

Form **990**  
Department of the Treasury  
Internal Revenue Service

# 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  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

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

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
NORTHWEST HARVESTEMM  
% LINCOLN MILLER  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
PO BOX 12272  
City or town, state or province, country, and ZIP or foreign postal code  
SEATTLE, WA 98102

**D** Employer identification number  
91-0826037  
**E** Telephone number  
(206) 625-0755  
**G** Gross receipts \$ 52,250,238

**F** Name and address of principal officer  
LINCOLN MILLER  
PO BOX 12272  
SEATTLE, WA 98102

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ N/A

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation

**M** State of legal domicile  
WA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
TO PROVIDE NUTRITIOUS FOOD TO HUNGRY PEOPLE STATEWIDE IN A MANNER THAT RESPECTS THEIR DIGNITY, WHILE FIGHTING TO ELIMINATE HUNGER

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	19
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	19
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	97
<b>6</b> Total number of volunteers (estimate if necessary)	6	8,040
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	

	Revenue	
	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	52,795,235	51,152,346
<b>9</b> Program service revenue (Part VIII, line 2g)	680,655	1,505,491
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,518	-198,476
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-31,106	-319,766
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,501,302	52,139,595
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,866,283	42,104,044
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,216,326	5,753,880
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,450,711		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,491,129	5,087,495
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	54,573,738	52,945,419
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-1,072,436	-805,824

	Net Assets or Fund Balances	
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	21,626,929	21,467,287
<b>21</b> Total liabilities (Part X, line 26)	540,350	1,078,839
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	21,086,579	20,388,448

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2018-05-15  
LINCOLN MILLER CFO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: LORI L SCOTT  
Preparer's signature: LORI L SCOTT  
Date: \_\_\_\_\_  
Check  if self-employed PTIN: P01452038  
Firm's name: BADER MARTIN PS  
Firm's EIN: \_\_\_\_\_  
Firm's address: 1000 2ND AVE 34TH FLOOR SEATTLE, WA 981041022  
Phone no: (206) 621-1900

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

The mission of Northwest Harvest is to lead the fight for hungry people statewide to have access to nutritious food - while respecting their dignity and promoting good health Food from Northwest Harvest is always free to anyone in need The Organization's vision is to end hunger in Washington State

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 48,385,918 including grants of \$ ) (Revenue \$ 1,505,491 )  
See Additional Data

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

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

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 48,385,918

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (No); 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 arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (LINCOLN MILLER PO BOX 12272 SEATTLE, WA 98102 (206) 625-0755)

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) IRENE WARD CHAIR	4 00	X		X				0	0	0
(2) KATHY BROWN MEMBER	4 00	X						0	0	0
(3) DIANA AXNESS CHAIR ELECT	4 00	X						0	0	0
(4) DAN HARKINS MEMBER	2 00	X						0	0	0
(5) DICK GRADER MEMBER	2 00	X						0	0	0
(6) KAY BASSETT MEMBER	2 00	X						0	0	0
(7) SASA KIRKPATRICK MEMBER	2 00	X						0	0	0
(8) MINDY KORNBERG MEMBER	2 00	X						0	0	0
(9) BRANDON PEDERSEN MEMBER	2 00	X						0	0	0
(10) EILEEN TAKEUCHI TREASURER/SECRETARY	2 00	X		X				0	0	0
(11) JOYCE CAMERON MEMBER	2 00	X						0	0	0
(12) SCOTT MCQUILKIN MEMBER	2 00	X						0	0	0
(13) CRAIG WILSON MEMBER	2 00	X						0	0	0
(14) TIM GROVES MEMBER	2 00	X						0	0	0
(15) DWIGHT RIVES MEMBER	2 00	X						0	0	0
(16) NEAL BOLING MEMBER	2 00	X						0	0	0
(17) JEFF GRANT MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRIS HALES MEMBER	2 0 0 0	X						0	0	0
(19) JAN STILL MEMBER	2 0 0 0	X						0	0	0
(20) MICHELLE ROTONDO CEO (until 6/30/2017)	40 0 0 0			X				149,736	0	28,503
(21) EU-WANDA EAGENS CHIEF OPERATING OFFICER	40 0 0 0			X				103,600	0	25,385
(22) LINCOLN MILLER CHIEF FINANCIAL OFFICER	40 0 0 0			X				56,049	0	31,175
(23) GAYLE JOHNSON CHIEF EXT RELATIONS OFFICER	40 0 0 0			X				89,731	0	14,511
(24) MICHAEL REGIS DIRECTOR OF PROCUREMENT	40 0 0 0					X		93,522	0	25,380
(25) DAVID COE IT MANAGER	40 0 0 0					X		83,754	0	22,771
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								576,392	0	147,725

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

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

**Part IX Statement of Functional Expenses**

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

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

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

**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 91-0826037

**Name:** NORTHWEST HARVESTEMM

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

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

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**SCHEDULE A**  
**(Form 990 or 990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NORTHWEST HARVESTEMM

Employer identification number

91-0826037

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

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

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

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

**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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	42,240,477	60,314,885	52,059,922	52,795,235	51,152,346	258,562,865
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	42,240,477	60,314,885	52,059,922	52,795,235	51,152,346	258,562,865
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						53,349,537
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						205,213,328

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total	
<b>7</b>	Amounts from line 4	42,240,477	60,314,885	52,059,922	52,795,235	51,152,346	258,562,865	
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	296,717	290,766	65,517	56,123	36,620	745,743	
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						0	
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )		2,462,804				2,462,804	
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						261,771,412	
<b>12</b>	Gross receipts from related activities, etc (see instructions)						<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	78.394 %
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	82.000 %

- 16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

**Part VI Supplemental Information.**

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

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
EXPLANATION OF OTHER INCOME	GAIN ON NMTC EXPIRATION - 2013 AMOUNT \$2,462,804

Schedule A Form 990 or 990-E 2016





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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?	Yes		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?	Yes		
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		10,030
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		5,000
<b>j</b> Total Add lines 1c through 1i			15,030
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

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

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

**Part IV Supplemental Information**

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization: NORTHWEST HARVESTMM; Employer identification number: 91-0826037

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values. Rows 5-6 for donor advisement questions.

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

Form for Part II with multiple sections: 1 Purpose(s) of conservation easements; 2 Conservation contribution details; 3-6 Monitoring and enforcement details; 9 Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with sections 1a, 1b, 2, a, b for reporting on art and historical treasures.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 55 000 %
  - c** Temporarily restricted endowment ▶ 45 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes |    |
| <b>(ii)</b> related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

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

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

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

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	0

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 91-0826037

**Name:** NORTHWEST HARVESTEMM

## Supplemental Information

Return Reference	Explanation
SCH D, Part X, Line 2	The Organization evaluates its uncertain tax positions and a loss contingency is recognized when it is more likely than not that a liability has been incurred and the amount can be reasonably estimated

# Supplemental Information

Return Reference	Explanation
SCH D, PART XI, LINE 4B	FUNDRAISING EVENTS EXPENSES \$345,739

## Supplemental Information

Return Reference	Explanation
SCH D, PART XII, LINE 2D	FUNDRAISING EVENTS EXPENSES \$345,739

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

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

# 2016

**Open to Public Inspection**

Name of the organization  
NORTHWEST HARVESTEMM

**Employer identification number**  
91-0826037

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

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

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

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

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

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

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer  Employee  Independent contractor

**17** Mandatory distributions

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

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

Return Reference

Explanation

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization NORTHWEST HARVESTEMM

Employer identification number

91-0826037

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

See Additional Data Table

Table with 8 columns and 12 rows for data entry.

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	FOOD IS DISTRIBUTED TO HUNGER PROGRAMS WHO SERVE INDIVIDUALS IN NEED

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 91-0826037  
**Name:** NORTHWEST HARVESTEMM

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Aberdeen Avenue Baptist Church PO Box 2214 Aberdeen, WA 98520				5,305	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Aberdeen Community Food Bank PO Box 444 Aberdeen, WA 98520				17,384	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Asian Counseling and Referral Service 3639 MLK Jr Way S Seattle, WA 98144				440,190	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Addy Rescue Mission PO Box 38 Addy, WA 99101				12,176	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Adra Berry Memorial Food Bank PO Box 948 Preston, WA 98050				60,588	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Adventist Community Services of Grays Harbor 3101 Cherry St Hoquiam, WA 98550				9,854	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Alger Food Bank 1195 Alger Cain Lake Rd Sedro Woolley, WA 98284				32,180	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
AlgonaPacific Food Pantry 603 Third Ave SE Pacific, WA 98047				51,151	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
All Saints Food Pantry 314 S Spruce Street Spokane, WA 99201				37,125	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Aloha Inn PO Box 217 Seattle, WA 98111				15,085	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Apoyo 111 Peavine Road Ellensburg, WA 98926				62,290	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Asotin County Food Bank 1546 Maple St Clarkston, WA 99403				39,846	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Auburn Food Bank PO Box 464 Auburn, WA 98071				236,713	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Ballard Food Bank 5130 Leary Ave NW Seattle, WA 98107				121,893	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Bikers Against Statewide Hunger of Washington PO Box 2020 Elma, WA 98541				12,633	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Basin City Help Services 1880 Drummond Rd Mesa, WA 99343				50,960	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Battle Ground Adventist Community Services 11117 NE 189th St Ste 100 Battle Ground, WA 98604				34,907	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Bellingham Food Bank 1824 Ellis Street Bellingham, WA 98225				498,518	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Blaine Food Bank PO Box 472 Blaine, WA 98230				143,248	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Blue Mountain Action Council Food Bank 921 W Cherry St Walla Walla, WA 99362				160,876	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Bonney Lake Food Bank PO Box 7521 Bonney Lake, WA 98391				19,551	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Bothell Community Kitchen 18204 83rd Ave NE Kenmore, WA 98028				8,732	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Bread of Life - Marblemount 3302 Cedardale Rd D100 Mount Vernon, WA 98273				48,471	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Bremerton Foodline PO Box 824 Bremerton, WA 98337				186,916	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Brewster Food Bank PO Box 826 Brewster, WA 98812				38,807	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Brinnon Food Bank 51 Canal Lane Brinnon, WA 98320				31,989	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Care & Share - Grand Coulee PO Box 671 Grand Coulee, WA 99133				72,778	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Care & Share - Lincoln County PO Box 217 Davenport, WA 99122				27,009	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Caritas Outreach Ministries 1612 W Dalke Ave Spokane, WA 99205				40,891	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Carol Rowe Memorial Edmonds Food Bank 828 Caspers St Edmonds, WA 98020				220,406	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Cashmere Food Bank PO Box 225 Cashmere, WA 98815				17,904	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Castle Rock Lions Food Bank PO Box 776 Castle Rock, WA 98611				25,856	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Cathedral Kitchen 804 Ninth Ave Seattle, WA 98104				32,937	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Centerstone 722 18th Avenue Seattle, WA 98122				230,567	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Central Kitsap Food Bank PO Box 748 Silverdale, WA 98383				135,317	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Chewelah Food Bank PO Box 628 Chewelah, WA 99109				20,850	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Chicken Soup Brigade (Lifelong AIDS Alliance) PO BOX 80547 Seattle, WA 98108				198,357	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Chief Seattle Club 410 Second Ave Extension S Seattle, WA 98104				26,850	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Clark County Adventist Community Services PO Box 2128 Vancouver, WA 986682128				72,841	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Clear Lake Community Covenant Church & Food Bank PO Box 188 Clearlake, WA 98235				10,815	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Coastal Harvest Mobile Food Bank PO Box 616 Hoquiam, WA 98550				54,687	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Colville Confederated Tribes Food Bank PO Box 150 Nespelem, WA 99155				284,401	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Community Services of Moses Lake PO Box 683 Moses Lake, WA 98837				626,258	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Community Cupboard - MEND PO Box 772 Leavenworth, WA 98826				33,208	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Community Food Pantry PO Box 1858 Belfair, WA 98528				229,800	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Community Lunch on Capitol Hill 509 10th Ave E Seattle, WA 98102				23,197	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Concern for Neighbors Food Bank 4700 228th St SW Mountlake Terrace, WA 98043				128,615	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Conconully Food Bank 713 E Dewberry Ave Omak, WA 98841				18,570	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Concrete Food Bank PO Box 53 Concrete, WA 98237				23,115	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Copalis Community Church Food Bank PO Box 304 Copalis Beach, WA 98535				11,516	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Council Aging & Human Services Food Bank PO Box 107 Colfax, WA 99111				128,244	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Cusick Food Bank PO Box 126 Cusick, WA 99119				39,988	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Des Moines Area Food Bank PO Box 98788 Des Moines, WA 98198				156,551	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Downtown Emergency Service Center - Evans House 515 3rd Avenue Seattle, WA 98104				22,468	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Downtown Emergency Service Center - Rainier House 515 3rd Avenue Seattle, WA 98104				13,970	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
East Central Community Center 500 S Stone St Spokane, WA 99202				88,178	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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East Grays Harbor County Food Bank PO Box 1440 Elma, WA 98541				16,604	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
East Valley Baptist Church Food Pantry 14516 E Wellesley Spokane, WA 99216				28,291	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Edgewood Community FISH Food Bank 3607 122nd Ave E Ste b Edgewood, WA 98372				33,879	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
El Centro De La Raza Food Bank 2524 16th Ave S Seattle, WA 98144				189,422	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Eloise Cooking Pot PO Box 94545 Seattle, WA 98124				289,282	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Emergency Food Bank of Ione PO Box 493 Ione, WA 99139				6,923	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Entiat Valley Community Services Food Bank PO Box 697 Entiat, WA 98822				25,890	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Ephrata Food Bank PO Box 804 Ephrata, WA 98823				142,291	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Everett Boys & Girls Club 2316 12th Street Everett, WA 98201				14,144	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Fairview Seventh-Day Adventist Food Bank PO Box 191 Selah, WA 98942				40,743	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Faith Center Food Bank 1209 Minor Rd Kelso, WA 98626				75,181	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Fall City Community Food Pantry PO Box 640 Fall City, WA 98024				14,273	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Families Unlimited Network Food Bank PO Box 65672 University Pl, WA 984640672				26,949	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Family Works Food Bank 1501 N 45th Seattle, WA 98103				134,854	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Ferndale Food Bank PO Box 1593 Ferndale, WA 98248				79,367	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FISH of Cowlitz County PO Box 135 Longview, WA 98632				47,711	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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FISH of Orchards PO Box 820833 Vancouver, WA 98682				77,964	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FISH of Vancouver PO Box 585 Vancouver, WA 98666				76,178	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Foothills Food Bank 5568 Mt Baker Hwy Deming, WA 98244				99,130	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Ford Food Pantry Ford Sunset Club PO Box 184 Ford, WA 99013				25,641	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Seattle School District Highland Park Elementary 1012 SW Trenton St Seattle, WA 98106				5,107	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Garfield County Food Bank PO Box 15 Pomeroy, WA 99347				16,419	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Gifts From the Heart Food Bank PO Box 155 Coupeville, WA 98239				48,812	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Golden Age Food Share PO Box 4467 Pasco, WA 99301				63,309	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Goldendale Food Bank PO Box 48 Bingen, WA 98620				62,476	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Graham South Hill FISH Food Bank 1702 S 72nd St Ste E Tacoma, WA 98408				50,357	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Grandview Seventh-Day Adventist Food Bank PO Box 1409 Prosser, WA 99350				218,237	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Granger Food Bank PO Box 791 Granger, WA 98932				185,423	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Granite Falls Food Bank PO Box 1947 Granite Falls, WA 98252				37,001	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Greater Chehalis Food Bank PO Box 1311 Chehalis, WA 98532				22,643	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Greenhouse Community Center PO Box 280 Deer Park, WA 99006				159,000	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Hamilton Community Food Bank PO Box 75 Hamilton, WA 98255				34,910	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Harrington Food Bank 204 N Third St Harrington, WA 99134				32,112	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Harvest Outreach Food Bank 1350 S Rainier St Kennewick, WA 99337				418,452	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Helping Hands Food Bank PO Box 632 Sedro Woolley, WA 98284				266,261	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Helpline House 282 Knechtel Way NE Bainbridge Is, WA 98110				59,462	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Highland Food Bank PO Box 232 Coviche, WA 98923				147,891	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Highline Area Food Bank PO Box 66427 Burien, WA 98166				135,348	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Highline Schools District Hazel Valley Elementary 402 Southwest 132nd St Burien, WA 98146				5,574	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Highline Schools District Mount View Elementary 10811 12th Ave SW Seattle, WA 98146				5,605	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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His Supper Table PO Box 1487 Ocean Park, WA 986401487				5,229	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Hoh Tribal Food Bank P O Box 2196 Forks, WA 98331				6,855	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Hood Canal Food Bank PO Box 995 Hoodsport, WA 98548				11,398	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Hopelink Bellevue 14812 Main St Bellevue, WA 98007				620,835	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Hopelink Kirkland 10675 Willows Rd 275 Redmond, WA 98052				11,760	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Hopelink Redmond 16725 Cleveland St Redmond, WA 98052				22,074	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Hopelink Sno-Valley PO Box 485 Carnation, WA 98014				5,046	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HopeSource Food Bank 700 E Mountain View Ave Ste 5 Ellensburg, WA 98926				32,777	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Hoquiam Food & Clothing Bank PO Box 472 Hoquiam, WA 98550				18,584	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Hoquiam School District - Central Elementary 310 Simpson Ave Hoquiam, WA 98550				5,263	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Hoquiam School District - Lincoln Elementary 700 Wood Ave Hoquiam, WA 98550				5,272	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
House of Charity PO Box 2253 Spokane, WA 99210				24,552	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Hub City Mission Food Bank 132 Kirkland Rd Chehalis, WA 98532				28,079	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Humptulips Food Bank PO Box 42 Humptulips, WA 98552				5,554	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Hunger Intervention Program 3841 NE 123rd Street Seattle, WA 98125				9,073	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Hunters Food Bank PO Box 24 Hunters, WA 99137				8,169	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Immanuel Community Services Food Bank 1215 Thomas St Seattle, WA 98109				25,537	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Interfaith Association of Northwest Washington PO Box 12824 Everett, WA 98206				16,490	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Inter-Faith Treasure House PO Box 815 Camas, WA 98607				35,801	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Issaquah Food & Clothing Bank 179 1st Ave SE Issaquah, WA 98027				13,640	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Jewish Family Service 1601 16th Ave Seattle, WA 98122				109,821	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Kalama Helping Hand PO Box 621 Kalama, WA 98625				22,185	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Kent School District Park Orchard Elementary 11010 SE 232nd Street Kent, WA 98031				5,773	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Kent School District Springbrook Elementary 20035 100th Ave Se Kent, WA 98031				5,092	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Kent School District Elementary School 24700 64th Ave S Kent, WA 98032				5,898	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Kent School District Daniel Elementary 11310 SE 248th St Kent, WA 98030				6,102	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Kent School District East Hill Elementary 9825 S 240th St Kent, WA 98031				5,642	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Kettle Falls Community Chest PO Box 1145 Kettle Falls, WA 99141				15,502	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Kettle River LINC 365 Main St Orient, WA 99160				7,637	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Key Peninsula Bischoff Food Bank PO Box 554 Vaughn, WA 98394				61,804	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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La Conner Sunrise Food Bank PO Box 922 La Conner, WA 98257				19,489	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Lake Chelan Food Bank PO Box 2684 Chelan, WA 98816				45,669	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Lakes Area FISH Food Bank 6900 Steilacoom Blvd Lakewood, WA 98499				30,690	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Clover Park School District Park Lodge Elementary 6300 100th Street SW Lakewood, WA 98499				5,060	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Clover Park School District Four Heroes Elementary 9101 Lakewood Drive Southwest Lakewood, WA 98499				5,740	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Latino Hot Meal (El Centro) 2524 16th Ave S Seattle, WA 98144				15,164	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Legacy Community Outreach Food Bank PO Box 1388 South Bend, WA 98586				9,596	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD Lewis County Food Coalition PO Box 307 Chehalis, WA 98532				53,388	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Loon Lake Food Bank PO Box 64 Loon Lake, WA 99148				461,370	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Lord's Neighborhood Diner 700 Callahan Drive Bremerton, WA 98310				16,553	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Lummi Nation Food Bank 2665 Kwina Road Bellingham, WA 98226				95,977	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Lynnwood Food Bank 5320 176th St SW Lynnwood, WA 98037				173,235	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Makah Food Bank PO Box 115 Neah Bay, WA 98357				80,019	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Malone Food Bank PO Box 983 Malone, WA 98559				6,920	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Mansfield Food Bank PO Box 191 Mansfield, WA 98830				13,300	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Maple Valley Food Bank & Emergency Services PO Box 322 Maple Valley, WA 98038				179,870	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Margie Williams Helping Hands PO Box 2145 Renton, WA 98056				64,053	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Martha's Pantry 5701 MacArthur Blvd Vancouver, WA 986617034				16,204	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Mary's Place PO Box 1711 Seattle, WA 98111711				42,274	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Marysville Comm Food Bank PO Box 917 Marysville, WA 98270				111,004	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Matlock Food Bank PO Box 122 Matlock, WA 98560				10,107	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Mattawa Area Food Bank Box 853 Mattawa, WA 99349				198,388	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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McCleary Food Bank PO Box 1065 McCleary, WA 98557				5,465	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Midwest Food Bank 1703 Veterans Parkway Bloomington, IL 61701				298,311	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Millionair Club 2515 Western Ave Seattle, WA 98121				13,201	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Mobile Food Express Skagit CAP 330 Pacific Place Mount Vernon, WA 98273				42,521	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Montesano Food Bank 213 W Spruce Montesano, WA 98563				8,151	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Moses Lake School District Larson Heights 700 Lindberg Lane Moses Lake, WA 98837				5,839	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Moses Lake School District North Elementary 1200 W Craig Blvd Moses Lake, WA 98837				5,818	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Mt Si Helping Hand Food Bank PO Box 2464 North Bend, WA 98045				136,304	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Multi-Service Center PO Box 23699 Federal Way, WA 98093				294,237	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
My Sister's Pantry 621 Tacoma Ave S Tacoma, WA 98402				69,511	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Neighbors Helping Neighbors PO Box 789 Ridgefield, WA 98642				30,825	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
New Hope Food Bank PO Box 247 Sekiu, WA 98381				10,991	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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New Hope Ranch FB 13507 W Charles Rd Nine Mile Falls, WA 990269608				45,710	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Newport Food Bank PO Box 1952 Newport, WA 99156				44,411	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Noah's Ark PO Box 1562 Yakima, WA 98907				41,312	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Noel House 118 Bell St Seattle, WA 98121				9,277	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Nooksack Tribal Food Bank PO Box 157 Deming, WA 98244				16,697	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Nooksack Valley Food Bank 205 Reeds Ln 6 Everson, WA 98247				87,999	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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North County Community Food Bank PO Box 2106 Battle Ground, WA 98604				56,774	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
North County Food Pantry PO Box 388 Elk, WA 99009				159,111	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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North Helpline Bitterlake 12736 33rd Ave NE 100 Seattle, WA 98125				31,344	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
North Helpline Food Bank 12736 33rd Ave NE Ste 100 Seattle, WA 98125				320,895	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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North Kitsap Fishline PO Box 1517 Poulsbo, WA 98370				86,382	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
North Mason Coalition of Churches and Community PO Box 1331 Belfair, WA 98528				9,903	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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North Pacific County Food Bank 1899 Park Ave Raymond, WA 98577				8,184	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Northeast Food Pantry PO Box 7398 Spokane, WA 99207				82,797	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Northport Food Bank PO Box 411 Northport, WA 99157				12,567	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Nourish Pierce County Mobile 1702 S 72nd St Ste E Tacoma, WA 98408				18,323	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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NW Tacoma FISH Food Bank 2710 N Madison Tacoma, WA 98407				42,558	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Ocean Park Food Bank PO Box 907 Ocean Park, WA 98640				11,237	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Ocean Shores Food Bank PO Box 1293 Ocean Shores, WA 98569				17,547	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OIC of WA Food Bank 815 Fruitvale Blvd Yakima, WA 98902				677,729	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Okanogan Food Bank PO Box 1067 Okanogan, WA 98840				55,545	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Ol' Mill Food Bank PO Box 301 Klickitat, WA 98628				27,170	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Omak Food Bank PO Box 4337 Omak, WA 98841				79,763	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Operation Nightwatch PO Box 21181 Seattle, WA 98111				25,995	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Operation Sack Lunch PO Box 4128 Seattle, WA 98194				24,393	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Orcas Island Food Bank PO Box 424 Eastsound, WA 98245				21,769	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Oroville Food Bank PO Box 471 Oroville, WA 98844				35,862	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Orting Food Bank PO Box 1877 Orting, WA 98380				46,969	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Othello Food Bank PO Box 152 Othello, WA 99344				77,725	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Our Place Community Ministries 1509 W College Spokane, WA 99201				44,598	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Ozanam House 801 Ninth Ave Seattle, WA 98104				8,604	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Pantry Shelf of Walla Walla 325 S First Ave Walla Walla, WA 99362				15,707	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Paradise of Praise Food Bank 1316 SW Holden St Seattle, WA 98106				47,408	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Pasco Community Services 1468 Oxford Ave Richland, WA 99352				287,020	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Pastor's Pantry PO Box 880 Morton, WA 98356				10,573	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
People for People 1008 W Ahtanum Ste 3 Union Gap, WA 98903				22,891	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Peoples Pantry of Ferry County PO Box 1114 Republic, WA 99166				19,197	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Phinney Ridge Lutheran Church Food Bank 7500 Greenwood Ave N Seattle, WA 98103				48,034	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Emergency Food Network 3318 92 St S Lakewood, WA 98499				5,341,336	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Pike Market Food Bank 85 Pike Street Ste 200 Seattle, WA 98101				202,869	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Pike Market Senior Center Meals 85 Pike Street 200 Seattle, WA 98101				43,759	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Plateau Outreach Ministries PO Box 391 Enumclaw, WA 980220391				68,024	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Point Roberts Food Bank 323 Evergreen Way Point Roberts, WA 98281				5,457	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Port Angeles Food Bank PO Box 1885 Port Angeles, WA 98362				150,808	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Port Townsend Food Bank PO Box 1795 Port Townsend, WA 98368				105,495	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Project Hope Food Bank 205 So BC Avenue Lynden, WA 98264				64,750	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Providence Regina House 8201 10th Ave S 6 Seattle, WA 98108				264,652	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Puget Sound Labor Agency 2800 1st Ave 126 Seattle, WA 98121				144,012	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Puyallup Food Bank PO Box 202 Puyallup, WA 98371				58,587	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Quilcene Food Bank PO Box 112 Quilcene, WA 98376				42,460	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Quileute Food Bank PO Box 279 La Push, WA 98350				19,201	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Quinault Community Food Bank PO Box 22 Neilton, WA 98566				7,853	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Quincy Community Food Bank PO Box 413 Quincy, WA 98848				121,957	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Rainier Valley Food Bank 4205 Rainier Ave S Seattle, WA 98118				301,847	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Recovery Cafe 2022 Boren Ave Seattle, WA 98121				19,370	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Renewal Food Bank 12819 SE 38th St PMB 241 Bellevue, WA 98006				106,849	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Ritzville Food Pantry PO Box 442 Ritzville, WA 99169				35,715	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Rock Island Food Bank 1420 DeMar PL Rock Island, WA 98850				21,894	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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ROOF Community Services PO Box 312 Rochester, WA 98579				21,997	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ROOTS Shelter & Friday Feast 1415 NE 43rd Street Seattle, WA 98105				22,560	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Royal City Food Bank PO Box 144 Royal City, WA 99357				290,566	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAGE 710 N Chelan Wenatchee, WA 98801				11,347	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Saint Vincent de Paul Longview PO Box 2957 Longview, WA 98632				89,084	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Saints Pantry Food Bank PO Box 1064 Shelton, WA 98584				30,900	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Salvation Army Aberdeen PO Box 1437 Aberdeen, WA 98520				11,107	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Salvation Army Centralia PO Box 488 Centralia, WA 98531				26,753	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Salvation Army Renton PO Box 977 Renton, WA 98057				191,439	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Salvation Army Spokane Corps 222 E Indiana Ave Spokane, WA 99207				456,367	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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SD Bellingham Food Bank 1824 Ellis Street Bellingham, WA 98225				17,200	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD Clark County Food Bank 6502 NE 47th Ave Vancouver, WA 98661				412,743	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Coastal Harvest PO Box 616 Hoquiam, WA 98550				556,557	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD Lewis County Food Coalition PO Box 307 Chehalis, WA 98532				46,029	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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SD Lower Columbia CAP (HELP) 1526 Commerce Longview, WA 98632				54,706	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD Skagit County Dist Center 330 Pacific Place Renton, WA 98059				105,230	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Sea Mar Adult Treatment 1415 Center St Tacoma, WA 98409				15,549	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Seattle Indian Center Food Bank 1265 S Main St Ste 105 Seattle, WA 98144				136,409	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Seeds of Grace 7314 44th Ave NE Marysville, WA 98270				81,660	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Selah Food Bank 1107 W Fremont Ave Selah, WA 98942				58,893	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Sequim Food Bank PO Box 1453 Sequim, WA 98382				90,149	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Serve Spokane Food Pantry 8303 N Division Spokane, WA 99208				103,855	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Shalom Ministries PO Box 4684 Spokane, WA 99220				16,859	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Sharenet Food Bank PO Box 250 Kingston, WA 98346				57,173	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Shepherd's Heart Care Center PO Box 1345 Lyman, WA 98263				14,500	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Skagit Friendship House PO Box 517 Mt Vernon, WA 982730517				25,324	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Skagit Valley Neighbors in Need PO Box 394 Mt Vernon, WA 98273				199,662	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Sky Valley Food Bank PO Box 724 Monroe, WA 98272				200,248	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Snohomish Community Food Bank PO Box 1364 Snohomish, WA 98291				131,256	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Snoqualmie Valley Food Bank PO Box 1541 North Bend, WA 98045				110,265	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Soap Lake - Soap Lake Elem 410 S Gingko Soap Lake, WA 98851				5,122	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Soap Lake Food Bank PO Box 925 Soap Lake, WA 98851				143,560	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Sunrise Outreach Center Mabton Food Bank PO Box 10413 Yakima, WA 98909				145,994	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Sunrise Outreach Center Sunnyside Food Bank PO Box 10413 Yakima, WA 98909				129,649	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Sunrise Outreach Center Wapato Food Pantry PO Box 10413 Yakima, WA 98909				542,409	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Sunrise Outreach Center Yakima Our Daily Bread FB PO Box 10413 Yakima, WA 98909				549,630	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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SOMMA Food Bank PO Box 116 Silver Creek, WA 98585				7,975	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
South Beach Food Bank Services PO Box 686 Westport, WA 98595				6,973	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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South Kitsap Helpline 1012 Mitchell Ave Port Orchard, WA 98366				86,725	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
South Whidbey Good Cheer Food Bank PO Box 144 Langley, WA 98260				113,712	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Southeast Nourish 1704 E 85th Tacoma, WA 98445				36,330	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Spokane Tribe Food Bank PO Box 540 Wellpinit, WA 99040				25,067	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Spokane Valley Partners Food Bank PO Box 141360 Spokane Valley, WA 99214				96,678	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Spokane School District Bemiss Elementary 2323 E Bridgeport Spokane, WA 99207				7,728	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Spokane School District Grant Elementary 1300 E 9th Ave Spokane, WA 99202				7,832	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Spokane School District Holmes Elementary 2600 W Sharp Ave Spokane, WA 992012996				7,003	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Spokane School District Longfellow Elementary 800 E Providence Ave Spokane, WA 99207				6,302	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Spokane School District Whitman Elementary 5400 N Helena St Spokane, WA 99207				5,377	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Sprague Horizons Community Food Bank PO Box 178 Sprague, WA 99032				44,435	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Squaxin Island Tribe Food Bank 2750 SE Old Olympic Hwh Shelton, WA 98584				5,362	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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St Leo's Food Connection 710 S 13th Street Tacoma, WA 98405				290,704	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
St Martin's on Westlake 2008 Westlake Seattle, WA 98121				9,658	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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St Michaels Food Pantry 5 S Naches Ave Yakima, WA 98901				158,481	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Stevenson Food Bank PO Box 507 Stevenson, WA 98648				57,577	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Sumner Community Food Bank PO Box 475 Sumner, WA 98390				10,389	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Sunnyside ACS Food Bank PO Box 718 Sunnyside, WA 98944				169,129	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Saint Vincent de Paul Bremerton 1137 N Callow Bremerton, WA 98312				130,916	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Saint Vincent de Paul Georgetown 5950 Fourth Ave S Seattle, WA 98108				270,240	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Saint Vincent de Paul Ilwaco PO Box 494 Ilwaco, WA 98624				7,803	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Saint Vincent de Paul Pasco PO Box 4273 Pasco, WA 993024273				683,301	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Saint Vincent de Paul South King County PO Box 624 Auburn, WA 98071				6,502	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Saint Vincent de Paul St Joseph 625 S Elliott Wenatchee, WA 98801				62,181	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Saint Vincent de Paul Clarkston 604 2nd Street Clarkston, WA 99403				67,829	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SW Boys & Girls Club King County 9800 8th Ave SW Suite 105 Seattle, WA 98106				7,001	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Tacoma Adventist Community Services PO Box 11291 Tacoma, WA 98411				18,891	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Tenino Food Bank Plus PO Box 1239 Tenino, WA 98589				54,332	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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The Cove PO Box 895 Twisp, WA 98856				28,083	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
The Food Bank St Mary's 611 20th Ave S Seattle, WA 98144				642,046	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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The Pantry at Moxee 7203 Mieras Road Yakima, WA 98901				36,646	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
The Wintonia 1431 Minor Ave Seattle, WA 98101				7,860	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Thurston County Food Bank 220 NE Thurston Olympia, WA 98501				362,058	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Tonasket Food Bank 101 Hwy 97 Tonasket, WA 98855				53,581	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Toppenish Community Chest PO Box 408 Toppenish, WA 98948				265,289	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Toppenish School District Lincoln Elementary 309 North Alder Toppenish, WA 98948				5,448	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Toppenish School District Valley View Elementary 515 Zillah Ave Toppenish, WA 98948				5,256	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Tri-Area Food Bank PO Box 124 Pt Hadlock, WA 98339				83,557	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Tri-Cities Benton City Food Bank 420 W Deschutes Ave Kennewick, WA 99336				70,490	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Tri-Cities Kennewick Food Bank 420 W Deschutes Ave Kennewick, WA 99336				184,949	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Tri-Cities Richland Food Bank 420 W Deschutes Ave Kennewick, WA 99336				78,598	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Trinity Mission Cupboard 6700 MacArthur Blvd Vancouver, WA 98661				18,011	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Tri-Parish Food Bank 935 Peterson Rd Burlington, WA 98233				34,948	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Tukwila Pantry 3118 S 140 St Tukwila, WA 98168				362,858	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Tulalip Food Bank 1330 Marine Drive NE Tulalip, WA 98271				72,451	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Tum Tum Community Food Pantry 6424 Hwy 291 Nine Mile Falls, WA 99026				34,806	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Union Gospel Mission Seattle 3800 S Othello St Seattle, WA 98118				264,888	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Union Gospel Mission Tri-Cities PO Box 1443 Pasco, WA 99301				220,462	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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University District Food Bank 5017 Roosevelt Way NE Seattle, WA 98105				319,009	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Valley Food Pantry PO Box 81 Valley, WA 99181				36,200	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Vashon-Maury Community Food Bank PO Box 1205 Vashon, WA 98070				95,381	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Volunteer Food Resource Center Colville Food Bank 210 S Wynne Colville, WA 99114				31,929	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Volunteers of America Crosswalk 525 W Second Ave Spokane, WA 99201				24,165	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Volunteers of America Everett PO Box 839 Everett, WA 98206				142,090	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Volunteers of America Sultan PO Box 268 Everett, WA 98294				52,004	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Washington Gorge Action Programs PO Box 805 Bingen, WA 98605				143,616	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Wahkiakum Helping Hand Food Bank PO Box 22 Cathlamet, WA 98612				8,069	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Waterville Food Bank PO Box 553 Waterville, WA 98858				19,144	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Wauconda Food Bank PO Box 4 Wauconda, WA 98859				14,145	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Wenatchee Food Bank 131 View Ridge Circle Wenatchee, WA 98801				80,604	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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West Seattle Food Bank 3419 SW Morgan St Seattle, WA 981263133				243,219	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Westgate Chapel Food Bank 22901 Edmonds Way Edmonds, WA 98020				87,435	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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White Center Food Bank 10829 Eighth Ave SW Seattle, WA 98146				188,068	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
White Pass Community Food Bank PO Box 175 Randle, WA 98377				9,436	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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White Swan Community Food Bank PO BOX 40 White Swan, WA 98952				88,477	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Winlock-Vader Food Bank PO Box 304 Winlock, WA 98596				10,125	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Women's & Children's Free Rest 1408 N Washington Spokane, WA 99201				16,079	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Woodland ACTION Center PO Box 1475 Woodland, WA 98674				65,254	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Yakima Rotary Food Bank PO Box 2221 Yakima, WA 989072221				710,582	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Yakima Seventh-Day Adventist Food Bank 507 N 35th Ave Yakima, WA 98902				490,206	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Yakima School District Adams Elementary 723 S 8th St Yakima, WA 98901				6,843	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Yakima School District BargeLincoln Elementary 219 E I St Yakima, WA 98901				5,563	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Yakima School District Garfield Elementary 612 N 6th Ave Yakima, WA 98902				5,491	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Yakima School District Martin Luther King Jr 2000 18th St Yakima, WA 98903				5,006	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Yelm Community Services PO Box 5320 Yelm, WA 98597				56,527	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YWCA Angeline's Center 2030 Third Avenue Seattle, WA 98121				18,704	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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YWCA--Central Area Food Bank 2820 E Cherry Street Seattle, WA 98122				52,593	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Zillah Food Bank PO Box 1442 Zillah, WA 98953				34,650	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Spokane AIDS Network FB 905 South Monroe Spokane, WA 99204				12,464	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Spokane AIDS Network MP 905 South Monroe Spokane, WA 99204				5,117	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

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Beacon Ave Food Bank 6230 Beacon Ave S Seattle, WA 98108				21,716	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Bridgeport Food Bank PO Box 415 Bridgeport, WA 98813				20,040	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FSW Dearborn Park Elementary 2820 S Orcas St Seattle, WA 98108				5,418	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FSWP Emerson Elementary 9709 60th Ave S Seattle, WA 98118				5,414	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FSWP Leschi 135 32nd Ave Seattle, WA 98122				5,419	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
Orondo Food Bank PO Box 63 Orondo, WA 98843				13,499	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Southside Food Pantry 2934 E 27th Ave Spokane, WA 99223				72,239	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.

**2015**  
Open to Public Inspection

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

Name of the organization NORTHWEST HARVESTEMM	Employer identification number 91-0826037
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in 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.	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No								
<b>c</b> 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.	<b>4c</b>	No								
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No								
<b>6</b> 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:										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No								
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No								
<b>8</b> 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.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

**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 are not listed on Form 990, Part VII.

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

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

Return Reference	Explanation
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

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

▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NORTHWEST HARVESTEMM

**Employer identification number**

91-0826037

**Part I Types of Property**

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

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

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

**Part II Supplemental Information.**

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

Return Reference	Explanation
SCH M, PART I, COLUMN B	FOOD INVENTORY IS COUNTED IN POUNDS, DONATED STOCK DONATIONS AND NON-FOOD GOODS ARE COUNTED BASED ON THE NUMBER OF ITEMS CONTRIBUTED

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016****Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization  
NORTHWEST HARVESTEMM

Employer identification number

91-0826037

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 6	VOLUNTEER TIME IS TRACKED BY NORTHWEST HARVEST ON AN HOURS SERVED BASIS BASED ON THE 96,477 VOLUNTEER HOURS DONATED DURING THE YEAR, NORTHWEST HARVEST HAD AN ESTIMATED 8,040 VOLUNTEERS THE VOLUNTEERS ASSISTED IN FOOD DISTRIBUTION, FUND-RAISING ACTIVITIES AND PROGRAM SUPPORT 19 VOLUNTEERS ALSO SERVED AS MEMBERS OF THE BOARD OF DIRECTORS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE AND FINANCE COMMITTEES REVIEW THE FORM 990 PRIOR TO FILING THE COMMITTEE MEMBERS THEN MAKE A RECOMMENDATION TO THE ENTIRE BOARD TO APPROVE THE FORM 990 THE ENTIRE BOARD RECEIVES A COPY OF THE FORM 990 BEFORE FILING THE FULL BOARD VOTES TO APPROVE THE FORM 990 BASED UPON THE COMMITTEE MEMBERS' RECOMMENDATIONS BEFORE FILING

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	ALL LISTED MEMBERS OF THE BOARD AND STAFF ARE COVERED BY THIS POLICY DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST MUST BE MADE IMMEDIATELY TO THE CEO AND BOARD CHAIR WHO WILL MAKE THE DETERMINATION OF POTENTIAL CONFLICT AND THE CONFLICT WILL BE REVIEWED BY THE ENTIRE BOARD IF A CONFLICT IS DISCOVERED, THE BOARD MEMBER LEAVES THE DISCUSSION AND DOES NOT VOTE ON THE MATTER

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 COMPE NSATION OF THE COMPARABLE CEOS IN THE REGION COMPENSATION OF THE CEO IS DISCUSSED AND DET ERMINED ANNUALLY BY THE BOARD OF DIRECTORS IN A PRIVATE EXECUTIVE SESSION THE CEO'S LAST COMPENSATION REVIEW WAS PERFORMED IN JUNE 2016

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST