99040-0540	91-0606339	501C3	0.	58,381.	воок	FOOD	LOW INCOME INDIVIDUALS
TUM TUM COMMUNITY FOOD PANTRY							
6424 HWY 291						FOOD & GIFT	DISTRIBUTION OF FOOD TO
NINE MILE FALLS, WA 99026	27-2469928	501C3	0.	47,262.	воок	CARDS	LOW INCOME INDIVIDUALS
VELV COMMINITEN CEDUTCES							
YELM COMMUNITY SERVICES PO BOX 5320						FOOD & GIFT	DISMBIBITION OF FOOD TO
	22 7226524	501C3		102 242	D007		DISTRIBUTION OF FOOD TO
YELM, WA 98597-5320	23-7226534	501C3	0.	103,343.	BOOK	CARDS	LOW INCOME INDIVIDUALS
BELLINGHAM FOOD BANK							
1824 ELLIS ST						FOOD & GIFT	DISTRIBUTION OF FOOD TO
BELLINGHAM, WA 98225-4619	91-0918619	501C3	0.	21,840.	воок	CARDS	LOW INCOME INDIVIDUALS
·				,			
BLAINE FOOD BANK							
PO BOX 472						FOOD & GIFT	DISTRIBUTION OF FOOD TO
BLAINE, WA 98231-0472	91-1160595	501C3	0.	16,624.	воок	CARDS	LOW INCOME INDIVIDUALS
POINT ROBERTS FOOD BANK						TOOD C STEE	DIGERRIPHICAL OF HOOD HO
323 EVERGREEN WAY	00 0704010	E0102		16 652	D007	FOOD & GIFT	DISTRIBUTION OF FOOD TO
POINT ROBERTS, WA 98281-9310	90-0784818	501C3	0.	16,652.	BOOK	CARDS	LOW INCOME INDIVIDUALS
FERNDALE FOOD BANK							
PO BOX 1593						FOOD & GIFT	DISTRIBUTION OF FOOD TO
FERNDALE, WA 98248	91-1166240	501C3	0.	16,641.	ВООК	CARDS	LOW INCOME INDIVIDUALS
, 55235			†	10,011.			
GRANDVIEW SEVENTH-DAY ADVENTIST							
FOOD BANK - PO BOX 1409 - PROSSER,						FOOD & GIFT	DISTRIBUTION OF FOOD TO
WA 99350	91-1230403	501C3	0.	126,876.	воок	CARDS	LOW INCOME INDIVIDUALS

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SELAH FOOD BANK 1107 W. FREMONT AVE. SELAH, WA 98942	91-0940244	501C3	0.	109,472.	воок	FOOD	DISTRIBUTION OF FOOD TO
YAKIMA ROTARY FOOD BANK PO BOX 2221 YAKIMA, WA 98907-2221	91-1397598	501C3	0.	971,736.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA SEVENTH-DAY ADVENTIST FOOD BANK - 507 N. 35TH AVE YAKIMA, WA 98902	91-0932432	501C3	0.	1,031,169.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OIC OF WA FOOD BANK 815 FRUITVALE BLVD YAKIMA, WA 98902-1467	91-0873024	501C3	0.	199,071.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ZILLAH FOOD BANK PO BOX 1442 ZILLAH, WA 98953	91-1347733	501C3	0.	100,135.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CHIEF SEATTLE CLUB 410 SECOND AVE EXTENSION S. SEATTLE, WA 98104	91-0852503	501C3	0.	9,850.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOAP LAKE FOOD BANK PO BOX 925 SOAP LAKE, WA 98851-0925	91-1454702	501C3	0.	176,275.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOC WHITE SWAN FOOD PANTRY PO BOX 40 WHITE SWAN, WA 98952	91-0878380	501C3	0.	302,366.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD COASTAL HARVEST DIST. CTR P.O. BOX 616 HOQUIAM, WA 98550	94-3252669	501C3	0.	833,288.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
COASTAL HARVEST MOBILE FOOD BANK							
PO BOX 616						FOOD & GIFT	DISTRIBUTION OF FOOD TO
HOQUIAM, WA 98550-0616	94-3252669	501C3	0.	51,783.	BOOK	CARDS	LOW INCOME INDIVIDUALS
	71 0202003		1	01,700.			
SALVATION ARMY CENTRALIA							
РО ВОХ 488						FOOD & GIFT	DISTRIBUTION OF FOOD TO
CENTRALIA, WA 98531-0488	94-1156347	501C3	0.	16,363.	воок	CARDS	LOW INCOME INDIVIDUALS
SD NOURISH OF PIERCE COUNTY							
621 TACOMA AVE S STE 202						FOOD & GIFT	DISTRIBUTION OF FOOD TO
TACOMA, WA 98402-2330	91-1198391	501C3	0.	199,126.	воок	CARDS	LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL PASCO						TOOD & GIRT	DIGERTRIMION OF BOOD WO
PO BOX 4273	01 0706256	E0103	0.	F01 760	D007	FOOD & GIFT	DISTRIBUTION OF FOOD TO
PASCO, WA 99302-4273	91-0726356	501C3	0.	521,760.	BOOK	CARDS	LOW INCOME INDIVIDUALS
SALVATION ARMY RENTON							
PO BOX 977						FOOD & GIFT	DISTRIBUTION OF FOOD TO
RENTON, WA 98057-0977	94-1156347	501C3	0.	143,958.	воок	CARDS	LOW INCOME INDIVIDUALS
,			-	,			
SOUTH WHIDBEY GOOD CHEER FOOD BANK							
PO BOX 144						FOOD & GIFT	DISTRIBUTION OF FOOD TO
LANGLEY, WA 98260-0144	23-7047914	501C3	0.	55,803.	воок	CARDS	LOW INCOME INDIVIDUALS
SOC WAPATO FOOD PANTRY							
PO BOX 10413							DISTRIBUTION OF FOOD TO
YAKIMA, WA 98909-1413	27-1028426	501C3	0.	423,369.	BOOK	FOOD	LOW INCOME INDIVIDUALS
EATDUIDE GOVERNMU DAY ADVOVETOR							
FAIRVIEW SEVENTH-DAY ADVENTIST						ECOD C CLEM	DIGERTRIMION OF ECON TO
FOOD BANK - 1331 ASPEN SPRINGS	01 1010657	E0103	0	22.060	DOOK	FOOD & GIFT	DISTRIBUTION OF FOOD TO
LANE - YAKIMA, WA 98903	91-1218657	501C3	0.	22,969.	DOOK	CARDS	LOW INCOME INDIVIDUALS
MARY'S PLACE							
PO BOX 1711							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98111-1711	27-2087950	501C3	0.	50,750.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILIES UNLIMITED NETWORK FOOD BANK - PO BOX 65672 - UNIVERSITY PL, WA 98464-1672	20-0435496	501C3	0.	30,852.	воок	FOOD & GIFT	DISTRIBUTION OF FOOD TO
MARGIE WILLIAMS HELPING HANDS PO BOX 2145 RENTON, WA 98056-0145	75-3163092	501C3	0.	126,890.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TUKWILA PANTRY 3118 S 140 ST TUKWILA, WA 98168	75-2974441	501C3	0.	387,989.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PARADISE OF PRAISE FOOD BANK 1316 SW HOLDEN ST SEATTLE, WA 98106-2059	30-0116000	501C3	0.	60,849.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTH HELPLINE BITTERLAKE 12736 33RD AVE. NE, #100 SEATTLE, WA 98125	91-1475182	501C3	0.	36,543.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO
NORTH HELPLINE FOOD BANK 12736 33RD AVE NE STE 100 SEATTLE, WA 98125-4504	91-1475182	501C3	0.	172,241.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GIFTS FROM THE HEART FOOD BANK PO BOX 155 COUPEVILLE, WA 98239-0155	02-0549032	501C3	0.	32,802.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HIGHLAND FOOD BANK PO BOX 232 COWICHE, WA 98923	90-0714318	501C3	10,000.	103,091.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OPERATION SACK LUNCH PO BOX 4128 SEATTLE, WA 98194-0128	91-1658187	501C3	0.	43,331.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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ST. MICHAELS EPISCOPAL MISSION FOOD PANTRY - 5 S NACHES AVE - YAKIMA, WA 98901-2726	91-0564996	501C3	0.	78,281.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO
TOPPENISH COMMUNITY CHEST 4 NORTH B ST TOPPENISH, WA 98948	55-0845518	501C3	0.	162,163.	воок	FOOD & GIFT	DISTRIBUTION OF FOOD TO
COUNCIL ON AGING & HUMAN SERVICES PO BOX 107 COLFAX, WA 99111-0107	91-0964790	501C3	0.	207,001.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO
NORTH KITSAP FISHLINE PO BOX 1517 POULSBO, WA 98370-0168	91-1244431	501C3	0.	37,310.	воок	FOOD & GIFT	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COMMUNITY LUNCH ON CAPITOL HILL 509 10TH AVE E SEATTLE, WA 98102-5004	05-0566668	501C3	0.	28,600.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GREENHOUSE COMMUNITY CENTER PO BOX 62 DEER PARK, WA 99006-0062	02-0797827	501C3	0.	85,192.	воок	FOOD & GIFT	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE VALLEY PARTNERS FOOD BANK PO BOX 141360 SPOKANE VALLEY, WA 99214	91-1478830	501C3	0.	395,323.	воок	FOOD & GIFT	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OUR PLACE COMMUNITY MINISTRIES 1509 W COLLEGE AVE SPOKANE, WA 99201-1917	91-1384287	501C3	0.	65,362.	воок	FOOD & GIFT	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTH COUNTY FOOD PANTRY PO BOX 388 ELK, WA 99009-0388	94-3167688	501C3	0.	72,172.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	e or assistance
NORTHEAST FOOD PANTRY							
PO BOX 7398						FOOD & GIFT	DISTRIBUTION OF FOOD TO
SPOKANE, WA 99207-0398	90-0724290	501C3	0.	56,924.	воок	CARDS	LOW INCOME INDIVIDUALS
SOC MABTON FOOD PANTRY							
PO BOX 10413						FOOD & GIFT	DISTRIBUTION OF FOOD TO
YAKIMA, WA 98909-1413	27-1028426	501C3	0.	164,126.	воок	CARDS	LOW INCOME INDIVIDUALS
SOC SUNNYSIDE FOOD PANTRY							
PO BOX 10413						FOOD & GIFT	DISTRIBUTION OF FOOD TO
YAKIMA, WA 98909-1413	27-1028426	501C3	0.	162,610.	воок	CARDS	LOW INCOME INDIVIDUALS
YAKIMA OUR DAILY BREAD FB -							
SUNRISE OUTREACH - PO BOX 10413 -							DISTRIBUTION OF FOOD TO
YAKIMA, WA 98909-1413	27-1028426	501C3	0.	427,757.	воок	FOOD	LOW INCOME INDIVIDUALS
HOPESOURCE FOOD BANK							
700 E MOUNTAIN VIEW AVE, STE 5						FOOD & GIFT	DISTRIBUTION OF FOOD TO
ELLENSBURG, WA 98926	91-0814544	501C3	0.	54,179.	воок	CARDS	LOW INCOME INDIVIDUALS
WOMEN'S & CHILDREN'S FREE REST							
1408 N. WASHINGTON						FOOD & GIFT	DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201	91-1399742	501C3	0.	170,827.	воок	CARDS	LOW INCOME INDIVIDUALS
THURSTON COUNTY FOOD BANK							
220 THURSTON AVE NE						FOOD & GIFT	DISTRIBUTION OF FOOD TO
OLYMPIA, WA 98501-1138	23-7297837	501C3	0.	472,861.	BOOK	CARDS	LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA CROSSWALK							
525 W. SECOND AVE.							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201	91-0577131	501C3	0.	23,136.	воок	FOOD	LOW INCOME INDIVIDUALS
MATTAWA AREA FOOD BANK							
BOX 853						FOOD & GIFT	DISTRIBUTION OF FOOD TO
MATTAWA, WA 99349	02-0789497	501C3	0.	173,460.	воок	CARDS	LOW INCOME INDIVIDUALS

91-0826037 NORTHWEST HARVEST EMM Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant if applicable valuation non-cash assistance or assistance organization or government cash grant non-cash (book, FMV. assistance appraisal, other) SALVATION ARMY SPOKANE CORPS 222 E INDIANA AVE FOOD & GIFT DISTRIBUTION OF FOOD TO SPOKANE, WA 99207-2318 94-1156347 501C3 0 462,957.BOOK CARDS LOW INCOME INDIVIDUALS HIGHLINE SCHOOL DISTRICT HAZEL VALLEY ELEMENTARY - 402 SW 132ND DISTRIBUTION OF FOOD TO ST - BURIEN, WA 98146-3236 91-6001631 GOVERNMENT 0 5,262,BOOK FOOD LOW INCOME INDIVIDUALS TENINO FOOD BANK PLUS PO BOX 1239 FOOD & GIFT DISTRIBUTION OF FOOD TO TENINO, WA 98589-1239 91-2144590 501C3 0 31,911.BOOK CARDS LOW INCOME INDIVIDUALS HARRINGTON FOOD BANK 204 N 3RD ST FOOD & GIFT DISTRIBUTION OF FOOD TO HARRINGTON, WA 99134-9707 91-0956984 501C3 0 25,118,BOOK CARDS LOW INCOME INDIVIDUALS CLOVER PARK SCHOOL DISTRICT TYEE PARK ELEMENTARY - 11920 SEMINOLE DISTRIBUTION OF FOOD TO GOVERNMENT 0. 5,497,BOOK LOW INCOME INDIVIDUALS RD SW - TACOMA, WA 98499-4939 91-6001563 FOOD CLOVER PARK SCHOOL DISTRICT FOUR HEROES ELEMENTARY - 9101 LAKEWOOD DISTRIBUTION OF FOOD TO DR SW - LAKEWOOD WA 98499-3901 GOVERNMENT FOOD LOW INCOME INDIVIDUALS 91-6001563 0 9 016 BOOK CLOVER PARK SCHOOL DISTRICT PARK LODGE ELEMENTARY - 6300 100TH ST DISTRIBUTION OF FOOD TO SW - LAKEWOOD WA 98499-1766 91-6001563 GOVERNMENT 0. 5 534 BOOK FOOD LOW INCOME INDIVIDUALS YAKIMA SCHOOL DISTRICT GARFIELD ELEMENTARY - 612 N 6TH AVE -DISTRIBUTION OF FOOD TO YAKIMA, WA 98902-2117 91-6001550 GOVERNMENT 0 6,739,BOOK FOOD LOW INCOME INDIVIDUALS YAKIMA SCHOOL DISTRICT ADAMS

DISTRIBUTION OF FOOD TO

LOW INCOME INDIVIDUALS

ELEMENTARY - 723 S 8TH ST -

91-6001550

GOVERNMENT

YAKIMA, WA 98901-3322

0

7,225,BOOK

FOOD

DISTRIBUTION OF FOOD TO

LOW INCOME INDIVIDUALS

FOOD & GIFT

CARDS

WA 99202-4150

MARTIN LUTHER KING JR. COMMUNITY CENTER - 500 S STONE ST - SPOKANE

91-1143596

501C3

0

129,327.BOOK

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT SCHOOL DISTRICT KENT ELEMENTARY SCHOOL - 24700 64TH AVE S - KENT, WA 98032-6169	91-6001646	GOVERNMENT	0.	5,322.	воок	FOOD	DISTRIBUTION OF FOOD TO
KENT SCHOOL DISTRICT EAST HILL ELEMENTARY - 9825 S 240TH ST - KENT, WA 98031-4842	91-6001646	GOVERNMENT	0.	5,394.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KENT SCHOOL DISTRICT DANIEL ELEMENTARY - 11310 SE 248TH ST - KENT, WA 98030-4922	91-6001646	GOVERNMENT	0.	5,437.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KENT SCHOOL DISTRICT SPRINGBROOK ELEMENTARY - 20035 100TH AVE SE - KENT, WA 98031-4309	91-6001646	GOVERNMENT	0.	5,401.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KENT SCHOOL DISTRICT PARK ORCHARD ELEMENTARY - 11010 SE 232ND ST - KENT, WA 98031-3457	91-6001646	GOVERNMENT	0.	5,391.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD LOWER COLUMBIA CAP (HELP) 1526 COMMERCE LONGVIEW, WA 98632	91-0814141	501C3	0.	178,592.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MULTI-SERVICE CENTER PO BOX 23699 FEDERAL WAY, WA 98093-0699	23-7120815	501C3	0.	295,339.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ENTIAT VALLEY COMMUNITY SERVICES FOOD BANK - PO BOX 697 - ENTIAT, WA 98822-0697	26-0901943	501C3	0.	11,709.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OZANAM HOUSE 801 9TH AVE SEATTLE, WA 98104-3200	91-1099134	501C3	0.	11,251.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANGER FOOD BANK							
PO BOX 791						FOOD & GIFT	DISTRIBUTION OF FOOD TO
GRANGER, WA 98932	91-2070485	501C3	0.	61,844	воок	CARDS	LOW INCOME INDIVIDUALS
THE PANTRY AT MOXEE							
7203 MIERAS ROAD						FOOD & GIFT	DISTRIBUTION OF FOOD TO
YAKIMA, WA 98901	91-1010989	501C3	0.	72,592	воок	CARDS	LOW INCOME INDIVIDUALS
TOPPENISH SCHOOL DISTRICT VALLEY							
VIEW ELEMENTARY - 515 ZILLAH AVE -							DISTRIBUTION OF FOOD TO
TOPPENISH, WA 98948-1485	91-6001615	GOVERNMENT	0.	6,853	BOOK	FOOD	LOW INCOME INDIVIDUALS
TOPPENISH SCHOOL DISTRICT LINCOLN							
ELEMENTARY - 309 N ALDER ST -							DISTRIBUTION OF FOOD TO
TOPPENISH, WA 98948-1308	91-6001615	GOVERNMENT	0.	8,846.	воок	FOOD	LOW INCOME INDIVIDUALS
,				, , , , , , ,			
ORTING FOOD BANK							
PO BOX 1877						FOOD & GIFT	DISTRIBUTION OF FOOD TO
ORTING, WA 98360-1877	20-8562623	501C3	0.	41,355	воок	CARDS	LOW INCOME INDIVIDUALS
PROJECT HOPE FOOD BANK						HOOD & GIRT	DIGERLINITAN OF BOOK WO
205 S BRITISH COLUMBIA AVE	91-0858511	501C3	0.	47,554.	BOOK	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LYNDEN, WA 98264-2053	91-0858511	50103	0.	47,554	BOOK	CARDS	LOW INCOME INDIVIDUALS
BOTHELL COMMUNITY KITCHEN							
18204 83RD AVE NE							DISTRIBUTION OF FOOD TO
KENMORE, WA 98028-2820	91-0670299	501C3	0.	106,300	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
				,			
BONNEY LAKE FOOD BANK							
PO BOX 7521							DISTRIBUTION OF FOOD TO
BONNEY LAKE, WA 98391-0923	27-0270499	501C3	0.	60,050	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
AUDURN ROOD DAVE							
AUBURN FOOD BANK						EOOD C CIEM	DIGERRIPION OF BOOD TO
PO BOX 464 AUBURN, WA 98071-0464	91-1215485	501C3	0.	182,614,	BOOK	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TODOWN , MY 300/I-0404	91-1213403	Porca	<u> </u>	102,014	POOK	Luvna	HOW INCOME INDIVIDUALS

Schedule I (Form 990) NORTHWEST Part II Continuation of Grants and Other			s and Domestic G	overnments (Sch	edule I (Form 990). Pa		1-0826037 Page 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 non-cash assistance	(h) Purpose of grant or assistance
ELOISE COOKING POT PO BOX 94545 SEATTLE, WA 98124	54-2092145	501c3	0.	610,049.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YWCA - CENTRAL AREA FOOD BANK 2820 E CHERRY ST SEATTLE, WA 98122-5032	91-0482890	501c3	0.	61,538.	воок	FOOD & GIFT	DISTRIBUTION OF FOOD TO
SPOKANE SCHOOL DISTRICT HOLMES ELEMENTARY - 2600 W SHARP AVE - SPOKANE, WA 99201-2996	91-6001550	GOVERNMENT	0.	7,486.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT LOGAN ELEMENTARY - 1001 E MONTGOMERY AVE - SPOKANE, WA 99207-2674	91-6001550	GOVERNMENT	0.	10,493.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT BEMISS ELEMENTARY - 2323 E BRIDGEPORT AVE - SPOKANE, WA 99207-5705	91-6001550	GOVERNMENT	0.	10,820.	воок	FOOD	DISTRIBUTION OF FOOD TO
SPOKANE SCHOOL DISTRICT GRANT ELEMENTARY - 1300 E 9TH AVE - SPOKANE, WA 99202-2409	91-6001550	GOVERNMENT	0.	8,330.	воок	FOOD	DISTRIBUTION OF FOOD TO
COMMUNITY FOOD PANTRY PO BOX 1858 BELFAIR, WA 98528-1858	45-5576783	501c3	0.	16,850.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO
WA STATE DEPT OF AG FOOD ASSISTANCE PROGRAMS 1111 WASHINGTON STREET SE - OLYMPIA, WA 98504-2560	91-6001062	GOVERNMENT	0.	1,239,424.	воок	FOOD	DISTRIBUTION OF FOOD TO
ALL SAINTS SOUP KITCHEN 314 S SPRUCE ST							DISTRIBUTION OF FOOD TO

SPOKANE, WA 99201-5823

5,403.BOOK

FOOD

91-6017136 501C3

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ALL SAINTS FOOD PANTRY 314 S SPRUCE ST SPOKANE, WA 99201-5823	91-6017136	501c3	0.	30,774.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO
EVERETT BOYS & GIRLS CLUB 2316 12TH ST EVERETT, WA 98201-1880	91-0549511	501C3	0.	24,200.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO
FALL CITY COMMUNITY FOOD PANTRY PO BOX 640 FALL CITY, WA 98024-0640	91-6198453	501 c 3	0.	20,136.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOUSE OF CHARITY PO BOX 2253 SPOKANE, WA 99210	91-0569880	501 c 3	0.	59,562.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NEW HOPE RANCH MEAL PROGRAM 13507 W CHARLES RD NINE MILE FLS, WA 99026-9608	91-1630914	501 c 3	0.	33,076.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NEW HOPE RANCH FOOD BANK 13507 W CHARLES RD NINE MILE FLS, WA 99026-9608	91-1630914	501 c 3	0.	58,040.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PASCO COMMUNITY SERVICES 1468 OXFORD AVE RICHLAND, WA 99352-7615	91-0160609	501 C 3	0.	292,794.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VALLEY FOOD PANTRY PO BOX 81 VALLEY, WA 99181	27-1907351	501 c 3	0.	53,624.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTH MASON CCC FB ON WHEELS PO BOX 1331 BELFAIR, WA 98528-1331	20-5496121	501 c 3	0.	5,400.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(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 non-cash assistance	(h) Purpose of grant or assistance
EAST VALLEY BAPTIST CHURCH FOOD PANTRY - 14516 E WELLESLEY - SPOKANE, WA 99216	36-4546005	501 c 3	0.	32,381.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPRAGUE HORIZONS COMMUNITY FOOD BANK - PO BOX 178 - SPRAGUE, WA 99032-0178	26-2231541	501 c 3	0.	19,832.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NOAH'S ARK PO BOX 1562 YAKIMA, WA 98907	20-3070634	501C3	0.	39,142.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ROD'S HOUSE 204 S NACHES AVE YAKIMA, WA 98901-2910	36-4659738	501C3	0.	39,476.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEEDS OF GRACE 7314 44TH AVE NE MARYSVILLE, WA 98270-3716	91-1643947	501C3	0.	14,408.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOPELINK BELLEVUE 14812 MAIN ST BELLEVUE, WA 98007-5245	91-0982116	501C3	0.	204,079.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOPELINK KIRKLAND 10675 WILLOWS RD #275 REDMOND, WA 98052	91-0982116	501C3	0.	132,139.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOPELINK REDMOND P.O. BOX 3577 REDMOND, WA 98073	91-0982116	501C3	0.	83,850.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOPELINK SHORELINE 15809 WESTMINSTER WAY N							DISTRIBUTION OF FOOD TO

SHORELINE, WA 98133-5928

0.

45,200.BOOK

GIFT CARDS

91-0982116 501C3

Part II Continuation of Grants and Oth	er Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPELINK SNO-VALLEY							
PO BOX 485							DISTRIBUTION OF FOOD TO
CARNATION, WA 98014-0485	91-0982116	501C3	0.	42,450.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
FISH OF ELLENSBURG							
804 ELMVIEW ROAD							DISTRIBUTION OF FOOD TO
ELLENSBURG, WA 98926	91-1059920	501C3	0.	39,828.	воок	FOOD	LOW INCOME INDIVIDUALS
SBP-GIG HARBOR PENINSULA FISH							
PO BOX 154							DISTRIBUTION OF FOOD TO
GIG HARBOR, WA 98335	91-1307991	501C3	0.	124,900.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
SNOQUALMIE VALLEY FOOD BANK							
PO BOX 1541						FOOD & GIFT	DISTRIBUTION OF FOOD TO
NORTH BEND, WA 98045	46-4388454	501C3	0.	114,389.	воок	CARDS	LOW INCOME INDIVIDUALS
DUDAL DEGOLDATES OF							
RURAL RESOURCES SD 956 S MAIN ST							DISTRIBUTION OF FOOD TO
COLVILLE, WA 99114-2505	91-0793447	501C3	0.	146,703.	BOOK	FOOD	LOW INCOME INDIVIDUALS
eelville, mi ssiii lees	31 0,3311,	30103		110,703.	Joon	1002	LOW INCOME INDIVIDUMEN
SD CLARK COUNTY FOOD BANK							
6502 NE 47TH AVE							DISTRIBUTION OF FOOD TO
VANCOUVER, WA 98661	91-1307564	501C3	0.	346,216.	воок	FOOD	LOW INCOME INDIVIDUALS
SD BELLINGHAM FOOD BANK							
1824 ELLIS STREET							DISTRIBUTION OF FOOD TO
BELLINGHAM, WA 98225	91-0918619	501C3	0.	430,670.	воок	FOOD	LOW INCOME INDIVIDUALS
SD OKANOGAN CAC							
PO BOX 1067							DISTRIBUTION OF FOOD TO
OKANOGAN, WA 98840	91-0814162	501C3	0.	474,299.	BOOK	FOOD	LOW INCOME INDIVIDUALS
MT SI HELPING HAND FOOD BANK							
PO BOX 2464							DISTRIBUTION OF FOOD TO
NORTH BEND, WA 98045-2464	94-3073249	501C3	0.	24,350.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEQUIM FOOD BANK P.O. BOX 1453 SEQUIM, WA 98382	91-1215709	501C3	0.	111,075.	BOOK	FOOD & GIFT	DISTRIBUTION OF FOOD TO
SD WA GORGE ACTION PROGRAMS PO BOX 805 BINGEN, WA 98605	91-0793062	501c3	0.	9,378.		FOOD	DISTRIBUTION OF FOOD TO
SD BREMERTON FOODLINE PO BOX 824 BREMERTON, WA 98337	91-1111086	501C3	0.	277,960.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD OLYCAP 803 COMMERCE LOOP PORT TOWNSEND, WA 98368	91-0814319	501c3	0.	44,032.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD NCWDC-CHELAN/DOUGLAS CAC TOWN TOYOTA CENTER 1300 WALLA WALLA WENATCHEE, WA 98801	91-6064514	501c3	200.	822,695.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ASOTIN COUNTY FOOD BANK 1546 MAPLE ST CLARKSTON, WA 99403-1128	82-0388109	501 c 3	0.	6,100.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KEY PENINSULA BISCHOFF FOOD BANK PO BOX 554 VAUGHN, WA 98394-0554	46-5405179	501 c 3	0.	23,366.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL CLARKSTON 604 2ND ST CLARKSTON, WA 99403	23-7278799	501C3	0.	82,241.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO
BLUE MOUNTAIN ACTION COUNCIL FOOD BANK - 921 W CHERRY ST - WALLA WALLA, WA 99362-1864	91-0793597	501C3	0.	152,570.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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91-0826037 NORTHWEST HARVEST EMM Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV. assistance appraisal, other) PEOPLE FOR PEOPLE 1008 W AHTANUM STE 3 FOOD & GIFT DISTRIBUTION OF FOOD TO UNION GAP, WA 98903 91-0783225 501C3 0 69,040.BOOK CARDS LOW INCOME INDIVIDUALS NORTH COUNTY COMMUNITY FOOD BANK PO BOX 2106 DISTRIBUTION OF FOOD TO BATTLE GROUND, WA 98604-2106 91-1715580 501C3 0 8,850,BOOK GIFT CARDS LOW INCOME INDIVIDUALS CARITAS OUTREACH MINISTRIES 1228 W. NEBRASKA AVE FOOD & GIFT DISTRIBUTION OF FOOD TO SPOKANE, WA 99205-6857 91-1569891 501C3 0. 62,764.BOOK CARDS LOW INCOME INDIVIDUALS JUBILEE MINISTRY PROSSER FOOD & GIFT 1429 STACY AVE DISTRIBUTION OF FOOD TO 94-3061007 501C3 0 58,873,BOOK CARDS LOW INCOME INDIVIDUALS PROSSER, WA 99350-1173 KENT FOOD BANK AND EMERGENCY SERVICES - 515 W HARRISON ST STE FOOD & GIFT DISTRIBUTION OF FOOD TO CARDS 91-0881434 501C3 256,076,BOOK LOW INCOME INDIVIDUALS 107 - KENT, WA 98032-4403 0. SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE FOOD & GIFT DISTRIBUTION OF FOOD TO SEATTLE WA 98105-3901 91-0564748 501C3 47,710.BOOK CARDS LOW INCOME INDIVIDUALS 0. FEED SPOKANE 1114 N FANCHER #109 FOOD & GIFT DISTRIBUTION OF FOOD TO 501C3 CARDS LOW INCOME INDIVIDUALS SPOKANE VALLEY WA 99212 77-0669783 0. 146 255 BOOK FAMILY OF FAITH BREAKING BREAD MEAL PLAN - 1504 W GRACE -DISTRIBUTION OF FOOD TO SPOKANE, WA 99205 30-0588274 501C3 0 8,431,BOOK FOOD LOW INCOME INDIVIDUALS FEED MEDICAL LAKE

DISTRIBUTION OF FOOD TO

LOW INCOME INDIVIDUALS

223 S HALLETT

MEDICAL LAKE, WA 99022

91-0890078

501C3

0

10,039,BOOK

FOOD

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OFF BROADWAY FAMILY OUTREACH							
W 2225 MALLON SPOKANE, WA 99201	30-0569413	501C3	0.	6,007.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COMMUNITY ACTION CENTER 350 SE FAIRMONT RD PULLMAN, WA 99163	94-3080214	501C3	0.	131,162.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WARDEN SCHOOL DISTRICT WARDEN ELEMENTARY - 1010 W. BECK WAY - WARDEN, WA 98857	91-6012236	GOVERNMENT	0.	5,507.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ANACORTES 100 FOOD BANK 512 4TH ST. ANACORTES, WA 98221	94-3142388	501C3	0.	89,550.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO
ARLINGTON FOOD BANK 19118 63RD AVE NE ARLINGTON, WA 98223-8729	94-1445025	501C3	0.	144,400.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO
LAKE STEVENS COMMUNITY FOOD BANK 2111 117TH AVE NE PO BOX 1031 LAKE STEVENS, WA 98258-1031	91-1215080	501C3	0.	101,800.		GIFT CARDS	DISTRIBUTION OF FOOD TO
MILL CREEK COMMUNITY FOOD BANK 4326 148TH STREET SE BOTHELL, WA 98012	45-3528260	501C3	0.	12,500.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD EMERGENCY FOOD NETWORK 3318 92ND ST SOUTH LAKEWOOD, WA 98499	94-3131776	501C3	0.	1,365,983.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WORLD RELIEF HILLSIDE CHURCH 930 E. JAMES ST.							DISTRIBUTION OF FOOD TO

KENT, WA 98031

41,943.BOOK

FOOD

23-6393344 501C3

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THE PLAIN PANTRY 12565 CHAPEL DIRVE 12565 CHAPEL DRI						FOOD & GIFT	DISTRIBUTION OF FOOD TO
LEAVENWORTH, WA 98826	91-6066767	501C3	0.	15,754.	BOOK	CARDS	LOW INCOME INDIVIDUALS
ELIVERMORTII, WI 30020	31 0000707	50105	0.	13,734.	Book	CINDO	BOW INCOME INDIVIDUALD
PLU PANTRY							
12180 PARK AVE S						FOOD & GIFT	DISTRIBUTION OF FOOD TO
TACOMA, WA 98447-0001	91-0565571	501C3	0.	42,597.	воок	CARDS	LOW INCOME INDIVIDUALS
CITY GATE MINISTRIES							
1416 26TH AVE NE							DISTRIBUTION OF FOOD TO
OLYMPIA, WA 98506	73-1729574	501C3	0.	40,850.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
WARNA WARRAW WILLIAM OF WORD							
YAKAMA NATION VILLAGE OF HOPE							DIGERIDIMION OF BOOD MO
280 BUSTER RD TOPPENISH, WA 98948	91-0576806	501C3	0.	28,226.	BOOK	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TOPPENISH, WA 90940	31-0370000	50103	0.	20,220.	BOOK	FOOD	HOW INCOME INDIVIDUALS
FEDERAL WAY SENIOR CENTER							
4016 S 352ND ST							DISTRIBUTION OF FOOD TO
AUBURN, WA 98001	91-0936089	501C3	0.	99,994.	воок	FOOD	LOW INCOME INDIVIDUALS
				·			
ENUMCLAW FOOD BANK							
1350 COLE ST							DISTRIBUTION OF FOOD TO
ENUMCLAW, WA 98022	91-1503603	501C3	0.	13,693.	воок	FOOD	LOW INCOME INDIVIDUALS
PRAISEALUJAH							
20832 INTERNATIONAL BOULEVARD							DISTRIBUTION OF FOOD TO
SEATAC, WA 98198	01-0964541	501C3	0.	826,322.	BOOK	FOOD	LOW INCOME INDIVIDUALS
STOREHOUSE FOOD BANK							
26201 180TH AVE SE						FOOD & GIFT	DISTRIBUTION OF FOOD TO
COVINGTON, WA 98042	02-0551015	501C3	0.	111,874.	BOOK	CARDS	LOW INCOME INDIVIDUALS
			· .				
MCKINLEY INDIAN MISSION							
1101 S MCKINLEY RD							DISTRIBUTION OF FOOD TO
TOPPENISH, WA 98948	16-1778694	501C3	0.	10,884.	воок	FOOD	LOW INCOME INDIVIDUALS

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SALVATION ARMY YAKIMA 9 S 6TH ST YAKIMA, WA 98902	91-1156347	501C3	0.	220,138.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ST. VINCENT CENTERS OF YAKIMA 2629 MAIN ST. UNION GAP, WA 98903	91-0582318	501C3	0.	195,752.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
UNION GOSPEL MISSION YAKIMA 1300 N.1ST ST. YAKIMA, WA 98901	23-7050061	501C3	0.	32,339.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKAMA CONFEDERATED TRIBES 802 E 1ST AVE TOPPENISH, WA 98948	91-0576806	TRIBAL	0.	289,673.	воок		DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MEAD FOOD BANK 12611 N WILSON MEAD, WA 99021	91-2041726	501C3	0.	13,041.	воок		DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ERITREAN ASSOCIATION 1954 S. MASSACHUSETTS ST SEATTLE, WA 98144	91-1703201	501C3	0.	15,869.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CRESTON POINT APARTMENTS 13445 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98178		OTHER	0.	6,699.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FOOD FOR KIDZ 6009 N. HAYE STREET NEWMAN LAKE, WA 99025	84-1640830	501C3	0.	9,092.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OTIS ORCHARDS CHURCH 4308N HARVED RD							DISTRIBUTION OF FOOD TO

OTIS ORCHARD, WA 99027

34,050.BOOK

GIFT CARDS

91-0906697 501C3

NORTHWEST HARVEST EMM

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HRC							
9212 E MONTGOMERY AVE #504						FOOD & GIFT	DISTRIBUTION OF FOOD TO
SPOKANE, WA 99206	46-3709621	501C3	0.	303,927.	воок	CARDS	LOW INCOME INDIVIDUALS
THE ZONE PROJECT							
4001 N. COOK STREET							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99207	91-1196071	501C3	0.	7,838.	воок	FOOD	LOW INCOME INDIVIDUALS
FILIPINO COMMUNITY CENTER							
1000 OAKESDALE AVE SW STE 140						FOOD & GIFT	DISTRIBUTION OF FOOD TO
RENTON, WA 98057	91-6055858	501C3	0.	16,157.	воок	CARDS	LOW INCOME INDIVIDUALS
AREA AGENCY ON AGING							
DELIVERY-201 WANITY DR. 91 WISHPOOS	•						DISTRIBUTION OF FOOD TO
TOPPENISH, WA 98948	94-3074816	TRIBAL	0.	12,024.	воок	FOOD	LOW INCOME INDIVIDUALS
NORTHEAST WA FOOD COALITION							
347 W. 2ND, STE B							DISTRIBUTION OF FOOD TO
COLVILLE, WA 99114	46-3051292	501C3	0.	5,520.	воок	FOOD	LOW INCOME INDIVIDUALS
KENT COMMUNITY FOUNDATION							
8226 S 208TH ST							DISTRIBUTION OF FOOD TO
KENT, WA 98032	91-1349506	501C3	0.	573,665.	воок	FOOD	LOW INCOME INDIVIDUALS
SALVATION ARMY (GRANDVIEW)							
246 DIVISON ST							DISTRIBUTION OF FOOD TO
GRANDVIEW, WA 98930	91-1156347	501C3	0.	24,584.	BOOK	FOOD	LOW INCOME INDIVIDUALS
,				,			
FARESTART							
700 VIRGINIA ST							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98101	91-1546757	501C3	0.	54,173.	воок	FOOD	LOW INCOME INDIVIDUALS
PEACEKEEPER							
60 MAUCH ALLEY ST.							DISTRIBUTION OF FOOD TO
HARRAH, WA 98933	47-3686988	501C3	30,000.	377,227.	воок	FOOD	LOW INCOME INDIVIDUALS

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PACIFIC ISLANDER COMMUNITY ASSOCIATION PICA - 643 S 150TH ST - BURIEN, WA 98148-1105	84-2470123	50103	30,000.	109,366.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO
SPOKANE AIDS NETWORK 1121 S PERRY ST SPOKANE, WA 99207	91-1380583	501 c 3	0.	13,215.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MALDEN FOOD BANK 215 W, MORELAND MALDEN, WA 99149	91-0964790	501 c 3	0.	24,387.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BLESSINGS UNDER THE BRIDGE 32 W. PACIFIC AVE, SPOKANE, WA 99201	26-1620304	501C3	0.	17,412.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOUSE OF HOPE 112 MAIN ST IONE, WA 99139	27-2588364	501C3	0.	11,555.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FIRCREST UNITED METHODIST CHURCH PANTRY - 1018 COLUMBIA AVE - FIRCREST, WA 98466	91-1162494	501C3	0.	13,236.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GOOD SHEPHERD YOUTH OUTREACH 720 S 333RD ST STE 100 FEDERAL WAY, WA 98003-7358	26-3713948	501C3	0.	34,547.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LIVING WATERS RELIEF CENTER 360 E JACKSON MEDFORD, OR 97501	83-1392533	501C3	0.	44,890.	воок	FOOD	DISTRIBUTION OF FOOD TO
ZION BRIDGE 58 545 E. WELLESLEY SPOKANE, WA 99207	91-1018310	501C3	0.	22,871.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENDICOTT PANTRY							
101 BANTA ST							DISTRIBUTION OF FOOD TO
ENDICOTT, WA 99125	01-0961474	501C3	0.	14,035.	воок	FOOD	LOW INCOME INDIVIDUALS
GUARDIAN'S FOUNDATION							
115 N. STONE							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99207	45-1625374	501C3	0.	28,507.	воок	FOOD	LOW INCOME INDIVIDUALS
DEVIVAL GUUDGU							
REVIVAL CHURCH 12 W. PACIFIC							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201	85-2804185	501C3	0.	16,537.	BOOK	FOOD	LOW INCOME INDIVIDUALS
BIOMME, WI 33201	03 2004103	50105	· · ·	10,337.	BOOK	1002	LOW INCOME INSTITUTE
JEWELS HELPING HAND							
527 S. CANNON ST							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201	84-2198820	501C3	0.	26,500.	воок	FOOD	LOW INCOME INDIVIDUALS
HOUSTON FOOD BANK							
535 PORTWALL ST.							DISTRIBUTION OF FOOD TO
HOUSTON, TX 77029	74-2181456	501C3	0.	122,324.	воок	FOOD	LOW INCOME INDIVIDUALS
NORTH TEXAS FOOD BANK							
3677 MAPLESHADE LANE							DISTRIBUTION OF FOOD TO
PLANO, TX 75057	75-1785357	501C3	0.	58,356.	воок	FOOD	LOW INCOME INDIVIDUALS
				,			
SOUTHWEST SPOKANE COMMUNITY CENTER							
310 S SPRUCE ST							DISTRIBUTION OF FOOD TO
SPOKANE, WA 99201	94-3060693	501C3	0.	9,781.	воок	FOOD	LOW INCOME INDIVIDUALS
DROWIDENCE HOUGE							
PROVIDENCE HOUSE 312 NORTH 4TH STREET							DISTRIBUTION OF FOOD TO
YAKIMA, WA 98901	91-1180824	501C3	0.	6,215.	BOOK	FOOD	LOW INCOME INDIVIDUALS
	31 1100024	20103	· · · · · ·	0,213.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1002	DON THOUSE INDIVIDUALS
CURLEW FOOD BANK							
10 S MAIN ST.							DISTRIBUTION OF FOOD TO
CURLEW, WA 99118	83-3073824	501C3	0.	15,087.	воок	FOOD	LOW INCOME INDIVIDUALS

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YAKIMA- TEMPLO AMIGOS DEL ALTISIMO 1802 WILLOW STREET YAKIMA, WA 98902	47-4422255	501C3	0.	56,841.	воок	FOOD & GIFT	DISTRIBUTION OF FOOD TO
SUNNYSIDE- TEMPLO AMIGOS DEL ALTISIMO - 1517 HARRISON AVE SUNNYSIDE, WA 98944	47-4422255	501C3	0.	55,091.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEATTLE PUBLIC SCHOOLS 9430 30TH AVE SW SEATTLE, WA 98126	91-6001541	GOVERNMENT	0.	74,650.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SUSTAINABLE RENTON ST. MATTHEW'S CHURCH 1700 EDMONDS RENTON, WA 98056	45-1777828	501C3	0.	11,100.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOUSE OF PRAYER FOUNDATION 6602 S FERDINAND ST TACOMA, WA 98409	30-0455670	501C3	0.	20,000.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YMCA SEATTLE KING COUNTY 909 4TH AVE SEATTLE, WA 98104	91-0482710	501C3	0.	10,000.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EMERGENCY FEEDING PROGRAM (EFP) 851 HOUSER WAY N RENTON, WA 98057-5518	91-1902023	501C3	0.	1,021,084.	воок	FOOD & GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LIVING WELL KENT 24604 104TH AVE SE #102 KENT, WA 98030	81-4451307	501C3	30,000.	5,000.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FOOD FOR GOOD (PURPOSE DRIVEN GIRL) - 2044 NW TALUS DR - ISSAQUAH, WA 98027	85-3274043	501C3	0.	15,000.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990) NORTHWEST	HARVEST	EMM				9	1-0826037 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTHER AFRICA 1209 CENTRAL AVE. SOUTH #120 KENT, WA 98092	46-1793603	501C3	30,000.	0,			DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOUTHSIDE FOOD PANTRY 2934 E 27TH AVE, SPOKANE, WA 99223 SPOKANE, WA 99223	91-2153486	501C3	0.	52,900.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BELLEVUE LIFESPRING 302 BELLEVUE SQUARE BELLEVUE, WA 98004	91-0658331	501C3	0.	38,650.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CHENEY FOOD BANK 624 3RD ST. CHENEY, WA 99004	91-1418097	501C3	0.	27,900.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOPELINK WOODINVILLE 8990 154TH AVENUE NE REDMOND, WA 98052	91-0982116	501C3	0.	64,550.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTHSHORE CEDAR PARK CHURCH 18737 68TH AVE NW KENMORE, WA 98028	91-1608102	501C3	0.	32,700.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
QUEEN ANNE HELPLINE 311 MCGRAW ST SEATTLE, WA 98119	91-1187354	501C3	0.	20,850.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPANAWAY FISH FOOD BANK 16001 A SREET S. SPANAWAY, WA 98387	83-1901212	501C3	0.	25,800.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VISION HOUSE 501 UNION AVE NE RENTON, WA 98059	91-1493474	501C3	0.	26,000	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

Schedule I (Form 990) NORTHWEST	HARVEST	EMM				9	01-0826037 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICANS AMERICANS REACH & TEACH							
HEALTH MINISTRY - 901 RAINIER							
AVENUE NORTH, SUITE B 102 -							DISTRIBUTION OF FOOD TO
RENTON, WA 98057	27-0054883	501C3	0.	10,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
SPORTS IN SCHOOLS (SEATTLE)							
1463 E. REPUBLICAN STREET, BOX B-7							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98112	27-1754999	501C3	0.	5,000.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
FEEST							
605 SW 108TH ST.							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98146	46-2268038	501C3	0.	5,000.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
<u> </u>	10 2200030	30103		3,000.	, pook		INDIVIDUAL INDIVIDUAL
CHOOSE 180							
1416 SW 151ST ST.							DISTRIBUTION OF FOOD TO
BURIEN, WA 98166	46-4242313	501C3	0.	5,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
FAMILIES OF COLOR SEATTLE							
1544 S SNOQUALMIE ST	45 4055004	E01.73		F 000	D00#	albba	DISTRIBUTION OF FOOD TO
SEATTLE, WA 98108	47-4257834	501C3	0.	5,000.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
P'S COMMUNITY CLOSET							
1500 SW DASH POINT ROAD #2108							DISTRIBUTION OF FOOD TO
FEDERAL WAY, WA 98023	81-1785213	501C3	0.	18,350.	ВООК	GIFT CARDS	LOW INCOME INDIVIDUALS
				,			
BLACK STAR FARMERS							
409B MAYNARD AVE S							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98104	82-5059908	501C3	0.	5,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
EVI							
THE GOOD FOOT ARTS							
4913 S. PILGRIM ST.		504.50					DISTRIBUTION OF FOOD TO
SEATTLE, WA 98118	84-2944224	501C3	0.	5,000.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
WOMEN OF WISDOM TRICITIES							
745 THE PARKWAY							DISTRIBUTION OF FOOD TO
RICHLAND, WA 99352	85-1726598	501C3	0.	5,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
		<u> </u>	<u> </u>		- ·	1	

Schedule I (Form 990) NORTHWEST	HARVEST	EMM				9	1-0826037 Page 1		
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIDAS CULTURAS									
7916 14TH AVE SW							DISTRIBUTION OF FOOD TO		
SEATTLE, WA 98106-2118	87-1560594	501C3	0.	13,750.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS		
GIRLSFRIENDS ORGANIZATION									
PO BOX 28837							DISTRIBUTION OF FOOD TO		
SEATTLE, WA 98118	90-0280983	501C3	0.	5,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS		
CHILD HAVEN									
316 BROADWAY							DISTRIBUTION OF FOOD TO		
SEATTLE, WA 98122	91-0402430	501C3	0.	5,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS		
				-,					
URBAN LEAGUE SEATTLE									
105 14TH AVENUE STE 200							DISTRIBUTION OF FOOD TO		
SEATTLE, WA 98122	91-0575954	501C3	0.	15,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS		
MT. ZION BAPTIST CHURCH									
1634 19TH AVE		504.50					DISTRIBUTION OF FOOD TO		
SEATTLE, WA 98122	91-0722334	501C3	0.	5,000.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS		
HIGHLINE COLLEGE									
2400 S. 240TH ST.							DISTRIBUTION OF FOOD TO		
DES MOINES, WA 98198	91-0752489	501C3	0.	33,250.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS		
,			-	,					
URBAN LEAGUE TACOMA									
2550 S. YAKIMA AVE							DISTRIBUTION OF FOOD TO		
TACOMA, WA 98405	91-0826302	501C3	0.	10,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS		
KANDELIA									
3829B S. EDMUNDS ST, MAILBOX 9							DISTRIBUTION OF FOOD TO		
SEATTLE, WA 98118	91-1122532	501C3	0.	5,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS		
			1	- , , , , ,					
CHURCH BY THE SIDE OF THE ROAD									
FOOD PANTRY - 3455 S. 148TH ST -							DISTRIBUTION OF FOOD TO		
TUKWILA, WA 98168	91-1143439	501C3	0.	5,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS		

(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 non-cash assistance	(h) Purpose of grant or assistance
FIRST AME CHURCH FOOD PANTRY							
1801 E. YESLER WAY							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98122	91-1148798	501C3	0.	32,500.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
SOUTHEAST SEATTLE SENIOR CENTER							
4655 S. HOLLY ST.							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98118	91-1156576	501C3	0.	10,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
TABERNACLE FOOD PANTRY							
2801 S. JACKSON ST							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98144	91-1226843	501C3	0.	5,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
COYOTE CENTRAL FEED THE PEOPLE							
2300 E. CHERRY ST.							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98122	91-1444797	501C3	0.	13,750.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
THE BREAKFAST GROUP							
PO BOX 18334							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98118	91-1543286	501C3	0.	5,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
·							
TECHNOLOGY ACCESS FOUNDATION							
605 SW 108TH ST.							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98146	91-1731833	501C3	0.	10,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
ASIAN PACIFIC CULTURAL CENTER							
4851 S. TACOMA WAY							DISTRIBUTION OF FOOD TO
TACOMA, WA 98409	91-1854410	501C3	0.	5,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
TABOR 100							
2330 130TH AVE NE	01 001000	501.63		15.000	D00#	ATTE 617-5	DISTRIBUTION OF FOOD TO
BELLEVUE, WA 98005	91-2013635	501C3	0.	15,000.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
SEATTLE AREA YOUTH FOR CHRIST							
PO BOX 75128							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98175-0128	91-6000608	501C3	0.	5,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	<u> </u>
(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 non-cash assistance	(h) Purpose of grant or assistance
CENTRAL AREA SENIOR CENTER (SENIOR							
SERVICES OF SEATTLE/KING COUNTY) -							
2208 SECOND AVENUE - SEATTLE, WA	01 1050202	501.03		5 000		G.T.T.T. G.3.D.G.	DISTRIBUTION OF FOOD TO
98121	91-1870393	501C3	0.	5,000.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
CREATIVE JUSTICE (RAINIER VALLEY							
CORPS) - 1225 S. WELLER ST., SUITE							DISTRIBUTION OF FOOD TO
400 - SEATTLE, WA 98144	47-4257834	501C3	0.	5,000.	BOOK	GIFT CARDS	LOW INCOME INDIVIDUALS
			-	, -			
MT. CALVARY CHRISTIAN CHURCH							
1341 NAZARETH CHURCH RD							DISTRIBUTION OF FOOD TO
SPARTANBURG, SC 29301-5942	47-4250457	501C3	0.	5,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
PROJECT 253/TUFF LOVE INTERVENTION							
(COMMUNITY OF SCHOOLS IN TACOMA) -							DISTRIBUTION OF FOOD TO
PO BOX 111646 - TACOMA, WA 98411	91-2138848	501C3	0.	5,000.	воок	GIFT CARDS	LOW INCOME INDIVIDUALS
WASHINGTON IMMIGRANT SOLIDARITY							
NETWORK - PO BOX 48159 - SEATTLE,	46 1450500	501.02	01 000				DISTRIBUTION OF FOOD TO
WA 98148-0159	46-1470709	501C3	21,000.	0.	,		LOW INCOME INDIVIDUALS
COMMUNITIES IN SCHOOLS OF SEATTLE							
PO BOX 24872							DISTRIBUTION OF FOOD TO
SEATTLE WA 98124-0872	91-1910330	501C3	30,000.	0.			LOW INCOME INDIVIDUALS
	71 1710000						
NUESTRA CASA							
906 E EDISON AVE							DISTRIBUTION OF FOOD TO
SUNNYSIDE, WA 98944-2208	65-1206137	501C3	30,000.	0.			LOW INCOME INDIVIDUALS
LATINO COMMUNITY FUND OF							
WASHINGTON STATE - PO BOX 30669 -							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98113-0669	20-5987399	501C3	30,000.	0.			LOW INCOME INDIVIDUALS
NORTHWEST IMMIGRANT RIGHTS PROJECT							
615 2ND AVE STE 400							DISTRIBUTION OF FOOD TO
SEATTLE, WA 98104-2244	91-1393082	501C3	30,000.	0.			LOW INCOME INDIVIDUALS

Schedule I (Form 990) NORTHWEST HARVEST EMM 91-0826037 Page 1								
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)		
(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 non-cash assistance	(h) Purpose of grant or assistance	
ISLAMIC CENTER OF KENT PO BOX 6339 KENT, WA 98064-6339	91-1876641	501C3	15,000.	0.			DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS	
MUST - MENTORING URBAN STUDENTS AND TEENS - 506 2ND AVE STE 1400 - SEATTLE, WA 98102	47-3006113	501c3	100,000.	5,000.	воок	GIFT CARDS	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS	
UNITED FARM WORKERS 220 SW 11TH STREET HERMISTON, OR 97838	95-2703575	501C3	0.	11,939.	воок	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS	

Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIN/	Our law and the formation Devide the information	entire die Deut Hie	- 0. Dart III alcum			
	Supplemental Information. Provide the information records. LINE 2:	quired in Part I, iin	e 2; Part III, columr	n (b); and any other ad	aditional information.	
	S DISTRIBUTED TO HUNGER PROC	TRAMS WHO	SERVE TH	T DIMITUTO	N NEED	
1000 1	O DIDIRIDOI DO HONGER IROS	SKAMD WITO	DERVE IN	DIVIDORED I	NEED.	

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

NORTHWEST HARVEST EMM

Employer identification number 91-0826037

Schedule J (Form 990) 2020

	·		Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee				
	Independent compensation consultant Compensation survey or study				
	X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a related organization:				
_		4a	Х		
		4b		X	
	Participate in or receive payment from a supplemental nonqualified retirement plan?				
C	Participate in or receive payment from an equity-based compensation arrangement?				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5					
	contingent on the revenues of:				
а	The organization?	5a		X	
	Any related organization?	5b		Х	
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?	6a		Х	
b	Any related organization?	6b		X	
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9			

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

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficilis	(13)(1)-(13)	reported as deferred on prior Form 990	
(1) THOMAS REYNOLDS	(i)	192,091.	0.	0.	11,525.	20,153.	223,769.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) WAYNE SHORTER	(i)	158,247.	0.	0.	9,495.	9,344.	177,086.	0.	
C00	(ii)	0.	0.	0.	0.	0.		0.	
(3) LAURA HAMILTON	(i)	107,987.	0.	0.	6,479.	37,287.		0.	
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE FOLLOWING FACTORS ARE TAKEN INTO ACCOUNT FOR DETERMINING THE
COMPENSATION OF THE CEO: THE PAST PERFORMANCE OF THE CEO, THE PRESENT AND
FUTURE NEEDS OF THE AGENCY, AND THE COMPENSATION OF THE COMPARABLE CEO'S IN
THE REGION. COMPENSATION OF THE CEO IS DISCUSSED AND DETERMINED ANNUALLY BY
THE BOARD OF DIRECTORS IN A PRIVATE EXECUTIVE SESSION.
PART I, LINE 4A:
CARMEN D'ARCHANGELO RECEIVED SEVERANCE PAY OF \$9,018.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number

	NORTHWEST HA	RVEST	EMM		91-	0826	037	
Pai	rt 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 c noncash contrib	letermin	•	:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	94	1,067,590.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	17888359	29,880,418.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ (GIFT CARDS)	X	75,364	3,783,150.	FMV			
26	Other (NON-FOOD ITEM)	X	255,315		FMV			
27	Other (-				
28	Other ()							
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82							
	3	, ,	•	,			Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	utions?	31	Х	
	Does the organization hire or use third parties							
	contributions?		-	· · ·		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	or a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.	. ,		•				

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

Schedule M (Form 990) 2020

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
SECURITIES - PUBLICLY TRADED: NUMBER OF CONTRIBUTORS.
FOOD INVENTORY: NUMBER OF ITEMS RECEIVED.
NON-FOOD ITEMS: NUMBER OF ITEMS RECEIVED.
GIFT CARDS: NUMBER OF ITEMS RECEIVED.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047
2020
Open to Public

Inspection

Name of the organization

NORTHWEST HARVEST EMM

Employer identification number 91-0826037

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

THE 990 IS SENT TO ALL BOARD MEMBERS FOR REVIEW ANNUALLY AND ACCEPTED THROUGH A BOARD VOTE.

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

ALL LISTED MEMBERS OF THE BOARD ARE COVERED BY THIS POLICY. DISCLOSURE OF

POTENTIAL CONFLICT OF INTEREST MUST BE MADE IMMEDIATELY TO THE CEO AND

BOARD CHAIR WHO WILL MAKE THE DETERMINATION OF POTENTIAL CONFLICT AND THE

CONFLICT WILL BE REVIEWED BY THE ENTIRE BOARD. IF A CONFLICT IS DISCOVERED,

THE BOARD MEMBER LEAVES THE DISCUSSION AND DOES NOT VOTE ON THE MATTER.

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

THE FOLLOWING FACTORS ARE TAKEN INTO ACCOUNT FOR DETERMINING THE

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

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

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

THE BOARD OF DIRECTORS IN A PRIVATE EXECUTIVE SESSION.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE HAS NOT CHANGED HOW IT REVIEWS THE AUDITED

FINANCIAL STATEMENTS.