

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

OMB No 1545-0047
2017
Open to Public Inspection

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

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

C Name of organization
NORTHWEST HARVESTEMM
% MARK VON HAGEL
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 \$ 47,018,593

F Name and address of principal officer
MARK VON HAGEL
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

3 Number of voting members of the governing body (Part VI, line 1a)	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	18
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	94
6 Total number of volunteers (estimate if necessary)	7,606
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	28,915

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	51,152,346	45,160,358
9 Program service revenue (Part VIII, line 2g)	1,505,491	1,843,643
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-198,476	20,198
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-319,766	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,139,595	47,024,199

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	42,104,044	37,229,159
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,753,880	6,146,058
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,361,078		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,087,495	4,778,429
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	52,945,419	48,153,646
19 Revenue less expenses Subtract line 18 from line 12	-805,824	-1,129,447

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	21,467,287	20,172,029
21 Total liabilities (Part X, line 26)	1,078,839	1,097,757
22 Net assets or fund balances Subtract line 21 from line 20	20,388,448	19,074,272

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: 2019-05-15
MARK VON HAGEL INTERIM 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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 \$ 43,978,780 including grants of \$) (Revenue \$ 1,843,643)
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 ▶ 43,978,780

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

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 (18); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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 (MARK VON HAGEL PO BOX 12272 SEATTLE, WA 98102 (206) 625-0755)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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) KATHY BROWN Member	4 00	X						0	0	0
(2) DIANA AXNESS Chair	4 00	X		X				0	0	0
(3) Tim Groves Member	2 00	X						0	0	0
(4) DWIGHT RIVES TREASURER	2 00	X		X				0	0	0
(5) SASA KIRKPATRICK MEMBER	2 00	X						0	0	0
(6) BRANDON PEDERSEN MEMBER	2 00	X						0	0	0
(7) JOYCE CAMERON MEMBER	2 00	X						0	0	0
(8) SCOTT MCQUILKIN chair elect	2 00	X						0	0	0
(9) NEAL BOLING MEMBER	2 00	X						0	0	0
(10) JEFF GRANT MEMBER (Until 4/30/2018)	2 00	X						0	0	0
(11) CHRIS HALES SECRETARY	2 00	X		X				0	0	0
(12) JAN STILL MEMBER	2 00	X						0	0	0
(13) CONNIE FALON MEMBER	2 00	X						0	0	0
(14) RACHEL BEDA MEMBER	2 00	X						0	0	0
(15) VIN GUPTA MEMBER	2 00	X						0	0	0
(16) SHAMSO ISSAK MEMBER	2 00	X						0	0	0
(17) MIKE REGIS MEMBER	2 00	X						0	0	0

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	37,229,159	37,229,159		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	498,663		498,663	
7 Other salaries and wages.	4,250,230	2,720,147	637,534	892,549
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	197,827	126,609	29,674	41,544
9 Other employee benefits.	850,018	544,012	127,503	178,503
10 Payroll taxes.	349,320	223,565	52,398	73,357
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	0			
c Accounting.	26,152		26,152	
d Lobbying.	2,500	2,500		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	4,409	1,235	1,720	1,454
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	105,027	29,408	40,961	34,658
12 Advertising and promotion.	556,038	5,560		550,478
13 Office expenses.	457,403	146,370	54,889	256,144
14 Information technology.	206,236	57,745	80,432	68,059
15 Royalties.	0			
16 Occupancy.	857,855	729,178	85,784	42,893
17 Travel.	150,005	70,502	45,002	34,501
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	213,366	100,282	64,010	49,074
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	543,912	431,699	52,351	59,862
23 Insurance.	139,290	44,573	16,715	78,002
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD HANDLING	636,538	636,538		
b TRANSPORTATION TRUCKING	543,618	543,618		
c FOOD PACKING SUPPLIES	336,080	336,080		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	48,153,646	43,978,780	1,813,788	2,361,078
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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
Assets	1 Cash—non-interest-bearing	1,041,170	1	743,544
	2 Savings and temporary cash investments	3,754,944	2	4,071,065
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	239,188	4	292,984
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	3,941,009	8	2,707,464
	9 Prepaid expenses and deferred charges	213,828	9	53,764
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	17,904,513		
	b Less accumulated depreciation	7,022,650		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	1,630,317	15	1,421,345
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,467,287	16	20,172,029	
Liabilities	17 Accounts payable and accrued expenses	1,078,839	17	1,097,757
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,078,839	26	1,097,757
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,071,202	27	16,865,898
	28 Temporarily restricted net assets	1,130,113	28	1,034,672
	29 Permanently restricted net assets	1,187,133	29	1,173,702
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	20,388,448	33	19,074,272	
34 Total liabilities and net assets/fund balances	21,467,287	34	20,172,029	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>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>	3b		

Additional Data

Software ID:

Software Version:

EIN: 91-0826037

Name: NORTHWEST HARVESTEMM

Form 990 (2017)

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 2018 FISCAL YEAR, MORE THAN 24.8 MILLION POUNDS OF FOOD WAS DISTRIBUTED TO FRONTLINE HUNGER RELIEF PROGRAMS AND INDIVIDUALS AT NO CHARGE. NORTHWEST HARVEST HAS A STRONG FOCUS ON NUTRITION. Seventy-Two Percent OF THE FOOD SUPPLIED WAS FRUITS, VEGETABLES AND PROTEIN. PROGRAM REVENUE IS DERIVED FROM THE PROVISION OF WAREHOUSING AND TRANSPORTATION SERVICES FOR A STATEWIDE HUNGER RELIEF PROGRAM AND FROM THE DISTRIBUTION OF BULK FOOD THROUGH THE NORTHWEST HARVEST SMART BUYS PROGRAM.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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		
Total						

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	60,314,885	52,059,922	52,795,235	51,152,346	45,160,358	261,482,746
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	60,314,885	52,059,922	52,795,235	51,152,346	45,160,358	261,482,746
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						59,694,107
6 Public support. Subtract line 5 from line 4						201,788,639

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	60,314,885	52,059,922	52,795,235	51,152,346	45,160,358	261,482,746
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	290,766	65,517	56,123	36,620	13,042	462,068
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,462,804					2,462,804
11 Total support. Add lines 7 through 10						264,407,618

12 Gross receipts from related activities, etc (see instructions) **12**

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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	76.320 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	77.560 %

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017
Open to Public Inspection

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

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

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

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

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

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

Name of the organization NORTHWEST HARVESTEMM	Employer identification number 91-0826037
--	--

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		6,385
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		2,500
j Total Add lines 1c through 1i			8,885
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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."

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

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
PART II-B, LINE 1	NORTHWEST HARVEST EMPLOYS A PUBLIC POLICY MANAGER TO PERFORM EDUCATION AND ADVOCACY WORK IN OLYMPIA VOLUNTEERS PARTICIPATED IN HUNGER ACTION DAY AT THE STATE CAPITOL THERE IS NO VALUE REPORTED ON PART II-B, LINE 10, COLUMN (B) BECAUSE THE EXPENSES ASSOCIATED WITH THIS ACTIVITY ARE NOT ASCERTAINABLE

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
NORTHWEST HARVESTEMM

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	215,902	196,217	200,939	200,267	173,459
b Contributions					
c Net investment earnings, gains, and losses	23,804	19,685	-4,722	672	26,808
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	239,706	215,902	196,217	200,939	200,267

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 49.820 %
 - c** Temporarily restricted endowment ▶ 50.180 %
- 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 |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,845,648		1,845,648
b Buildings		10,845,639	3,031,613	7,814,026
c Leasehold improvements		600,541	322,521	278,020
d Equipment		2,237,848	1,945,751	292,097
e Other		2,374,837	1,722,765	652,072
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				10,881,863

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

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

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

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

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

(a) Description	(b) Book value
(1) PERPETUAL TRUST	1,106,412
(2) BENEFICIAL INTERESTS IN ENDOWM	239,706
(3) OTHER RECEIVABLE	75,227
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	1,421,345

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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.

1	Total revenue, gains, and other support per audited financial statements	1	47,564,860
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	40,271
b	Donated services and use of facilities	2b	500,390
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	540,661
3	Subtract line 2e from line 1	3	47,024,199
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	47,024,199

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

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

1	Total expenses and losses per audited financial statements	1	48,879,036
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	725,390
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	725,390
3	Subtract line 2e from line 1	3	48,153,646
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	48,153,646

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 91-0826037

Name: NORTHWEST HARVESTEMM

Supplemental Information

Return Reference	Explanation
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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABERDEEN COMMUNITY FOOD BANK PO BOX 444 ABERDEEN, WA 98520	91-0841015			17,467	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ADDY RESCUE MISSION PO BOX 38 ADDY, WA 99101	91-1394575			13,147	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADRA BERRY MEMORIAL FOOD BANK PO BOX 948 PRESTON, WA 98050	91-0982213			61,900	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ADVENTIST COMMUNITY SERVICES OF GRAYS HARBOR 3101 CHERRY ST HOQUIAM, WA 98550	45-4208191			9,588	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALGER FOOD BANK 1195 ALGER CAIN LAKE RD SEDRO WOOLLEY, WA 98284	91-1517719			23,353	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ALGONAPACIFIC FOOD PANTRY 603 THIRD AVE SE PACIFIC, WA 98047	91-1498750			45,368	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS FOOD PANTRY 314 S SPRUCE STREET SPOKANE, WA 99201	91-6017136			68,066	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ALOHA INN PO BOX 217 SEATTLE, WA 98111	91-1585652			15,799	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APOYO 111 PEAVINE ROAD ELLENSBURG, WA 98926	91-1970470			60,401	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ASIAN COUNSELING AND REFERRAL SERVICE 3639 MLK JR WAY S SEATTLE, WA 98144	91-0916176			351,011	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASOTIN COUNTY FOOD BANK 1546 MAPLE ST CLARKSTON, WA 99403	82-0388109			34,384	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
AUBURN FOOD BANK PO BOX 464 AUBURN, WA 98071	91-1215485			230,513	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALLARD FOOD BANK 5130 LEARY AVE NW SEATTLE, WA 98107	91-1428805			94,428	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BASIN CITY HELP SERVICES 1880 DRUMMOND RD MESA, WA 99343	91-1544022			34,739	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATTLE GROUND ADVENTIST COMMUNITY SERVICES 11117 NE 189TH ST STE 100 BATTLE GROUND, WA 98604	52-0643036			5,653	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BELLINGHAM FOOD BANK 1824 ELLIS STREET BELLINGHAM, WA 98225	91-0918619			537,642	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIKERS AGAINST STATEWIDE HUNGER OF WASHINGTON PO BOX 2020 ELMA, WA 98541	46-2267651			16,687	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BLAINE FOOD BANK PO BOX 472 BLAINE, WA 98230	91-1160595			134,784	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE MOUNTAIN ACTION COUNCIL FOOD BANK 921 W CHERRY ST WALLA WALLA, WA 99362	91-0793597			111,579	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BONNEY LAKE FOOD BANK PO BOX 7521 BONNEY LAKE, WA 98391	27-0270499			31,366	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD OF LIFE - MARBLEMOUNT 3302 CEDARDALE RD D100 MOUNT VERNON, WA 98273	91-1335192			27,649	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BREMERTON FOODLINE PO BOX 824 BREMERTON, WA 98337	91-1111086			155,322	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREWSTER FOOD BANK PO BOX 826 BREWSTER, WA 98812	91-0569880			28,891	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
BRINNON FOOD BANK 51 CANAL LANE BRINNON, WA 98320	91-1377493			30,292	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BYRD BARR PLACE 722 18TH AVENUE SEATTLE, WA 98122	91-0786727			197,827	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CARE & SHARE - GRAND COULEE PO BOX 671 GRAND COULEE, WA 99133	91-1363219			44,217	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE & SHARE - LINCOLN COUNTY PO BOX 217 DAVENPORT, WA 99122	91-1228920			34,364	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CARITAS OUTREACH MINISTRIES 1612 W DALKE AVE SPOKANE, WA 99205	91-1569891			32,927	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROL ROWE MEMORIAL EDMONDS FOOD BANK 828 CASPERS ST EDMONDS, WA 98020	91-0652053			212,533	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CASHMERE FOOD BANK PO BOX 225 CASHMERE, WA 98815	46-5630025			13,345	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASTLE ROCK LIONS FOOD BANK PO BOX 776 CASTLE ROCK, WA 98611	91-6054280			20,769	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CATHEDRAL KITCHEN 804 NINTH AVE SEATTLE, WA 98104	91-0567738			21,704	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL KITSAP FOOD BANK PO BOX 748 SILVERDALE, WA 98383	91-1425561			124,346	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CHELAN-DOUGLAS COMMUNITY ACTION COUNCIL 620 LEWIS STREET WENATCHEE, WA 98801	91-6064514			45,631	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEWELAH FOOD BANK PO BOX 628 CHEWELAH, WA 99109	91-1084840			25,603	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CHICKEN SOUP BRIGADE (LIFELONG AIDS ALLIANCE) PO BOX 80547 SEATTLE, WA 98108	91-1215715			176,101	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHINOOK FOOD BANK PO BOX 243 CHINOOK, WA 98614	30-0165711			5,720	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CLARK COUNTY ADVENTIST COMMUNITY SERVICES 3114 E 4TH PLAIN VANCOUVER, WA 98661	52-0643036			67,290	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEAR LAKE COMMUNITY COVENANT CHURCH & FOOD BANK PO BOX 188 CLEARLAKE, WA 98235	68-0650377			9,996	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CLOVER PARK SCHOOL DISTRICT FOUR HEROES ELEMENTARY 9101 LAKEWOOD DRIVE SOUTHWEST LAKEWOOD, WA 98499	91-6001563			6,232	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOVER PARK SCHOOL DISTRICT TYEE PARK ELEMENTARY 11920 SEMINOLE RD SW TACOMA, WA 98499	91-6001563			5,861	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COASTAL HARVEST MOBILE FOOD BANK PO BOX 616 HOQUIAM, WA 98550	94-3252669			18,939	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLVILLE CONFEDERATED TRIBES FOOD BANK PO BOX 150 NESPELEM, WA 99155	91-0557683			261,957	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COMMUNITY CUPBOARD - MEND PO BOX 772 LEAVENWORTH, WA 98826	91-1415660			32,069	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOOD BANK OF DAYTON P O BOX 284 DAYTON, WA 99328	91-1240257			11,049	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COMMUNITY FOOD PANTRY PO BOX 1858 BELFAIR, WA 98528	45-5576783			107,409	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY LUNCH ON CAPITOL HILL 509 10TH AVE E SEATTLE, WA 98102	05-0566668			17,468	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COMMUNITY SERVICES OF MOSES LAKE PO BOX 683 MOSES LAKE, WA 98837	91-0664984			270,136	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCERN FOR NEIGHBORS FOOD BANK 4700 228TH ST SW MOUNTLAKE TERRACE, WA 98043	91-2027084			91,182	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CONCONULLY FOOD BANK 713 E DEWBERRY AVE OMAK, WA 98841	91-0972261			18,071	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCRETE FOOD BANK PO BOX 53 CONCRETE, WA 98237	91-1643893			15,566	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
COPALIS COMMUNITY CHURCH FOOD BANK PO BOX 304 COPALIS BEACH, WA 98535	91-0823403			22,473	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL AGING & HUMAN SERVICES FOOD BANK PO BOX 107 COLFAX, WA 99111	91-0964790			121,750	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
CUSICK FOOD BANK PO BOX 126 CUSICK, WA 99119	91-1102635			39,961	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES AREA FOOD BANK PO BOX 98788 DES MOINES, WA 98198	91-1183154			145,633	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
DOWNTOWN EMERGENCY SERVICE CENTER - EVANS HOUSE 515 3RD AVENUE SEATTLE, WA 98104	91-1275815			17,820	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN EMERGENCY SERVICE CENTER - RAINIER HOUSE 515 3RD AVENUE SEATTLE, WA 98104	91-1275815			20,866	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EAST CENTRAL COMMUNITY CENTER 500 S STONE ST SPOKANE, WA 99202	91-1143596			145,307	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST GRAYS HARBOR COUNTY FOOD BANK PO BOX 1440 ELMA, WA 98541	91-1244371			21,745	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EAST VALLEY BAPTIST CHURCH FOOD PANTRY 14516 E WELLESLEY SPOKANE, WA 99216	36-4546005			37,765	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDGEWOOD COMMUNITY FISH FOOD BANK 3607 122ND AVE E STE B EDGEWOOD, WA 98372	91-1198391			46,519	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EL CENTRO DE LA RAZA FOOD BANK 2524 16TH AVE S SEATTLE, WA 98144	91-0899927			178,796	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELOISE COOKING POT PO BOX 94545 SEATTLE, WA 98124	54-2092145			223,394	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ENTIAT VALLEY COMMUNITY SERVICES FOOD BANK PO BOX 697 ENTIAT, WA 98822	26-0901943			19,460	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPHRATA FOOD BANK PO BOX 804 EPHRATA, WA 98823	91-1391859			121,015	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
EVERSON FOOD BANK 205 REEDS LN 6 EVERSON, WA 98247	91-1339292			87,306	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRVIEW SEVENTH-DAY ADVENTIST FOOD BANK 1331 ASPEN SPRINGS LANE YAKIMA, WA 98903	91-1218657			47,835	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FAITH CENTER FOOD BANK 1209 MINOR RD KELSO, WA 98626	91-1393264			49,592	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FALL CITY COMMUNITY FOOD PANTRY PO BOX 640 FALL CITY, WA 98024	91-6198453			14,854	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FAMILIES UNLIMITED NETWORK FOOD BANK PO BOX 65672 UNIVERSITY PL, WA 984640672	20-0435496			32,679	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY WORKS FOOD BANK 1501 N 45TH SEATTLE, WA 98103	91-1757277			114,488	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FEED SPOKANE 218 NORTH CRESTLINE STREET SPOKANE, WA 99202	77-0669783			6,753	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FERNDALE FOOD BANK PO BOX 1593 FERNDALE, WA 98248	91-1166240			73,647	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FISH OF COWLITZ COUNTY PO BOX 135 LONGVIEW, WA 98632	23-7452250			43,045	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISH OF ORCHARDS PO BOX 820833 VANCOUVER, WA 98682	91-1150994			11,904	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FISH OF VANCOUVER PO BOX 585 VANCOUVER, WA 98666	91-1166344			13,159	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOTHILLS FOOD BANK 5568 MT BAKER HWY DEMING, WA 98244	91-1347974			84,874	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
FORD FOOD PANTRY FORD SUNSET CLUB PO BOX 184 FORD, WA 99013	91-1367180			32,837	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORKS FOOD BANK PO BOX 270 FORKS, WA 98331	91-1102628			12,939	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GARFIELD COUNTY FOOD BANK PO BOX 15 POMEROY, WA 99347	91-1657333			11,477	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIFTS FROM THE HEART FOOD BANK PO BOX 155 COUPEVILLE, WA 98239	02-0549032			57,684	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GOLDEN AGE FOOD SHARE PO BOX 4467 PASCO, WA 99301	31-1515790			19,257	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDENDALE FOOD BANK PO BOX 48 BINGEN, WA 98620	91-1086619			68,132	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GRAHAM SOUTH HILL FISH FOOD BANK 1702 S 72ND ST STE E TACOMA, WA 98408	91-1198391			80,283	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANDVIEW SEVENTH-DAY ADVENTIST FOOD BANK PO BOX 1409 PROSSER, WA 99350	91-1230403			171,334	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GRANGER FOOD BANK PO BOX 791 GRANGER, WA 98932	91-2070485			117,241	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANITE FALLS FOOD BANK PO BOX 1947 GRANITE FALLS, WA 98252	41-2103240			29,341	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
GREATER CHEHALIS FOOD BANK PO BOX 1311 CHEHALIS, WA 98532	51-0180724			22,329	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENHOUSE COMMUNITY CENTER PO BOX 280 DEER PARK, WA 99006	02-0797827			177,916	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HAMILTON COMMUNITY FOOD BANK PO BOX 75 HAMILTON, WA 98255	91-1351355			46,248	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRINGTON FOOD BANK 204 N THIRD ST HARRINGTON, WA 99134	91-0956984			40,739	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HARVEST OUTREACH FOOD BANK 1350 S RAINIER ST KENNEWICK, WA 99337	91-1184020			302,178	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING HANDS FOOD BANK PO BOX 632 SEDRO WOOLLEY, WA 98284	91-1203572			237,053	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HELPLINE HOUSE 282 KNECHTEL WAY NE BAINBRIDGE IS, WA 98110	91-0902503			34,281	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLAND FOOD BANK PO BOX 232 COWICHE, WA 98923	90-0714318			95,575	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HIGHLINE AREA FOOD BANK PO BOX 66427 BURIEN, WA 98166	91-1665389			108,197	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLINE SCHOOL DIST BEVERLY PARK ELEMENTARY 1201 S 104TH ST SEATTLE, WA 98168	91-6001631			6,514	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HIGHLINE SCHOOL DIST HAZEL VALLEY ELEMENTARY 402 SOUTHWEST 132ND ST BURIEN, WA 98146	91-6001631			6,296	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLINE SCHOOL DIST MOUNT VIEW ELEMENTARY 10811 12TH AVE SW SEATTLE, WA 98146	91-6001631			6,977	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOH TRIBAL FOOD BANK P O BOX 2196 FORKS, WA 98331	91-0887990			6,855	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOOD CANAL FOOD BANK PO BOX 995 HOODSPORT, WA 98548	91-1449048			19,451	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOPELINK BELLEVUE 14812 MAIN ST BELLEVUE, WA 98007	91-0982116			496,166	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPESOURCE FOOD BANK 700 E MOUNTAIN VIEW AVE STE 5 ELLENSBURG, WA 98926	91-0814544			14,598	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOQUIAM FOOD & CLOTHING BANK PO BOX 472 HOQUIAM, WA 98550	94-3249593			24,033	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOQUIAM SCHOOL DISTRICT - CENTRAL ELEMENTARY 310 SIMPSON AVE HOQUIAM, WA 98550	91-0982116			6,363	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HOQUIAM SCHOOL DISTRICT - LINCOLN ELEMENTARY 700 WOOD AVE HOQUIAM, WA 98550	91-6001563			6,180	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF CHARITY PO BOX 2253 SPOKANE, WA 99210	91-0569880			28,001	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
HUB CITY MISSION FOOD BANK 132 KIRKLAND RD CHEHALIS, WA 98532	44-0577787			27,747	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTERS FOOD BANK PO BOX 24 HUNTERS, WA 99137	91-1285211			8,207	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
IMMANUEL COMMUNITY SERVICES FOOD BANK 1215 THOMAS ST SEATTLE, WA 98109	26-0881300			26,679	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH ASSOCIATION OF NORTHWEST WASHINGTON PO BOX 12824 EVERETT, WA 98206	91-1340220			6,583	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
INTER-FAITH TREASURE HOUSE PO BOX 815 CAMAS, WA 98607	91-1214478			6,798	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISSAQUAH FOOD & CLOTHING BANK 179 1ST AVE SE ISSAQUAH, WA 98027	91-1245499			11,488	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
JEWISH FAMILY SERVICE 1601 16TH AVE SEATTLE, WA 98122	91-0565537			95,463	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KALAMA HELPING HAND PO BOX 621 KALAMA, WA 98625	91-1343233			22,629	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KENT SCHOOL DISTRICT EAST HILL ELEMENTARY 9825 S 240TH ST KENT, WA 98031	91-6001646			5,703	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT SCHOOL DISTRICT ELEMENTARY SCHOOL 24700 64TH AVE S KENT, WA 98032	91-6001646			6,865	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KENT SCHOOL DISTRICT PARK ORCHARD ELEMENTARY 11010 SE 232ND STREET KENT, WA 98031	91-6001646			7,271	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT SCHOOL DISTRICT SPRINGBROOK ELEMENTARY 20035 100TH AVE SE KENT, WA 98031	91-6001646			5,290	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KETTLE FALLS COMMUNITY CHEST PO BOX 1145 KETTLE FALLS, WA 99141	91-1328160			15,035	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KETTLE RIVER LINC 365 MAIN ST ORIENT, WA 99160	26-4139251			6,421	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
KEY PENINSULA BISCHOFF FOOD BANK PO BOX 554 VAUGHN, WA 98394	46-5405179			51,772	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CONNER SUNRISE FOOD BANK PO BOX 922 LA CONNER, WA 98257	80-0866528			16,855	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LAKE CHELAN FOOD BANK PO BOX 2684 CHELAN, WA 98816	30-0843675			49,263	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKES AREA FISH FOOD BANK 6900 STEILACOOM BLVD LAKEWOOD, WA 98499	91-1198391			40,719	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LATINO HOT MEAL (EL CENTRO) 2524 16TH AVE S SEATTLE, WA 98144	91-0899927			21,748	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGACY COMMUNITY OUTREACH FOOD BANK PO BOX 1388 SOUTH BEND, WA 98586	27-0234045			12,349	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LOON LAKE FOOD BANK PO BOX 64 LOON LAKE, WA 99148	91-1236018			461,737	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LORD'S NEIGHBORHOOD DINER 700 CALLAHAN DRIVE BREMERTON, WA 98310	31-1692002			11,760	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LORD'S PANTRY 4800 CENTRAL PARK DRIVE ABERDEEN, WA 98520	90-0504967			6,634	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUMMI NATION FOOD BANK 2665 KWINA ROAD BELLINGHAM, WA 98226	91-1836621			79,396	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
LYNNWOOD FOOD BANK 5320 176TH ST SW LYNNWOOD, WA 98037	84-1642388			183,794	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKAH FOOD BANK PO BOX 115 NEAH BAY, WA 98357	91-0492517			78,823	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MALONE FOOD BANK PO BOX 983 MALONE, WA 98559	44-0577787			9,145	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANSFIELD FOOD BANK PO BOX 191 MANSFIELD, WA 98830	91-2168580			9,583	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MAPLE VALLEY FOOD BANK & EMERGENCY SERVICES PO BOX 322 MAPLE VALLEY, WA 98038	91-6057006			191,508	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARGIE WILLIAMS HELPING HANDS PO BOX 2145 RENTON, WA 98056	75-3163092			66,677	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MARY'S PLACE PO BOX 1711 SEATTLE, WA 98111711	27-2087950			26,614	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYSVILLE COMM FOOD BANK PO BOX 917 MARYSVILLE, WA 98270	91-1347507			97,412	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MATLOCK FOOD BANK PO BOX 122 MATLOCK, WA 98560	91-1229585			12,315	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTAWA AREA FOOD BANK BOX 853 MATTAWA, WA 99349	02-0789497			172,517	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MCCLEARY FOOD BANK PO BOX 1065 MCCLEARY, WA 98557	91-1594489			7,582	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDWEST FOOD BANK 1703 VETERANS PARKWAY BLOOMINGTON, IL 61701	41-2120170			445,882	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MILLIONAIRE CLUB 2515 WESTERN AVE SEATTLE, WA 98121	91-0607513			13,965	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOBILE FOOD EXPRESS SKAGIT CAP 330 PACIFIC PLACE MOUNT VERNON, WA 98273	91-1140086			36,596	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MONTESANO FOOD BANK 222 N MAIN ST MONTESANO, WA 98563	91-1318048			12,579	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOSES LAKE SCHOOL DISTRICT LARSON HEIGHTS 700 LINDBERG LANE MOSES LAKE, WA 98837	91-6001956			6,065	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MOSES LAKE SCHOOL DISTRICT MIDWAY ELEMENTARY 502 S C ST MOSES LAKE, WA 98837	91-6001956			6,066	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOSES LAKE SCHOOL DISTRICT NORTH ELEMENTARY 1200 W CRAIG BLVD MOSES LAKE, WA 98837	91-6001956			5,302	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MT SI HELPING HAND FOOD BANK PO BOX 2464 NORTH BEND, WA 98045	94-3073249			137,942	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MULTI-SERVICE CENTER PO BOX 23699 FEDERAL WAY, WA 98093	23-7120815			277,017	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
MY SISTER'S PANTRY 621 TACOMA AVE S TACOMA, WA 98402	91-1975606			65,461	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORS HELPING NEIGHBORS PO BOX 789 RIDGEFIELD, WA 98642	91-1190827			5,653	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NEW HOPE FOOD BANK PO BOX 247 SEKIU, WA 98381	91-1352736			10,177	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HOPE RANCH FB 13507 W CHARLES RD NINE MILE FLS, WA 990269608	91-1630914			50,025	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NEWPORT FOOD BANK PO BOX 1952 NEWPORT, WA 99156	91-1637970			65,865	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOAH'S ARK PO BOX 1562 YAKIMA, WA 98907	20-3070634			40,215	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NOEL HOUSE 118 BELL ST SEATTLE, WA 98121	91-1099134			16,172	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOOKSACK TRIBAL FOOD BANK PO BOX 157 DEMING, WA 98244	91-1487296			12,076	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTH COUNTY COMMUNITY FOOD BANK PO BOX 2106 BATTLE GROUND, WA 98604	91-1715580			13,159	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH COUNTY FOOD PANTRY PO BOX 388 ELK, WA 99009	94-3167688			125,555	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTH HELPLINE BITTERLAKE 12736 33RD AVE NE 100 SEATTLE, WA 98125	91-1475182			56,414	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH HELPLINE FOOD BANK 12736 33RD AVE NE STE 100 SEATTLE, WA 98125	91-1475182			292,963	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTH KITSAP FISHLINE PO BOX 1517 POULSBO, WA 98370	91-1244431			95,449	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH PACIFIC COUNTY FOOD BANK 1899 PARK AVE RAYMOND, WA 98577	82-2491928			8,961	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NORTHEAST FOOD PANTRY PO BOX 7398 SPOKANE, WA 99207	90-0724290			98,901	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHPORT FOOD BANK PO BOX 411 NORTHPORT, WA 99157	91-2073170			14,510	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
NOURISH PIERCE COUNTY MOBILE 1702 S 72ND ST STE E TACOMA, WA 98408	91-1198391			25,844	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NW TACOMA FISH FOOD BANK 2710 N MADISON TACOMA, WA 98407	91-1198391			58,968	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OCEAN PARK FOOD BANK PO BOX 907 OCEAN PARK, WA 98640	27-0852377			15,637	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCEAN SHORES FOOD BANK PO BOX 1293 OCEAN SHORES, WA 98569	46-3480003			26,168	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OIC OF WA FOOD BANK 815 FRUITVALE BLVD YAKIMA, WA 98902	91-0873024			440,454	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKANOGAN FOOD BANK PO BOX 1067 OKANOGAN, WA 98840	91-0814162			50,444	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OL' MILL FOOD BANK PO BOX 301 KLICKITAT, WA 98628	91-0793062			32,831	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OMAK FOOD BANK PO BOX 4337 OMAK, WA 98841	91-1190398			63,572	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OPERATION NIGHTWATCH PO BOX 21181 SEATTLE, WA 98111	91-0964027			19,107	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION SACK LUNCH PO BOX 4128 SEATTLE, WA 98194	91-1658187			24,701	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ORCAS ISLAND FOOD BANK PO BOX 424 EASTSOUND, WA 98245	91-1255700			21,639	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OROVILLE FOOD BANK PO BOX 471 OROVILLE, WA 98844	31-1543077			34,585	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ORTING FOOD BANK PO BOX 1877 ORTING, WA 98380	20-8562623			43,972	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OTHELLO FOOD BANK PO BOX 152 OTHELLO, WA 99344	91-1269359			72,662	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
OUR PLACE COMMUNITY MINISTRIES 1509 W COLLEGE SPOKANE, WA 99201	91-1384287			49,722	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OZANAM HOUSE 801 NINTH AVE SEATTLE, WA 98104	91-1099134			7,868	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PANTRY SHELF OF WALLA WALLA 325 S FIRST AVE WALLA WALLA, WA 99362	91-2143214			12,615	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARADISE OF PRAISE FOOD BANK 1316 SW HOLDEN ST SEATTLE, WA 98106	30-0116000			49,649	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PASCO COMMUNITY SERVICES 1468 OXFORD AVE RICHLAND, WA 99352	91-0160609			260,897	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PASTOR'S PANTRY PO BOX 880 MORTON, WA 98356	94-2712386			9,368	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PE ELL COMMUNITY FOOD BANK PO BOX 235 PE ELL, WA 98572	91-1724698			5,230	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE FOR PEOPLE 1008 W AHTANUM STE 3 UNION GAP, WA 98903	91-0783225			26,890	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PEOPLES PANTRY OF FERRY COUNTY PO BOX 1114 REPUBLIC, WA 99166	47-1246202			19,547	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHINNEY RIDGE LUTHERAN CHURCH FOOD BANK 7500 GREENWOOD AVE N SEATTLE, WA 98103	91-0581656			49,400	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PIERCE COUNTY WAREHOUSING 3318 92 ST S LAKEWOOD, WA 98499	94-3131776			3,172,635	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIKE MARKET FOOD BANK 85 PIKE STREET STE 200 SEATTLE, WA 98101	91-1034838			195,388	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PIKE MARKET SENIOR CENTER MEALS 85 PIKE STREET 200 SEATTLE, WA 98101	91-1034838			46,128	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLATEAU OUTREACH MINISTRIES PO BOX 391 ENUMCLAW, WA 980220391	91-1965830			84,012	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PORT ANGELES FOOD BANK PO BOX 1885 PORT ANGELES, WA 98362	91-1192596			128,993	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORT TOWNSEND FOOD BANK PO BOX 1795 PORT TOWNSEND, WA 98368	91-1377493			88,112	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PROJECT HOPE FOOD BANK 205 SO BC AVENUE LYNDEN, WA 98264	91-0858511			56,703	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE REGINA HOUSE 8201 10TH AVE S 6 SEATTLE, WA 98108	91-1996732			253,623	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
PUGET SOUND LABOR AGENCY 2800 1ST AVE 126 SEATTLE, WA 98121	91-0927902			124,185	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUYALLUP FOOD BANK PO BOX 202 PUYALLUP, WA 98371	23-7259739			56,085	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
QUILCENE FOOD BANK PO BOX 112 QUILCENE, WA 98376	91-1377493			36,815	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUILEUTE FOOD BANK PO BOX 279 LA PUSH, WA 98350	91-0761286			15,279	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
QUINAULT COMMUNITY FOOD BANK PO BOX 22 NEILTON, WA 98566	91-1452437			9,178	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUINCY COMMUNITY FOOD BANK PO BOX 413 QUINCY, WA 98848	91-1612682			108,413	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
RAINIER VALLEY FOOD BANK 4205 RAINIER AVE S SEATTLE, WA 98118	91-1500768			287,128	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RECOVERY CAFE 2022 BOREN AVE SEATTLE, WA 98121	91-2158547			19,785	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
RENEWAL FOOD BANK 12819 SE 38TH ST PMB 241 BELLEVUE, WA 98006	46-1502418			104,429	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RITZVILLE FOOD PANTRY PO BOX 442 RITZVILLE, WA 99169	56-2312501			30,889	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ROCK ISLAND FOOD BANK 1420 DEMAR PL ROCK ISLAND, WA 98850	94-3036847			25,250	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROOF COMMUNITY SERVICES PO BOX 312 ROCHESTER, WA 98579	77-0620956			22,342	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ROOTS SHELTER & FRIDAY FEAST 1415 NE 43RD STREET SEATTLE, WA 98105	91-2110379			25,037	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROYAL CITY FOOD BANK PO BOX 144 ROYAL CITY, WA 99357	91-1910402			240,275	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAGE 710 N CHELAN WENATCHEE, WA 98801	91-1018890			8,177	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT VINCENT DE PAUL BREMERTON 1137 N CALLOW BREMERTON, WA 98312	91-0635027			121,700	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL CLARKSTON 604 2ND STREET CLARKSTON, WA 99403	23-7278799			95,114	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT VINCENT DE PAUL GEORGETOWN 5950 FOURTH AVE S SEATTLE, WA 98108	91-0583891			233,976	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL ILWACO PO BOX 494 ILWACO, WA 98624	43-1999783			8,875	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT VINCENT DE PAUL LONGVIEW PO BOX 2957 LONGVIEW, WA 98632	41-2218247			72,019	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAINT VINCENT DE PAUL PASCO PO BOX 4273 PASCO, WA 993024273	91-0726356			690,519	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT VINCENT DE PAUL ST JOSEPH 625 S ELLIOTT WENATCHEE, WA 98801	13-5562362			44,061	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SAINTS PANTRY FOOD BANK PO BOX 1064 SHELTON, WA 98584	27-0386653			46,542	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY ABERDEEN PO BOX 1437 ABERDEEN, WA 98520	94-1156347			21,890	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SALVATION ARMY CENTRALIA PO BOX 488 CENTRALIA, WA 98531	94-1156347			34,098	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY RENTON PO BOX 977 RENTON, WA 98057	94-1156347			182,489	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SALVATION ARMY SPOKANE CORPS 222 E INDIANA AVE SPOKANE, WA 99207	94-1156347			512,920	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SD CLARK COUNTY FOOD BANK 6502 NE 47TH AVE VANCOUVER, WA 98661	91-1307564			645,714	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD COASTAL HARVEST DIST CTR PO BOX 616 HOQUIAM, WA 98550	94-3252669			654,897	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SD LEWIS COUNTY FOOD COALITION PO BOX 307 CHEHALIS, WA 98532	91-1391826			72,941	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD LOWER COLUMBIA CAP (HELP) 1526 COMMERCE LONGVIEW, WA 98632	91-0814141			51,288	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SD OKANOGAN CAC PO BOX 1067 OKANOGAN, WA 98840	91-0814162			25,209	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SD RURAL RESOURCES 956 SOUTH MAIN STREET COLVILLE, WA 99114	91-0793447			18,212	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SD SKAGIT COUNTY DIST CENTER 330 PACIFIC PLACE MT VERNON, WA 98273	91-1140086			136,606	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEA MAR ADULT TREATMENT 1415 CENTER ST TACOMA, WA 98409	91-1020139			15,387	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT SEATTLE, WA 98105	91-0564748			9,454	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEATTLE INDIAN CENTER FOOD BANK 1265 S MAIN ST STE 105 SEATTLE, WA 98144	91-0877683			119,712	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE SCHOOL DISTRICT HIGHLAND PARK ELEMENTARY 1012 SW TRENTON ST SEATTLE, WA 98106	01-6001541			5,568	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEEDS OF GRACE 7314 44TH AVE NE MARYSVILLE, WA 98270	91-1643947			50,331	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SELAH FOOD BANK 1107 W FREMONT AVE SELAH, WA 98942	91-0940244			64,537	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SEQUIM FOOD BANK PO BOX 1453 SEQUIM, WA 98382	91-1215709			67,937	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVE SPOKANE FOOD PANTRY 8303 N DIVISION SPOKANE, WA 99208	20-4040980			81,986	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SHALOM MINISTRIES PO BOX 4684 SPOKANE, WA 99220	91-1878389			22,011	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARENET FOOD BANK PO BOX 250 KINGSTON, WA 98346	91-1229210			58,627	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SHEPHERD'S HEART CARE CENTER PO BOX 1345 LYMAN, WA 98263	91-1615025			12,180	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKAGIT FRIENDSHIP HOUSE PO BOX 517 MT VERNON, WA 982730517	91-1335750			11,091	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SKAGIT VALLEY NEIGHBORS IN NEED PO BOX 394 MT VERNON, WA 98273	91-0951646			161,026	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKY VALLEY FOOD BANK PO BOX 724 MONROE, WA 98272	91-1186822			180,138	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SNOHOMISH COMMUNITY FOOD BANK PO BOX 1364 SNOHOMISH, WA 98291	91-1334772			114,784	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SNOQUALMIE VALLEY FOOD BANK PO BOX 1541 NORTH BEND, WA 98045	46-4388454			123,944	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOAP LAKE FOOD BANK PO BOX 925 SOAP LAKE, WA 98851	91-1454702			159,624	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMMA FOOD BANK PO BOX 116 SILVER CREEK, WA 98585	91-1302453			8,361	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOUTH BEACH FOOD BANK SERVICES PO BOX 686 WESTPORT, WA 98595	46-4500713			8,473	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH KITSAP HELPLINE 1012 MITCHELL AVE PORT ORCHARD, WA 98366	91-1117868			77,547	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SOUTH WHIDBEY GOOD CHEER FOOD BANK PO BOX 144 LANGLEY, WA 98260	23-7047914			105,199	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST NOURISH 1704 E 85TH TACOMA, WA 98445	91-1198391			52,445	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT BEMISS ELEMENTARY 2323 E BRIDGEPORT SPOKANE, WA 99207	91-6001550			7,298	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE SCHOOL DISTRICT GRANT ELEMENTARY 1300 E 9TH AVE SPOKANE, WA 99202	91-6001550			7,623	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT HOLMES ELEMENTARY 2600 W SHARP AVE SPOKANE, WA 992012996	91-6001550			6,993	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE SCHOOL DISTRICT LOGAN ELEMENTARY 1001 E MONTGOMERY AVE SPOKANE, WA 99207	91-6001550			6,953	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE SCHOOL DISTRICT LONGFELLOW ELEMENTARY 800 E PROVIDENCE AVE SPOKANE, WA 99207	91-6001550			6,173	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE SCHOOL DISTRICT WHITMAN ELEMENTARY 5400 N HELENA ST SPOKANE, WA 99207	91-6001550			5,436	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPOKANE TRIBE FOOD BANK PO BOX 540 WELLPINIT, WA 99040	91-0606339			30,979	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE VALLEY PARTNERS FOOD BANK PO BOX 141360 SPOKANE VALLEY, WA 99214	91-1478830			510,196	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SPRAGUE HORIZONS COMMUNITY FOOD BANK PO BOX 178 SPRAGUE, WA 99032	26-2231541			56,697	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LEO'S FOOD CONNECTION 710 S 13TH STREET TACOMA, WA 98405	91-0622353			263,774	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ST MICHAELS FOOD PANTRY 5 S NACHES AVE YAKIMA, WA 98901	91-0564996			77,049	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANWOOD CAMANO FOOD BANK PO BOX 1285 STANWOOD, WA 98292	91-1155426			22,235	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
STEVENSON FOOD BANK PO BOX 507 STEVENSON, WA 98648	91-0793062			65,686	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMNER COMMUNITY FOOD BANK PO BOX 475 SUMNER, WA 98390	91-2061833			11,735	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SUNNYSIDE ACS FOOD BANK PO BOX 718 SUNNYSIDE, WA 98944	91-1218657			68,648	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE OUTREACH CENTER MABTON FOOD BANK PO BOX 10413 YAKIMA, WA 98909	27-1028426			95,882	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SUNRISE OUTREACH CENTER SUNNYSIDE FOOD BANK PO BOX 10413 YAKIMA, WA 98909	27-1028426			84,744	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE OUTREACH CENTER WAPATO FOOD PANTRY PO BOX 10413 YAKIMA, WA 98909	27-1028426			336,866	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
SUNRISE OUTREACH CENTER YAKIMA OUR DAILY BREAD FB PO BOX 10413 YAKIMA, WA 98909	27-1028426			436,431	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA ADVENTIST COMMUNITY SERVICES PO BOX 11291 TACOMA, WA 98411	72-1547205			24,855	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TENINO FOOD BANK PLUS PO BOX 1239 TENINO, WA 98589	91-2144590			43,775	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COVE PO BOX 895 TWISP, WA 98856	91-2051659			21,497	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
THE FOOD BANK ST MARY'S 611 20TH AVE S SEATTLE, WA 98144	91-1989445			500,525	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PANTRY AT MOXEE 7203 MIERAS ROAD YAKIMA, WA 98901	91-1010989			23,165	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
THURSTON COUNTY FOOD BANK 220 NE THURSTON OLYMPIA, WA 98501	23-7297837			239,684	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO FOOD BANK PO BOX 311 ETHEL, WA 98542	91-1357619			5,491	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TONASKET FOOD BANK 101 HWY 97 TONASKET, WA 98855	52-1350098			44,929	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOPPENISH COMMUNITY CHEST 4 NORTH B ST TOPPENISH, WA 98948	55-0845518			275,894	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TOPPENISH SCHOOL DISTRICT GARFIELD ELEMENTARY 505 MADISON AVE TOPPENISH, WA 98948	91-6001615			5,344	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOPPENISH SCHOOL DISTRICT LINCOLN ELEMENTARY 309 NORTH ALDER TOPPENISH, WA 98948	91-6001615			5,927	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TOPPENISH SCHOOL DISTRICT VALLEY VIEW ELEMENTARY 515 ZILLAH AVE TOPPENISH, WA 98948	91-6001615			5,483	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-AREA FOOD BANK PO BOX 124 PT HADLOCK, WA 98339	91-1377493			72,468	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TRI-CITIES BENTON CITY FOOD BANK 420 W DESCHUTES AVE KENNEWICK, WA 99336	91-1011971			71,501	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-CITIES KENNEWICK FOOD BANK 420 W DESCHUTES AVE KENNEWICK, WA 99336	91-1011971			134,118	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TRI-CITIES RICHLAND FOOD BANK 420 W DESCHUTES AVENUE KENNEWICK, WA 99336	91-1011971			62,456	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-PARISH FOOD BANK 935 PETERSON RD BURLINGTON, WA 98233	91-0778147			20,152	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TUKWILA PANTRY 3118 S 140 ST TUKWILA, WA 98168	75-2974441			282,589	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULALIP FOOD BANK 1330 MARINE DRIVE NE TULALIP, WA 98271	26-0078444			72,631	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
TUM TUM COMMUNITY FOOD PANTRY 6424 HWY 291 NINE MILE FALLS, WA 99026	27-2469928			39,201	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION GOSPEL MISSION SEATTLE 3800 S OTHELLO ST SEATTLE, WA 98118	91-0595029			215,134	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
UNION GOSPEL MISSION TRI-CITIES PO BOX 1443 PASCO, WA 99301	91-0840528			82,246	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY DISTRICT FOOD BANK 5017 ROOSEVELT WAY NE SEATTLE, WA 98105	91-1224834			282,932	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VALLEY FOOD PANTRY PO BOX 81 VALLEY, WA 99181	27-1907351			40,714	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VASHON-MAURY COMMUNITY FOOD BANK PO BOX 1205 VASHON, WA 98070	94-3165664			72,393	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VOLUNTEER FOOD RESOURCE CENTER COLVILLE FOOD BANK 210 S WYNNE COLVILLE, WA 99114	91-1192094			37,690	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICA CROSSWALK 525 W SECOND AVE SPOKANE, WA 99201	91-0577131			33,028	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
VOLUNTEERS OF AMERICA EVERETT PO BOX 839 EVERETT, WA 98206	91-0577129			204,570	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICA SULTAN PO BOX 268 SULTAN, WA 98294	91-0577129			41,769	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WAHKIAKUM HELPING HAND FOOD BANK PO BOX 12 CATHLAMET, WA 98612	91-2083984			9,180	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON GORGE ACTION PROGRAMS PO BOX 805 BINGEN, WA 98605	91-0793062			123,560	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WATERVILLE FOOD BANK PO BOX 553 WATERVILLE, WA 98858	83-0477714			11,017	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUCONDA FOOD BANK PO BOX 27 WAUCONDA, WA 98859	41-2208079			10,959	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WENATCHEE FOOD BANK 134 VIEW RIDGE CIRCLE WENATCHEE, WA 98801	94-3036847			88,163	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SEATTLE FOOD BANK 3419 SW MORGAN ST SEATTLE, WA 981263133	91-1464412			243,548	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WESTGATE CHAPEL FOOD BANK 22901 EDMONDS WAY EDMONDS, WA 98020	91-0774622			84,311	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE CENTER FOOD BANK 10829 EIGHTH AVE SW SEATTLE, WA 98146	91-1167830			167,074	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WHITE PASS COMMUNITY FOOD BANK PO BOX 175 RANDLE, WA 98377	80-0184689			10,507	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE SWAN COMMUNITY FOOD BANK PO BOX 40 WHITE SWAN, WA 98952	91-0878380			71,320	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WINLOCK-VADER FOOD BANK PO BOX 304 WINLOCK, WA 98596	46-4465558			8,486	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S & CHILDREN'S FREE REST 1408 N WASHINGTON SPOKANE, WA 99201	91-1399742			10,317	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
WOODLAND ACTION CENTER PO BOX 1475 WOODLAND, WA 98674	91-2105285			51,636	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA ROTARY FOOD BANK PO BOX 2221 YAKIMA, WA 989072221	91-1397598			747,789	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT ADAMS ELEMENTARY 723 S 8TH ST YAKIMA, WA 98901	91-6001550			5,864	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA SCHOOL DISTRICT BARGELINCOLN ELEMENTARY 219 E I ST YAKIMA, WA 98901	91-6001550			6,627	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT GARFIELD ELEMENTARY 612 N 6TH AVE YAKIMA, WA 98902	91-6001550			6,610	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA SCHOOL DISTRICT HOOVER ELEMENTARY 400 WEST VIOLA YAKIMA, WA 98902	91-6001550			6,803	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA SCHOOL DISTRICT RIDGEVIEW ELEMENTARY 609 WEST WASHINGTON UNION GAP, WA 98903	91-6001550			6,046	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA SCHOOL DISTRICT WASHINGTON MIDDLESCHOOL 510 S 9TH ST YAKIMA, WA 98901	91-6001550			5,467	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YAKIMA SEVENTH-DAY ADVENTIST FOOD BANK 507 N 35TH AVE YAKIMA, WA 98902	91-0932432			382,987	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YELM COMMUNITY SERVICES PO BOX 5320 YELM, WA 98597	23-7226534			53,704	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
YWCA ANGELINE'S CENTER 2030 THIRD AVENUE SEATTLE, WA 98121	91-0482890			8,530	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA--CENTRAL AREA FOOD BANK 2820 E CHERRY STREET SEATTLE, WA 98122	91-0482890			47,860	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS
ZILLAH FOOD BANK PO BOX 1442 ZILLAH, WA 98953	91-1347733			21,302	FMV	FOOD	DISTRIBUTION OF FOOD TO LOW INCOME INDIVIDUALS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2017

Open to Public Inspection

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

Name of the organization
NORTHWEST 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
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	19,581,409	32,700,953	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (NONFOOD GOODS FOR DISTRIBUTION)	X	12	95,742	FAIR MARKET VALUE
26 Other ▶ (Misc items)	X	12	2,334	Fair market value
27 Other ▶ (Building improvements)	X	1	150,137	fair market value
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 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
PART I, COLUMN B	FOOD INVENTORY IS COUNTED IN POUNDS, DONATED 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

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

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 THE ORGANIZATION ON AN HOURS SERVED BASIS BASED ON THE 91,270 VOLUNTEER HOURS DONATED DURING THE YEAR, NORTHWEST HARVEST HAD AN ESTIMATED 7,606 VOLUNTEERS THE VOLUNTEERS ASSISTED IN FOOD DISTRIBUTION, FUND-RAISING ACTIVITIES AND PROGRAM SUPPORT 19 VOLUNTEERS ALSO SERVED AS MEMBERS OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ENTIRE BOARD RECEIVES A COPY OF THE FORM 990 BEFORE FILING The Chief Financial Officer reviews the Form 990 before submitting it to the IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15A	The following factors are taken into account for determining the compensation of the CEO The past performance of the CEO, the present and future needs of the agency, and the compensation of the comparable ceos in the region Compensation of the CEO is discussed and determined annually by the board of directors in a private executive session