

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

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

**C** Name of organization: FOOD LIFELINE  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address): 815 S 96TH ST Room/suite:  
 City or town, state or province, country, and ZIP or foreign postal code: SEATTLE, WA 98108

**D** Employer identification number: 91-1090450  
**E** Telephone number: (206) 545-6600  
**G** Gross receipts \$ 150,004,718

**F** Name and address of principal officer:  
 LINDA NAGEOTTE  
 815 S 96TH ST  
 SEATTLE, WA 98108

**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: ▶ WWW.FOODLIFELINE.ORG

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

**L** Year of formation: 1991 **M** State of legal domicile: WA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 FOUNDED IN 1979, FOOD LIFELINE'S MISSION IS TO FEED PEOPLE EXPERIENCING HUNGER TODAY WHILE WORKING TO (CONTINUED FROM PAGE 1) END HUNGER TOMORROW. FOOD LIFELINE IS COMMITTED TO INCREASING ACCESS TO HEALTHY FOOD, BUILDING A MOVEMENT TO END HUNGER, STRENGTHEN THE PUBLIC SAFETY NET, AND IMPROVING CLIENT HOUSEHOLD STABILITY. FOOD LIFELINE SOURCED AND DISTRIBUTED OVER 70 MILLION POUNDS OF FOOD IN 2020, WHICH IS ENOUGH FOOD TO CREATE THE EQUIVALENT OF 59 MILLION MEALS. WE PROVIDE ENOUGH FOOD TO CREATE THE EQUIVALENT OF 160,000 MEALS PER DAY TO FOOD ASSISTANCE PROGRAMS ACROSS WESTERN WASHINGTON.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	115
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	27,556
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	111,800,780	146,813,619
<b>9</b> Program service revenue (Part VIII, line 2g)	892,609	935,812
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76,349	45,604
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,010	24,047
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	112,787,748	147,819,082
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	95,280,935	114,614,958
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,751,785	6,892,887
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	40,000	40,000
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,367,405		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,548,599	10,976,898
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	110,621,319	132,524,743
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,166,429	15,294,339

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	38,269,747	56,881,557
<b>21</b> Total liabilities (Part X, line 26)	20,931,346	24,257,959
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	17,338,401	32,623,598

**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: 2021-05-06  
 LINDA NAGEOTTE PRESIDENT/CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ BDO USA LLP		2021-05-06		P00120599
Firm's address ▶ 601 UNION ST STE 2300 SEATTLE, WA 981012345			Firm's EIN ▶ 13-5381590	Phone no. (206) 382-7777

**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:

OUR MISSION IS TO FEED PEOPLE WHO ARE EXPERIENCING HUNGER TODAY AND, AT THE SAME TIME, SOLVE THE ISSUE OF HUNGER FOR TOMORROW. WE COLLECT AND DISTRIBUTE FOOD TO OUR NETWORK OF FOOD PROGRAMS THAT FEED HUNGRY PEOPLE THROUGHOUT WESTERN WASHINGTON. OUR PROGRAMS FIND CREATIVE WAYS (CONTINUED FROM PAGE 2) TO FEED MORE FAMILIES. OUR POLICY WORK DEFENDS THE COMMUNITY'S SAFETY NET AND REDUCES BARRIERS TO PEOPLE GETTING THE HEALTHY, NUTRITIOUS FOOD THEY NEED.

**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 \$ 128,091,192 including grants of \$ 114,614,958 ) (Revenue \$ 992,903 )  
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 ▶ 128,091,192

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>11c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	48
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	115
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . .</i>	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . .</i>	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	No
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>	No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
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:

**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.

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

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			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 776,957 and 59,942.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 5

Table for questions 3, 4, and 5 regarding compensation reporting. Columns: Question, Yes, No.

Section B. Independent Contractors

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

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	238,969				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	11,021,264				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	135,553,386				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	114,150,914				
	<b>h Total.</b> Add lines 1a-1f . . . . .			146,813,619			
<b>Program Service Revenue</b>	<b>2a</b> RENTAL INCOME	Business Code					
		900099	783,205	783,205			
	<b>b</b> FOOD SALES & DELIVERY	900099	152,607	152,607			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .		935,812					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		73,788			73,788	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6b</b> Less: rental expenses					
		<b>6c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	815,859				
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales expenses	821,564	22,479			
		<b>7c</b> Gain or (loss)	-5,705	-22,479			
	<b>d</b> Net gain or (loss) . . . . .			-28,184		-28,184	
	<b>8a</b> Gross income from fundraising events (not including \$ 238,969 of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8a</b>	40,339				
		<b>8b</b> Less: direct expenses . . . . .	73,383				
	<b>c</b> Net income or (loss) from fundraising events . . . . .			-33,044		-33,044	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .							
	<b>9a</b>						
	<b>9b</b> Less: direct expenses . . . . .						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>10a</b>	1,325,301					
	<b>10b</b> Less: cost of goods sold . . . . .	1,268,210					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			57,091	57,091			
Miscellaneous Revenue	Business Code						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See instructions . . . . .			147,819,082	992,903	0	12,560	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	113,128,786	113,128,786		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,486,172	1,486,172		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	779,102	522,808	131,614	124,680
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	4,835,258	3,239,623	821,994	773,641
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	66,464	45,643	10,154	10,667
<b>9</b> Other employee benefits . . . . .	677,838	465,495	103,554	108,789
<b>10</b> Payroll taxes . . . . .	534,225	366,871	81,614	85,740
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	40,000			40,000
<b>f</b> Investment management fees . . . . .	14,611		14,611	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,176,288	341,177	261,290	573,821
<b>12</b> Advertising and promotion . . . . .	154,484	21,561	7,479	125,444
<b>13</b> Office expenses . . . . .	385,014	204,483	91,120	89,411
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	3,538	2,387	1,086	65
<b>17</b> Travel . . . . .	45,877	18,369	23,055	4,453
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	53,934	21,594	27,104	5,236
<b>20</b> Interest . . . . .	545,211	460,022	39,318	45,871
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,208,939	847,647	166,750	194,542
<b>23</b> Insurance . . . . .	127,703	107,750	9,209	10,744
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FOOD PROCURE & DISTRIB	6,587,087	6,587,087		
<b>b</b> MISCELLANEOUS	458,984	8,489	276,194	174,301
<b>c</b> REPAIR AND MAINTENANCE	118,124	118,124		
<b>d</b> TEFAP AGENCY EXPENSE	97,104	97,104		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	132,524,743	128,091,192	2,066,146	2,367,405
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,952,055	<b>1</b>	14,178,080
	<b>2</b> Savings and temporary cash investments . . . . .	300,899	<b>2</b>	772,721
	<b>3</b> Pledges and grants receivable, net . . . . .	1,533,842	<b>3</b>	7,812,331
	<b>4</b> Accounts receivable, net . . . . .	313,927	<b>4</b>	134,824
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	4,136,624	<b>8</b>	4,610,014
	<b>9</b> Prepaid expenses and deferred charges . . . . .	245,472	<b>9</b>	251,561
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	33,691,207		
	<b>b</b> Less: accumulated depreciation	6,335,390		
	<b>11</b> Investments—publicly traded securities . . . . .	1,532,128	<b>11</b>	1,766,209
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	38,269,747	<b>16</b>	56,881,557	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	685,328	<b>17</b>	3,191,843
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	12,972,515	<b>20</b>	12,587,388
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	7,223,709	<b>23</b>	7,239,629
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	49,794	<b>25</b>	1,239,099	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	20,931,346	<b>26</b>	24,257,959	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	17,290,597	<b>27</b>	32,594,415
	<b>28</b> Net assets with donor restrictions . . . . .	47,804	<b>28</b>	29,183
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	17,338,401	<b>32</b>	32,623,598	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	38,269,747	<b>33</b>	56,881,557	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	147,819,082
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	132,524,743
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	15,294,339
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	17,338,401
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-9,142
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	32,623,598

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 91-1090450

**Name:** FOOD LIFELINE

Form 990 (2019)

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

FOOD LIFELINE SOURCED AND DISTRIBUTED OVER 58 MILLION POUNDS OF FOOD IN 2020, WHICH IS ENOUGH FOOD TO CREATE THE EQUIVALENT OF 49 MILLION MEALS. WE PROVIDE ENOUGH FOOD TO CREATE THE EQUIVALENT OF 134,000 MEALS PER DAY TO FOOD ASSISTANCE PROGRAMS ACROSS WESTERN WASHINGTON.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
LINDA NAGEOTTE ..... PRESIDENT	40.00 ..... 1.00			X				189,375	0	16,409
MEGAN BERGMAN ..... CHRO	40.00 .....			X				129,432	0	9,240
TIFFANI KAECH ..... CPO	40.00 .....			X				129,704	0	14,073
SAMUEL MAYBERRY ..... COO	40.00 .....			X				127,431	0	7,769
HENRY ALTSCHULER ..... CFO	40.00 ..... 1.00			X				126,484	0	1,123
AMY DERENTHAL ..... CDO	40.00 .....			X				74,531	0	11,328
VIVIAN DELA ROSA ..... COO	40.00 .....			X				0	0	0
GEOFFREY SCOTT ..... CDO	40.00 .....			X				0	0	0
CHRIS BLANTON ..... CHAIR	5.00 .....	X		X				0	0	0
STUART HOLMES ..... TREASURER	5.00 .....	X		X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
MAZEN YACOB ..... BOARD MEMBER	5.00 .....	X						0	0	0
ANA WHITFIELD ..... BOARD MEMBER	5.00 .....	X						0	0	0
SUZANNE DALY ..... BOARD MEMBER	5.00 .....	X						0	0	0
ROY BREIMAN ..... BOARD MEMBER	5.00 .....	X						0	0	0
LINCON KEMP ..... BOARD MEMBER	5.00 .....	X						0	0	0
MARK KAMMERER ..... BOARD MEMBER	5.00 .....	X						0	0	0
LINDSEY SCHWARTZ ..... BOARD MEMBER	5.00 .....	X						0	0	0
CARA PETERMAN ..... BOARD MEMBER	5.00 .....	X						0	0	0
JOSH HEDRICK ..... BOARD MEMBER	5.00 .....	X						0	0	0
LARA UNDERHILL ..... BOARD MEMBER	5.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
DEREK CHAVES ..... BOARD MEMBER	5.00 .....	X						0	0	0
BENJAMIN HILL ..... BOARD MEMBER	5.00 .....	X						0	0	0
ANNA LE WEBER ..... BOARD MEMBER	5.00 .....	X						0	0	0
LYLE SNYDER ..... BOARD MEMBER	5.00 .....	X						0	0	0
AFSANEH RAHIMIAN ..... BOARD MEMBER	5.00 .....	X						0	0	0
KYANA WHEELER ..... BOARD MEMBER	5.00 .....	X						0	0	0



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
FOOD LIFELINE

Employer identification number  
91-1090450

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	77,760,172	82,225,639	97,157,878	111,800,780	146,813,619	515,758,088
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..	46,366					46,366
<b>4</b>	<b>Total.</b> Add lines 1 through 3	77,806,538	82,225,639	97,157,878	111,800,780	146,813,619	515,804,454
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						133,133,903
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						382,670,551

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . . . .	77,806,538	82,225,639	97,157,878	111,800,780	146,813,619	515,804,454
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	12,373	501,687	59,569	85,333	73,788	732,750
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .		24,768	375			25,143
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						516,562,347
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	8,426,922

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

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	74.080 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	74.530 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	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>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</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>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</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>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

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

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	REIMBURSEMENT



**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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**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 FOOD LIFELINE	Employer identification number 91-1090450
---	--

**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) ..... ▶ \$ \_\_\_\_\_ **0**

**3** Volunteer hours for political campaign activities (see instructions) ..... **0**

**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.

4,108	
78,045	
82,153	
132,442,590	
132,524,743	
1,000,000	

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? .....

250,000	
0	
0	

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	73,541	57,691	89,414	82,153	302,799
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	1,757	2,015	4,471	4,108	12,351

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART I-A, LINE 1:	THE EMERGENCY FOOD ASSISTANCE PROGRAM, FEDERAL TAX DONATION INCENTIVES, EMERGENCY FOOD ASSISTANCE PROGRAM, TRADE MITIGATION PROGRAM, CORONAVIRUS FOOD ASSISTANCE PROGRAM, STATE FOOD ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, SUPPORT OF CAPITAL BUDGET REQUESTS IN STATE, COUNTY, AND CITY BUDGETS.

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: FOOD LIFELINE  
Employer identification number: 91-1090450

**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? . . . . .  Yes  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? . . . . .  Yes  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 7/25/06, 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 |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

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

- 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 ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		4,665,164		4,665,164
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		24,020,653	3,155,339	20,865,314
<b>d</b> Equipment . . . . .		3,715,890	2,239,236	1,476,654
<b>e</b> Other . . . . .		1,289,500	940,815	348,685
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				27,355,817

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT LIABILITY	49,794
(3) SBA PPP LOAN	1,189,305
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,239,099

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

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

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

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

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

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

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

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

Return Reference	Explanation
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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
FOOD LIFELINE

**Employer identification number**  
91-1090450

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TRUE SENSE MARKETING PO BOX 641114  PITTSBURGH, PA 15264	DIRECT MAIL		No	982,954	40,000	942,954
<b>Total</b>				982,954	40,000	942,954

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

WA

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>DRESS DOWN HUNGER</b> (event type)	<b>SAVOR</b> (event type)	(total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	237,608	41,700		279,308
<b>2</b>	Less: Contributions . . . . .	197,269	41,700		238,969
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	40,339			40,339
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	70,843	2,540		73,383
<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				73,383
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-33,044

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

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

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

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

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

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

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

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- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization FOOD LIFELINE

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 91-1090450

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 350
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) FOOD	250000		1,486,172	COST PER POUND	DIRECT COMMUNITY FOOD DISTRIBUTIONS
(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:	ALL TRANSACTIONS INVOLVING GRANTS ARE RECORDED IN THE BOOKS AND RECORDS OF FOOD LIFELINE. MONTHLY FINANCIAL STATEMENTS AND REPORTS ARE PREPARED AND REVIEWED BY MANAGEMENT AND THE GOVERNING BOARD.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 91-1090450  
**Name:** FOOD LIFELINE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PRAISEALUJAH 17800 DES MOINES MEMORIAL DR STE G BURIEN, WA 98148	01-0964541	501(C)(3)	0	2,457,943	COST PER POUND	FOOD	FOOD
GIFTS FROM THE HEART FOOD BANK 203 N MAIN ST COUPEVILLE, WA 98239	02-0549032	501(C)(3)	0	4,176	COST PER POUND	FOOD	FOOD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STOREHOUSE FOOD BANK 26201 180TH AVE SE COVINGTON, WA 98042	02-0551015	501(C)(3)	0	989,051	COST PER POUND	FOOD	FOOD
COMMUNITY RESOURCE NETWORK PO BOX 13202 BOTHELL, WA 98082	04-3655932	501(C)(3)	0	1,147,502	COST PER POUND	FOOD	FOOD

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

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ICNA RELIEF (HALAL FOOD PANTRY) 10610 SE KENT KANGLEY RD 203 KENT, WA 98030	04-3810161	501(C)(3)	0	14,703	COST PER POUND	FOOD	FOOD
COMMUNITY LUNCH ON CAPITOL HILL 1710 11TH AVE SEATTLE, WA 98122	05-0566668	501(C)(3)	0	170,410	COST PER POUND	FOOD	FOOD



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

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RESTORE AND REPAIR OUTREACH 12629 RENTON AVE S SUITE F SEATTLE, WA 98178	11-3840738	501(C)(3)	0	15,399	COST PER POUND	FOOD	FOOD
SALVATION ARMY ADULT REHAB CENTER 1020 4TH AVE S SEATTLE, WA 98134	13-3847940	501(C)(3)	0	109,006	COST PER POUND	FOOD	FOOD

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

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ST VINCENT DE PAUL LONGVIEW FOOD BANK PO BOX 2957 LONGVIEW, WA 92526	13-5562362	501(C)(3)	0	656,864	COST PER POUND	FOOD	FOOD
FAMILIES UNLIMITED NETWORK PO BOX 65672 UNIVERSITY PLACE, WA 98466	20-0435496	501(C)(3)	0	29,604	COST PER POUND	FOOD	FOOD

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

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ANNIE'S COMMUNITY KITCHEN (EDMONDS LUTHERAN) 23525 84TH AVE W EDMONDS, WA 98026	20-2007731	501(C)(3)	0	231,827	COST PER POUND	FOOD	FOOD
FAITHHOUSE MINISTRIES 911 ALDER ST HOQUIAM, WA 98550	20-3348807	501(C)(3)	0	250,910	COST PER POUND	FOOD	FOOD

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

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SAN DIEGO FOOD BANK (JACOBS & CUSHMAN) 9850 DISTRIBUTION AVE SAN DIEGO, CA 92121	20-4374795	501(C)(3)	0	140,157	COST PER POUND	FOOD	FOOD
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	20-4541819	501(C)(3)	0	1,590	COST PER POUND	FOOD	FOOD

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

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NORTH MASON CCC 111 NE OLD BELFAIR HIGHWAY BELFAIR, WA 98528	20-5496121	501(C)(3)	0	15,312	COST PER POUND	FOOD	FOOD
NORTHWEST LIFE CENTER PO BOX 849 ELMA, WA 98541	20-5965077	501(C)(3)	0	129,493	COST PER POUND	FOOD	FOOD

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

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PROVIDE HOPE 16891 146TH AVE SE STE 145 MONROE, WA 98272	20-8462171	501(C)(3)	0	28,814	COST PER POUND	FOOD	FOOD
ORTING FOOD BANK PO BOX 1877 ORTING, WA 98360	20-8562623	501(C)(3)	0	219,049	COST PER POUND	FOOD	FOOD

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

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GOOD CHEER FOOD BANK AND THRIFT STORES P O BOX 144 LANGLEY, WA 98260	23-7047914	501(C)(3)	0	193,913	COST PER POUND	FOOD	FOOD
STILLAGUAMISH SENIOR CENTER 18308 SMOKEY POINT BLVD ARLINGTON, WA 98223	23-7087247	501(C)(3)	0	158,194	COST PER POUND	FOOD	FOOD

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

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FEDERAL WAY FOOD BANK - MULTI SERVICE CENTER 1200 S 336TH FEDERAL WAY, WA 98093	23-7120815	501(C)(3)	1,505	1,860,050	COST PER POUND	FOOD	FOOD
YELM COMMUNITY SERVICES 624 CRYSTAL SPRINGS ROAD YELM, WA 98597	23-7226534	501(C)(3)	0	413,074	COST PER POUND	FOOD	FOOD



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

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PUYALLUP FOOD BANK PO BOX 202 PUYALLUP, WA 98371	23-7259739	501(C)(3)	0	703,858	COST PER POUND	FOOD	FOOD
THURSTON COUNTY FOOD BANK 220 THURSTON AVE NE OLYMPIA, WA 98501	23-7297837	501(C)(3)	51,346	3,674,857	COST PER POUND	FOOD	FOOD

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

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CO THURSTON COUNTY FOOD BANK 220 THURSTON AVE NE OLYMPIA, WA 98501	23-7297837	501(C)(3)	0	79,062	COST PER POUND	FOOD	FOOD
UNITED FRIENDS GROUP HOMES - CROWN HILL PO BOX 17017 SEATTLE, WA 98127	23-7396644	501(C)(3)	0	50,985	COST PER POUND	FOOD	FOOD

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

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UNITED FRIENDS GROUP HOMES - BEVERLY PARK PO BOX 17017 SEATTLE, WA 98127	23-7396644	501(C)(3)	0	3,320	COST PER POUND	FOOD	FOOD
UNITED FRIENDS GROUP HOMES - LINCOLN PARK PO BOX 17017 SEATTLE, WA 98127	23-7396644	501(C)(3)	0	4,962	COST PER POUND	FOOD	FOOD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUNGRY SOUL CAFE - TRINITY COMMUNITY CHURCH 3807 REITH ROAD KENT, WA 98032	23-7424506	501(C)(3)	0	14,927	COST PER POUND	FOOD	FOOD
FISH - SAINT ROSE 812 S SILVERDALE ROAD CASTLE ROCK, WA 98611	23-7452250	501(C)(3)	0	10,833	COST PER POUND	FOOD	FOOD

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

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FISH - COWLITZ COUNTY PO BOX 135 LONGVIEW, WA 98632	23-7452250	501(C)(3)	0	2,088	COST PER POUND	FOOD	FOOD
TULALIP CHURCH OF GOD FOOD BANK 1330 MARINE DR NE TULALIP, WA 98271	26-0078444	501(C)(3)	0	61,126	COST PER POUND	FOOD	FOOD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
IMMANUEL COMMUNITY SERVICES FOOD BANK 1215 THOMAS ST SEATTLE, WA 98109	26-0881300	501(C)(3)	415	357,159	COST PER POUND	FOOD	FOOD
IMMANUEL COMMUNITY SERVICES MEAL PROGRAM 1215 THOMAS ST SEATTLE, WA 98109	26-0881300	501(C)(3)	0	23,861	COST PER POUND	FOOD	FOOD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE GIVING ROOM 10510 STONE AVE N SEATTLE, WA 98133	26-3059629	501(C)(3)	0	130,658	COST PER POUND	FOOD	FOOD
HUNGER INTERVENTION PROGRAM 3841 NE 123RD ST SEATTLE, WA 98125	26-3716527	501(C)(3)	0	78,712	COST PER POUND	FOOD	FOOD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BREAD OF LIFE BONNEY LAKE FOOD BANK PO BOX 7521 1809 OLD BUCKLY HWY SUMNER, WA 98390	27-0270499	501(C)(3)	0	759,983	COST PER POUND	FOOD	FOOD
THE SAINTS' PANTRY FOOD BANK PO BOX 1064 SHELTON, WA 98584	27-0386653	501(C)(3)	0	316,765	COST PER POUND	FOOD	FOOD



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARY'S PLACE 1830 9TH AVE SEATTLE, WA 98111	27-2087950	501(C)(3)	0	78,712	COST PER POUND	FOOD	FOOD
FOOD INNOVATION NETWORK 2800 S 192ND ST TUKWILLA, WA 98168	27-3133200	501(C)(3)	0	844	COST PER POUND	FOOD	FOOD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GATHER CHURCH 408 W MAIN ST CENTRALIA, WA 98531	27-3731709	501(C)(3)	0	417,113	COST PER POUND	FOOD	FOOD
PARADISE OF PRAISE FOOD BANK 1316 SW HOLDEN ST SEATTLE, WA 98106	30-0116000	501(C)(3)	0	114,311	COST PER POUND	FOOD	FOOD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MARK'S EPISCOPAL CATHEDRAL 1245 10TH AVE E SEATTLE, WA 98102	31-1629166	501(C)(3)	0	4,376	COST PER POUND	FOOD	FOOD
ST DUNSTAN'S EPISCOPAL CHURCH 722 N 145TH ST SHORELINE, WA 98133	31-1629166	501(C)(3)	0	74,935	COST PER POUND	FOOD	FOOD

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LORD'S NEIGHBORHOOD DINER 700 CALLAHAN DR BREMERTON, WA 98310	31-1692002	501(C)(3)	0	1,392	COST PER POUND	FOOD	FOOD
COMMUNITY COVENANT CHURCH PO BOX 188 CLEAR LAKE, WA 98235	36-2167730	501(C)(3)	0	132,332	COST PER POUND	FOOD	FOOD

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POINT ROBERTS FOOD BANK 323 EVERGREEN WAY POINT ROBERTS, WA 98281	36-3513679	501(C)(3)	0	13,692	COST PER POUND	FOOD	FOOD
FAITH LUTHERAN CHURCH MEAL PROGRAM 6708 CADY RD EVERETT, WA 98203	36-3513679	501(C)(3)	0	156,666	COST PER POUND	FOOD	FOOD

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LEGACY COMMUNITY OUTREACH FOOD BANK 227 S ADAMS SOUTH BEND, WA 98586	41-1568278	501(C)(3)	0	62,052	COST PER POUND	FOOD	FOOD
THE PRISON SCHOLAR FUND 1752 NW MARKET STREET 953 SEATTLE, WA 98107	41-2175677	501(C)(3)	0	14,432	COST PER POUND	FOOD	FOOD

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ST VINCENT DE PAUL AT ST CATHERINE'S 1680 E STATE ROUTE 4 CATHLAMET, WA 98612	41-2218247	501(C)(3)	0	99,679	COST PER POUND	FOOD	FOOD
MALONE FOOD BANK PO BOX 983 MALONE, WA 98559	44-0577787	501(C)(3)	0	61,852	COST PER POUND	FOOD	FOOD

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MINERAL FOOD BANK 127 MINERAL RD N MINERAL, WA 98355	44-0577787	501(C)(3)	0	88,042	COST PER POUND	FOOD	FOOD
CARE FOOD PANTRY PO BOX 1073 OLALLA, WA 98359	44-0612817	501(C)(3)	0	77,550	COST PER POUND	FOOD	FOOD



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AMERICAN POLYNESIAN ORGANIZATION 1236 S DONOVAN ST SEATTLE, WA 98108	45-3827860	501(C)(3)	0	144,509	COST PER POUND	FOOD	FOOD
ADVENTIST COMMUNITY SERVICES OF GRAYS HARBOR 3101 CHERRY ST HOQUIAM, WA 98550	45-4208191	501(C)(3)	0	32,510	COST PER POUND	FOOD	FOOD

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FALL CITY COMMUNITY FOOD PANTRY 4326 337TH PLACE SE FALL CITY, WA 98024	45-5189885	501(C)(3)	0	4,176	COST PER POUND	FOOD	FOOD
COMMUNITY FOOD PANTRY 140 NE ST RTE 300 BELFAIR, WA 98528	45-5576783	501(C)(3)	0	652,634	COST PER POUND	FOOD	FOOD

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BAY CENTER FOOD BANK 231 BAY CENTER RD BAY CENTER, WA 98586	46-1095437	501(C)(3)	0	9,043	COST PER POUND	FOOD	FOOD
RENEWAL FOOD BANK 15022 BEL-RED ROAD BELLEVUE, WA 98006	46-1502418	501(C)(3)	0	201,701	COST PER POUND	FOOD	FOOD

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WEST AFRICAN COMMUNITY COUNCIL WEST AFRICAN COMMUNITY COUNCIL SEATTLE, WA 98118	46-2838797	501(C)(3)	0	23,518	COST PER POUND	FOOD	FOOD
OCEAN SHORES FOOD BANK PO BOX1419 OCEAN SHORES, WA 98569	46-3480003	501(C)(3)	0	50,530	COST PER POUND	FOOD	FOOD

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SNOQUALMIE VALLEY FOOD BANK 122 E 3RD ST NORTH BEND, WA 98045	46-4388454	501(C)(3)	1,176	901,214	COST PER POUND	FOOD	FOOD
WINLOCK FOOD BANK PO BOX 304 WINLOCK, WA 98596	46-4465558	501(C)(3)	0	8,801	COST PER POUND	FOOD	FOOD

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KEY PENINSULA BISCHOFF FOOD BANK 1916 KEY PENINSULA HWY N LAKEBAY 98349 VAUGHN, WA 98394	46-5405179	501(C)(3)	0	44,038	COST PER POUND	FOOD	FOOD
YELM PRAIRIE CHRISTIAN CENTER MEAL PROGRAM PO BOX 578 501 NE 103RD AVE YELM, WA 98597	47-0577787	501(C)(3)	0	18,018	COST PER POUND	FOOD	FOOD

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GREATER CHEHALIS FOOD BANK PO BOX 1311 1914 S MARKET BLVD CHEHALIS, WA 98532	51-0180724	501(C)(3)	0	54,803	COST PER POUND	FOOD	FOOD
NEIGHBOR TO NEIGHBOR 1541 RIVERVIEW DR NE AUBURN, WA 98002	52-0643036	501(C)(3)	0	54,145	COST PER POUND	FOOD	FOOD

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SACRED HEART SHELTER 232 WARREN AVE N SEATTLE, WA 98109	53-0196617	501(C)(3)	0	23,445	COST PER POUND	FOOD	FOOD
VISITATION FOOD BANK 3314 S 59TH STREET TACOMA, WA 98409	53-0196617	501(C)(3)	0	15,512	COST PER POUND	FOOD	FOOD



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CATHOLIC COMMUNITY SERVICES - NATIVITY HOUSE 702 S 14TH ST TACOMA, WA 98405	53-0196617	501(C)(3)	0	421,139	COST PER POUND	FOOD	FOOD
QUEEN ANNE FOOD PROGRAM AT SACRED HEART FB 232 WARREN AVE N SEATTLE, WA 98109	53-0196617	501(C)(3)	162	267,294	COST PER POUND	FOOD	FOOD

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QUEEN ANNE FOOD PROGRAM AT SACRED HEART MP 232 WARREN AVE N SEATTLE, WA 98109	53-0196617	501(C)(3)	0	69,828	COST PER POUND	FOOD	FOOD
ST ANDREW EMMANUEL FOOD PANTRY 1401 VALLEY AVE E SUMNER, WA 98390	53-0196617	501(C)(3)	0	198,501	COST PER POUND	FOOD	FOOD

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CATHOLIC COMMUNITY SERVICES PO BOX 1104 808 5TH AVE SE OLYMPIA, WA 98501	53-0196617	501(C)(3)	0	60,585	COST PER POUND	FOOD	FOOD
ELOISE'S COOKING POT FOOD BANK 4218 STEEL ST SUITE 215 TACOMA, WA 98409	54-2092145	501(C)(3)	0	1,666,212	COST PER POUND	FOOD	FOOD

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ELOISE'S COOKING POT MOBILE FOOD PANTRY PO BOX 94545 SEATTLE, WA 98124	54-2092145	501(C)(3)	0	636,864	COST PER POUND	FOOD	FOOD
TACS FOOD BANK PO BOX 11291 TACOMA, WA 98411	72-1547205	501(C)(3)	0	466,645	COST PER POUND	FOOD	FOOD

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TUKWILA PANTRY 3118 S 140TH ST TUKWILA, WA 98168	75-2974441	501(C)(3)	715	1,451,705	COST PER POUND	FOOD	FOOD
THURSDAY'S TABLE 3118 S 140TH ST TUKWILA, WA 98168	75-2974441	501(C)(3)	0	197,655	COST PER POUND	FOOD	FOOD

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COMMUNITY CARE MINISTRIES HARVEST HOUSE FOOD PANTRY P O BOX 434 KAPOWSIN, WA 98344	75-3158092	501(C)(3)	0	323,690	COST PER POUND	FOOD	FOOD
CENTRAL CALIFORNIA FOOD BANK 4010 E AMENDOLA DR FRESNO, CA 93725	77-0320851	501(C)(3)	0	16,835	COST PER POUND	FOOD	FOOD

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ROOF COMMUNITY SERVICES PO BOX 312 ROCHESTER, WA 98579	77-0620956	501(C)(3)	0	112,146	COST PER POUND	FOOD	FOOD
HALLOWED GROUNDS CAFE PO BOX 1400 9982 SILVERDALE WAY NW SILVERDALE, WA 98383	80-0184689	501(C)(3)	0	31,327	COST PER POUND	FOOD	FOOD

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LA CONNER SUNRISE FOOD BANK 602 S 3RD ST LA CONNER, WA 98257	80-0866528	501(C)(3)	0	99,980	COST PER POUND	FOOD	FOOD
GREEN LANTERN LUNCH PROGRAM PO BOX 443 23 COLE ST COPALIS, WA 98535	81-2990918	501(C)(3)	0	2,053	COST PER POUND	FOOD	FOOD



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DAMASCUS HOMES COMMUNITY CENTER 22608 MARINE VIEW DRIVE S DES MOINES, WA 98198	82-1002487	501(C)(3)	0	8,004	COST PER POUND	FOOD	FOOD
PARKWAY COMMUNITY SERVICES 7808 207TH ST COURT E SPANAWAY, WA 98387	82-1318383	501(C)(3)	0	170,795	COST PER POUND	FOOD	FOOD

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UNION CHURCH SEATTLE 415 WESTLAKE AVE N SEATTLE, WA 98109	82-2866517	501(C)(3)	0	1,610	COST PER POUND	FOOD	FOOD
LYNNWOOD FOOD BANK 5320 176TH SW LYNNWOOD, WA 98087	84-1642388	501(C)(3)	0	1,221,377	COST PER POUND	FOOD	FOOD

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PACIFIC ISLANDER COMMUNITY ASSOCIATION WA (KING) 643 S 150TH ST BURIEN, WA 98148	84-2470123	501(C)(3)	0	2,453	COST PER POUND	FOOD	FOOD
CULTIVATE SOUTH PARK 1251 S CLOVERDALE ST UNIT B SEATTLE, WA 98108	84-4251891	501(C)(3)	0	33,887	COST PER POUND	FOOD	FOOD

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CHILDHAVEN 316 BROADWAY SEATTLE, WA 98121	91-0402430	501(C)(3)	0	4,350	COST PER POUND	FOOD	FOOD
SWINOMISH TRIBAL FOOD BANK 17337 RESERVATION RD LA CONNER, WA 98257	91-0434170	501(C)(3)	0	20,880	COST PER POUND	FOOD	FOOD

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DALE TURNER FAMILY YMCA - POPY'S CAFE 1220 NE 175TH ST SHORELINE, WA 98155	91-0482710	501(C)(3)	0	3,313	COST PER POUND	FOOD	FOOD
YWCA CENTRAL AREA FOOD BANK 2820 E CHERRY SEATTLE, WA 98122	91-0482890	501(C)(3)	0	245,291	COST PER POUND	FOOD	FOOD

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YWCA ANGELINE'S MEAL PROGRAM 2024 3RD AVE SEATTLE, WA 98121	91-0482890	501(C)(3)	0	138,920	COST PER POUND	FOOD	FOOD
RAINIER VISTA BOYS & GIRLS CLUB 603 STEWART ST 300 SEATTLE, WA 98101	91-0532600	501(C)(3)	0	16,941	COST PER POUND	FOOD	FOOD

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JEWISH FAMILY SERVICE 1601 16TH AVE SEATTLE, WA 98122	91-0565537	501(C)(3)	0	89,187	COST PER POUND	FOOD	FOOD
CATHEDRAL KITCHEN 804 9TH AVE SEATTLE, WA 98104	91-0567738	501(C)(3)	0	145,194	COST PER POUND	FOOD	FOOD

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BLESSED SACRAMENT FOOD BANK 5050 8TH AVE NE SEATTLE, WA 98105	91-0570857	501(C)(3)	0	187,602	COST PER POUND	FOOD	FOOD
BLESSED SACRAMENT MEAL PROGRAM 5050 8TH AVE NE SEATTLE, WA 98105	91-0570857	501(C)(3)	0	24,096	COST PER POUND	FOOD	FOOD



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PT DEFIANCERUSTON SENIOR CENTER 4716 N BALTIMORE TACOMA, WA 98407	91-0575957	501(C)(3)	0	26,008	COST PER POUND	FOOD	FOOD
CO VOLUNTEERS OF AMERICA EVERETT PO BOX 839 1230 BROADWAY AVE EVERETT, WA 98206	91-0577129	501(C)(3)	8,892	201,950	COST PER POUND	FOOD	FOOD

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

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VOLUNTEERS OF AMERICA EVERETT FOOD BANK 1230 BROADWAY AVE EVERETT, WA 98206	91-0577129	501(C)(3)	0	1,662,968	COST PER POUND	FOOD	FOOD
VOLUNTEERS OF AMERICA SULTAN FOOD BANK PO BOX 268 SULTAN, WA 98294	91-0577129	501(C)(3)	0	377,256	COST PER POUND	FOOD	FOOD

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MILL CREEK COMMUNITY FOOD BANK 1419 TRILLIUM BLVD SE 9 MILL CREEK, WA 98012	91-0577129	501(C)(3)	0	275,419	COST PER POUND	FOOD	FOOD
COMPASS CENTER 77 S WASHINGTON ST SEATTLE, WA 98104	91-0578229	501(C)(3)	0	279,907	COST PER POUND	FOOD	FOOD

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PHINNEY RIDGE FOOD BANK 7500 GREENWOOD AVE N SEATTLE, WA 98103	91-0581656	501(C)(3)	0	38,767	COST PER POUND	FOOD	FOOD
ST VINCENT DE PAUL GEORGETOWN FOOD BANK 5950 4TH AVE S SEATTLE, WA 98108	91-0583891	501(C)(3)	0	1,291,089	COST PER POUND	FOOD	FOOD

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OLYMPIA FIRST BAPTIST CHURCH POBOX 533 OLYMPIA, WA 98501	91-0584053	501(C)(3)	0	57,994	COST PER POUND	FOOD	FOOD
WOODLAND PARK PRESBYTERIAN CHURCH 225 N 70TH ST SEATTLE, WA 98103	91-0601568	501(C)(3)	0	9,836	COST PER POUND	FOOD	FOOD

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MILLIONAIR CLUB 2515 WESTERN AVE SEATTLE, WA 98121	91-0607513	501(C)(3)	0	224,498	COST PER POUND	FOOD	FOOD
CPC-KEYSTONE RESOURCES 3512 ALBION PL N SEATTLE, WA 98103	91-0621380	501(C)(3)	0	865	COST PER POUND	FOOD	FOOD

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ST LEO FOOD CONNECTION 1323 S YAKIMA AVE TACOMA, WA 98405	91-0622353	501(C)(3)	0	940,105	COST PER POUND	FOOD	FOOD
ST LEO FOOD CONNECTION CHILDREN'S FEEDING PROGRAM 1323 S YAKIMA AVE TACOMA, WA 98405	91-0622353	501(C)(3)	0	62,149	COST PER POUND	FOOD	FOOD

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ST VINCENT DE PAUL BREMERTON 1137 N CALLOW BREMERTON, WA 98312	91-0635027	501(C)(3)	0	233,068	COST PER POUND	FOOD	FOOD
EDMONDS FOOD BANK 828 CASPERS STREET EDMONDS, WA 98020	91-0652053	501(C)(3)	0	954,844	COST PER POUND	FOOD	FOOD



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GRIFFIN HOME FOR BOYS 2500 LAKE WASHINGTON BLVD RENTON, WA 98056	91-0672501	501(C)(3)	0	20,654	COST PER POUND	FOOD	FOOD
MEALS AT ST LUKE'S 5710 22ND AVE NW SEATTLE, WA 98107	91-0673080	501(C)(3)	0	73,595	COST PER POUND	FOOD	FOOD

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BREAD OF LIFE FOOD BANK MINISTRIES OF LAKE CITY 8810 LAWDALE AVENUE SW LAKEWOOD, WA 98498	91-0684801	501(C)(3)	0	178,635	COST PER POUND	FOOD	FOOD
QUEETS FOOD BANK QUINAULT TRIBE 219 QUINAULT ST FORKS, WA 98331	91-0760952	501(C)(3)	0	2,610	COST PER POUND	FOOD	FOOD

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QUILEUTE FOOD BANK 58 RIVER STREET LA PUSH, WA 98350	91-0761286	501(C)(3)	0	3,132	COST PER POUND	FOOD	FOOD
EDMONDS WESTGATE FOOD BANK 22901 EDMONDS WAY EDMONDS, WA 98020	91-0774622	501(C)(3)	0	110,885	COST PER POUND	FOOD	FOOD

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BOYS AND GIRLS CLUBS OF BELLEVUE - CTC 209 100TH AVE NE BELLEVUE, WA 98004	91-0776451	501(C)(3)	0	3,461	COST PER POUND	FOOD	FOOD
TRI-PARISH FOOD BANK 935 PETERSON RD BURLINGTON, WA 98223	91-0778147	501(C)(3)	2,000	444,062	COST PER POUND	FOOD	FOOD

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FIFE MILTON FOOD BANK 2303 54TH AVE E FIFE, WA 98424	91-0784431	501(C)(3)	0	159,184	COST PER POUND	FOOD	FOOD
BYRD BARR PLACE 722 18TH AVE SEATTLE, WA 98122	91-0786727	501(C)(3)	0	771,812	COST PER POUND	FOOD	FOOD

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LOWER COLUMBIA CAP-HELP WAREHOUSE 1526 COMMERCE AVE LONGVIEW, WA 98632	91-0814141	501(C)(3)	1,560	633,795	COST PER POUND	FOOD	FOOD
CO LOWER COLUMBIA CAC - HELP WAREHOUSE 1526 COMMERCE AVE LONGVIEW, WA 98632	91-0814141	501(C)(3)	0	642,780	COST PER POUND	FOOD	FOOD

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OLYCAP SENIOR NUTRITION PROGRAM 803 W PARK AVE PORT TOWNSEND, WA 98368	91-0814319	501(C)(3)	0	159,943	COST PER POUND	FOOD	FOOD
CO OLYMPIC COMMUNITY ACTION PROGRAM 803 WEST PARK PORT TOWNSEND, WA 98368	91-0814319	501(C)(3)	381	652,557	COST PER POUND	FOOD	FOOD

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COPALIS COMMUNITY CHURCH FOOD BANK 3137 HWY 109 COPALIS BEACH, WA 98535	91-0823403	501(C)(3)	0	178,228	COST PER POUND	FOOD	FOOD
SOUND GENERATIONS 2208 2ND AVE SEATTLE, WA 98121	91-0823767	501(C)(3)	0	142,908	COST PER POUND	FOOD	FOOD



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CENTRAL AREA SENIOR CENTER 500 30TH AVENUE SOUTH SEATTLE, WA 98144	91-0823767	501(C)(3)	0	3,515	COST PER POUND	FOOD	FOOD
NORTHWEST HARVEST PO BOX 12272 SEATTLE, WA 98102	91-0826037	501(C)(3)	0	24,972	COST PER POUND	FOOD	FOOD

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LOWER ELWHA KLALLAM TRIBE FOOD BANK 3080 LOWER ELWHA RD PORT ANGELES, WA 98363	91-0838085	501(C)(3)	0	34,113	COST PER POUND	FOOD	FOOD
CHIEF SEATTLE CLUB MEAL PROGRAM 410 2ND AVE EXT S SEATTLE, WA 98104	91-0852503	501(C)(3)	0	60,481	COST PER POUND	FOOD	FOOD

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PROJECT HOPE FOOD BANK 205 SOUTH BC AVE LYNDEN, WA 98264	91-0858511	501(C)(3)	0	166,574	COST PER POUND	FOOD	FOOD
SEATTLE INDIAN CENTER FOOD BANK 611 12TH AVE S SUITE 300 SEATTLE, WA 98144	91-0877683	501(C)(3)	0	124,161	COST PER POUND	FOOD	FOOD

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SEATTLE INDIAN CENTER MEAL PROGRAM 611 12TH AVE S SUITE 300 SEATTLE, WA 98144	91-0877683	501(C)(3)	0	115,522	COST PER POUND	FOOD	FOOD
KENT FOOD BANK ANNEX AT BIRCH CREEK 515 W HARRISON ST SUITE 107 KENT, WA 98032	91-0881434	501(C)(3)	0	16,979	COST PER POUND	FOOD	FOOD

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KENT FOOD BANK 515 W HARRISON ST SUITE 107 KENT, WA 98032	91-0881434	501(C)(3)	1,069	1,340,205	COST PER POUND	FOOD	FOOD
EL CENTRO DE LA RAZA FOOD BANK 2524 16TH AVE S SEATTLE, WA 98144	91-0899927	501(C)(3)	0	421,217	COST PER POUND	FOOD	FOOD

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EL CENTRO DE LA RAZA MEAL PROGRAM 2524 16TH AVE S SEATTLE, WA 98144	91-0899927	501(C)(3)	0	29,657	COST PER POUND	FOOD	FOOD
HELPLINE HOUSE FOOD BANK 282 KNECHTEL WAY NE BAINBRIDGE ISLAND, WA 98110	91-0902503	501(C)(3)	0	154,681	COST PER POUND	FOOD	FOOD

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INTERNATIONAL DROP-IN CENTER 7301 BEACON AVE S SEATTLE, WA 98108	91-0902978	501(C)(3)	0	103,657	COST PER POUND	FOOD	FOOD
NEXUS YOUTH AND FAMILIES 915 H ST SE AUBURN, WA 98002	91-0903084	501(C)(3)	0	1,436	COST PER POUND	FOOD	FOOD

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SENIOR SERVICES OF SOUTH SOUND - SHELTON 190 W SENTRY DR SHELTON, WA 98584	91-0907573	501(C)(3)	0	26,965	COST PER POUND	FOOD	FOOD
SENIOR SERVICES OF SOUTH SOUND - LACEY 6757 PACIFIC AVE SE LACEY, WA 98503	91-0907573	501(C)(3)	0	43,657	COST PER POUND	FOOD	FOOD



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SENIOR SERVICES OF SOUTH SOUND - OLYMPIA 222 COLUMBIA ST OLYMPIA, WA 98501	91-0907573	501(C)(3)	0	71,084	COST PER POUND	FOOD	FOOD
SACRED HEART FOOD PANTRY PO BOX 3805 812 BOWKER ST SE LACEY, WA 98509	91-0908997	501(C)(3)	0	203,841	COST PER POUND	FOOD	FOOD

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ACRS FOOD BANK 919 S KING ST SEATTLE, WA 98144	91-0916176	501(C)(3)	0	461,394	COST PER POUND	FOOD	FOOD
ACRS MEAL PROGRAM 3639 MLK JR WAY S SEATTLE, WA 98144	91-0916176	501(C)(3)	0	43,839	COST PER POUND	FOOD	FOOD

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ACRS HMONG AND LAOTIAN PROGRAM 3639 MLK JR WAY S SEATTLE, WA 98144	91-0916176	501(C)(3)	0	10,619	COST PER POUND	FOOD	FOOD
FAITH CENTER FOOD BANK 1209 MINOR RD KELSO, WA 98626	91-0916177	501(C)(3)	0	305,445	COST PER POUND	FOOD	FOOD

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YOUTHCARE ORION CENTER 1828 YALE AVE SEATTLE, WA 98101	91-0917079	501(C)(3)	0	74,112	COST PER POUND	FOOD	FOOD
BELLINGHAM FOOD BANK (ALTERNATIVES TO HUNGER) 1824 ELLIS ST BELLINGHAM, WA 98225	91-0918619	501(C)(3)	5,197	1,628,741	COST PER POUND	FOOD	FOOD

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CO BELLINGHAM FOOD BANK 1824 ELLIS ST BELLINGHAM, WA 98225	91-0918619	501(C)(3)	0	1,055,686	COST PER POUND	FOOD	FOOD
SQUAXIN ISLAND TRIBE FOOD BANK 90 SE KLAH-CHE-MIN DRIVE SHELTON, WA 98584	91-0922254	501(C)(3)	0	12,528	COST PER POUND	FOOD	FOOD

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PUGET SOUND LABOR AGENCY 2800 1ST AVE 115 SEATTLE, WA 98121	91-0927902	501(C)(3)	183	516,124	COST PER POUND	FOOD	FOOD
FEDERAL WAY SENIOR CENTER 4016 S 352ND ST AUBURN, WA 98001	91-0936089	501(C)(3)	0	392,614	COST PER POUND	FOOD	FOOD

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SKAGIT VALLEY NEIGHBORS IN NEED 1615 SOUTH 2ND ST MT VERONON, WA 98273	91-0951646	501(C)(3)	0	827,403	COST PER POUND	FOOD	FOOD
COMMUNITY HOUSE FOOD BANK 2212 S JACKSON ST SEATTLE, WA 98144	91-0963226	501(C)(3)	0	560	COST PER POUND	FOOD	FOOD

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COMMUNITY HOUSE - FIRWOOD 10751 2ND AVE NW SEATTLE, WA 98177	91-0963226	501(C)(3)	0	65,748	COST PER POUND	FOOD	FOOD
COMMUNITY HOUSE MEAL PROGRAM 431 BOYLSTON AVE E SEATTLE, WA 98102	91-0963226	501(C)(3)	0	40,465	COST PER POUND	FOOD	FOOD



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

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COMMUNITY HOUSE - SPRING MANOR 1103 16TH AVE SEATTLE, WA 98122	91-0963226	501(C)(3)	0	51,229	COST PER POUND	FOOD	FOOD
OPERATION NIGHTWATCH 302 14TH AVE S SEATTLE, WA 98111	91-0964027	501(C)(3)	0	71,511	COST PER POUND	FOOD	FOOD

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HIS PANTRY FOOD BANK AT CAMANO CHAPEL 867 SW CAMANO DR CAMANO ISLAND, WA 98292	91-0970973	501(C)(3)	0	49,371	COST PER POUND	FOOD	FOOD
PARKLAND FIRST BAPTIST CHURCH 3318 S 92ND STREET TACOMA, WA 98409	91-0971257	501(C)(3)	0	854,544	COST PER POUND	FOOD	FOOD

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HUB CITY MISSION 132 KIRKLAND RD CHEHALIS, WA 98532	91-0978022	501(C)(3)	0	32,538	COST PER POUND	FOOD	FOOD
HOPELINK BELLEVUE PO BOX 3577 REDMOND, WA 98033	91-0982116	501(C)(3)	0	1,312,833	COST PER POUND	FOOD	FOOD

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HIGHLINE AREA FOOD BANK 18300 4TH AVE SOUTH SEATTLE, WA 98166	91-0982116	501(C)(3)	1,021	961,061	COST PER POUND	FOOD	FOOD
HOPELINK KIRKLANDNORTHSHORE 14812 MAIN ST BELLEVUE, WA 98007	91-0982116	501(C)(3)	0	2,168,581	COST PER POUND	FOOD	FOOD

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HOPELINK SHORELINE 15809 WESTMINISTER WAY N SHORELINE, WA 98133	91-0982116	501(C)(3)	0	711,681	COST PER POUND	FOOD	FOOD
HOPELINK REDMOND 31957 E COMMERCIAL ST CARNATION, WA 98014	91-0982116	501(C)(3)	0	832,075	COST PER POUND	FOOD	FOOD

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HOPELINK SNO-VALLEY 16225 NE 87TH ST REDMOND, WA 98073	91-0982116	501(C)(3)	0	287,509	COST PER POUND	FOOD	FOOD
ADRA P BERRY MEMORIAL FOOD BANK 210 S HANSFORD ST SUITE 100 A SEATTLE, WA 98134	91-0982213	501(C)(3)	0	372,224	COST PER POUND	FOOD	FOOD

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MFP CENTER FOR MULTICULTURAL HEALTH 801 25TH AVE SEATTLE, WA 98122	91-0983698	501(C)(3)	0	5,220	COST PER POUND	FOOD	FOOD
NORTH WHIDBEY HELP HOUSE 1091 SE HATHAWAY ST OAK HARBOR, WA 98277	91-1003975	501(C)(3)	0	290,761	COST PER POUND	FOOD	FOOD

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PIKE MARKET FOOD BANK 85 PIKE ST SUITE 200 SEATTLE, WA 98101	91-1034838	501(C)(3)	0	1,236,935	COST PER POUND	FOOD	FOOD
PIKE MARKET SENIOR CENTER 85 PIKE ST SUITE 200 SEATTLE, WA 98101	91-1034838	501(C)(3)	0	60,869	COST PER POUND	FOOD	FOOD



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EATONVILLE FAMILY AGENCY PO BOX 1764 EATONVILLE, WA 98328	91-1059530	501(C)(3)	0	193,110	COST PER POUND	FOOD	FOOD
LAZARUS DAY CENTER 416 2ND EXT S SEATTLE, WA 98104	91-1099134	501(C)(3)	0	138,671	COST PER POUND	FOOD	FOOD

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ALOHA INN 1911 AURORA AVE N SEATTLE, WA 98111	91-1099134	501(C)(3)	0	106,140	COST PER POUND	FOOD	FOOD
ST MARTIN'S ON WESTLAKE 2008 WESTLAKE AVENUE SEATTLE, WA 98121	91-1099134	501(C)(3)	0	81,044	COST PER POUND	FOOD	FOOD

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EMERALD CITY CHURCH 801 25TH AVE SEATTLE, WA 98122	91-1100752	501(C)(3)	0	2,375	COST PER POUND	FOOD	FOOD
FORKS FOOD BANK PO BOX 270 FORKS, WA 98331	91-1102628	501(C)(3)	0	43,580	COST PER POUND	FOOD	FOOD

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BREMERTON FOODLINE PO BOX 824 BREMERTON, WA 98337	91-1111086	501(C)(3)	2,954	225,313	COST PER POUND	FOOD	FOOD
CO BREMERTON FOODLINE PO BOX 824 BREMERTON, WA 98337	91-1111086	501(C)(3)	0	56,331	COST PER POUND	FOOD	FOOD

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PNA GREENWOOD SR CENTER 7003 23RD AVE NW SEATTLE, WA 98103	91-1112780	501(C)(3)	0	1,114	COST PER POUND	FOOD	FOOD
PNA ST JOHN'S 6532 PHINNEY AVE N SEATTLE, WA 98103	91-1112780	501(C)(3)	0	40,081	COST PER POUND	FOOD	FOOD

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SOUTH KITSAP HELPLINE 1351 BAY STREET PORT ORCHARD, WA 98366	91-1117868	501(C)(3)	0	785,979	COST PER POUND	FOOD	FOOD
COMMUNITY ACTION OF SKAGIT COUNTY PO BOX 1507 MT VERONON, WA 98273	91-1140086	501(C)(3)	2,532	58,233	COST PER POUND	FOOD	FOOD

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CO SKAGIT COUNTY COMMUNITY ACTION AGENCY 330 PACIFIC PL MOUNT VERNON, WA 98273	91-1140086	501(C)(3)	0	1,166,369	COST PER POUND	FOOD	FOOD
COMMUNITY ACTION OF SKAGIT COUNTY MEAL PROGRAM 330 PACIFIC PL MOUNT VERNON, WA 98273	91-1140086	501(C)(3)	0	88,145	COST PER POUND	FOOD	FOOD

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PORT GAMBLE S'KLALLAM FOOD BANK 31912 LITTLE BOSTON RD NE KINGSTON, WA 98346	91-1145489	501(C)(3)	0	2,784	COST PER POUND	FOOD	FOOD
STANWOOD CAMANO FOOD BANK PO BOX 1285 STANWOOD, WA 98292	91-1155426	501(C)(3)	0	656,679	COST PER POUND	FOOD	FOOD



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BLAINE FOOD BANK PO BOX 472 BLAINE, WA 98231	91-1160595	501(C)(3)	0	1,506,889	COST PER POUND	FOOD	FOOD
FERNDALE FOOD BANK PO BOX 1593 FERNDALE, WA 98248	91-1166240	501(C)(3)	0	482,733	COST PER POUND	FOOD	FOOD

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WHITE CENTER FOOD BANK 10829 8TH AVE SW SEATTLE, WA 98146	91-1167830	501(C)(3)	1,092	1,732,266	COST PER POUND	FOOD	FOOD
DAWN P O BOX 88007 TUKWILA, WA 98138	91-1176122	501(C)(3)	0	26,112	COST PER POUND	FOOD	FOOD

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SERENITY HOUSE 2321 W 18TH ST PORT ANGELES, WA 98362	91-1180069	501(C)(3)	0	33,053	COST PER POUND	FOOD	FOOD
DES MOINES AREA FOOD BANK 22225 9TH SOUTH DES MOINES, WA 98198	91-1183154	501(C)(3)	1,548	1,193,480	COST PER POUND	FOOD	FOOD

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DES MOINES AREA FOOD BANK - SUMMER MEALS 22225 9TH SOUTH DES MOINES, WA 98198	91-1183154	501(C)(3)	0	56,587	COST PER POUND	FOOD	FOOD
SKY VALLEY FOOD BANK 784 VILLAGE WAY MONROE, WA 98272	91-1186822	501(C)(3)	0	628,752	COST PER POUND	FOOD	FOOD

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KEY PENINSULA COMMUNITY SERVICES FBSENIOR CENTER PO BOX 395 LAKEBAY, WA 98349	91-1188981	501(C)(3)	0	533,507	COST PER POUND	FOOD	FOOD
PORT ANGELES FOOD BANK 402 S VALLEY STR PORT ANGELES, WA 98362	91-1192596	501(C)(3)	1,070	828,306	COST PER POUND	FOOD	FOOD

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HOH TRIBAL FOOD BANK (SPONSORED BY PORT ANGELES FOOD BANK) 2265 LOWER HOH ROAD FORKS, WA 98331	91-1192596	501(C)(3)	0	1,740	COST PER POUND	FOOD	FOOD
SE TACOMA NOURISH FOOD BANK 1704 E 85TH ST TACOMA, WA 98445	91-1198391	501(C)(3)	0	630,325	COST PER POUND	FOOD	FOOD

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GRAHAM SOUTH HILL NOURISH FOOD BANK 10425 187TH ST E PUYALLUP, WA 98374	91-1198391	501(C)(3)	0	716,972	COST PER POUND	FOOD	FOOD
EDGEWOOD COMMUNITY NOURISH FOOD BANK 3505 122ND AVE E EDGEWOOD, WA 98372	91-1198391	501(C)(3)	0	524,361	COST PER POUND	FOOD	FOOD

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LAKES AREA NOURISH FOOD BANK 6900 STEILACOOM BLVD SW LAKEWOOD, WA 98499	91-1198391	501(C)(3)	0	265,964	COST PER POUND	FOOD	FOOD
NOURISH FOOD BANKS OF PIERCE COUNTY 1702 S 72ND ST SUITE E TACOMA, WA 98408	91-1198391	501(C)(3)	0	391,752	COST PER POUND	FOOD	FOOD



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NW TACOMA NOURISH FOOD BANK 2710 N MADISON ST TACOMA, WA 98407	91-1198391	501(C)(3)	0	116,660	COST PER POUND	FOOD	FOOD
NOURISH MOBILE FOOD PANTRY 1702 S 72ND ST SUITE E TACOMA, WA 98408	91-1198391	501(C)(3)	0	145,438	COST PER POUND	FOOD	FOOD

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HELPING HANDS FOOD BANK 420 WASHINGTON ST SEDRO WOOLLEY, WA 98284	91-1203572	501(C)(3)	0	1,668,980	COST PER POUND	FOOD	FOOD
LAKE STEVENS COMMUNITY FOOD BANK PO BOX 1031 LAKE STEVENS, WA 98258	91-1215080	501(C)(3)	0	352,742	COST PER POUND	FOOD	FOOD

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AUBURN FOOD BANK 930 18TH PL NE AUBURN, WA 98002	91-1215485	501(C)(3)	2,859	2,363,821	COST PER POUND	FOOD	FOOD
AUBURN COMMUNITY SUPPER 930 18TH PL NE AUBURN, WA 98071	91-1215485	501(C)(3)	0	3,210	COST PER POUND	FOOD	FOOD

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SEQUIM FOOD BANK PO BOX 1453 SEQUIM, WA 98382	91-1215709	501(C)(3)	0	376,668	COST PER POUND	FOOD	FOOD
MAKAH FOOD BANK 90 RESORT DR NEAH BAY, WA 98357	91-1215709	501(C)(3)	0	39,133	COST PER POUND	FOOD	FOOD

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JAMESTOWN S'KLALLAM TRIBE FOOD BANK 1033 OLD BLYN HWY SEQUIM, WA 98382	91-1215709	501(C)(3)	0	10,266	COST PER POUND	FOOD	FOOD
LIFELONG FOOD BANK 1002 E SENECA SEATTLE, WA 98122	91-1215715	501(C)(3)	0	265,820	COST PER POUND	FOOD	FOOD

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LIFELONG MEAL PROGRAM 1002 E SENECA SEATTLE, WA 98122	91-1215715	501(C)(3)	0	191,254	COST PER POUND	FOOD	FOOD
SHARENET FOOD BANK 26061 UNITED RD NE STE A KINGSTON, WA 98346	91-1229210	501(C)(3)	0	269,998	COST PER POUND	FOOD	FOOD

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MATLOCK COMMUNITY CHURCH FOOD BANK 216 W MATLOCK BRADY RD MATLOCK, WA 98560	91-1229585	501(C)(3)	0	44,055	COST PER POUND	FOOD	FOOD
NORTH KITSAP FISHLINE PO BOX 250 KINGSTON, WA 98346	91-1244431	501(C)(3)	0	312,495	COST PER POUND	FOOD	FOOD

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ISSAQUAH FOOD AND CLOTHING BANK 179 1ST AVE SE ISSAQUAH, WA 98027	91-1245499	501(C)(3)	1,634	1,374,429	COST PER POUND	FOOD	FOOD
MFP - CHC SNOHOMISH EVERETT N 1424 BROADWAY EVERETT, WA 98201	91-1255170	501(C)(3)	0	36,376	COST PER POUND	FOOD	FOOD



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

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ORCAS ISLAND FOOD BANK PO BOX 424 EASTSOUND, WA 98245	91-1255700	501(C)(3)	0	43,737	COST PER POUND	FOOD	FOOD
DESC 515 3RD AVE SEATTLE, WA 98104	91-1275815	501(C)(3)	0	31,496	COST PER POUND	FOOD	FOOD

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DESC DROP-IN CENTER 216 JAMES ST SEATTLE, WA 98104	91-1275815	501(C)(3)	0	55,767	COST PER POUND	FOOD	FOOD
DESC RAINIER HOUSE 5720 RAINIER AVE S SEATTLE, WA 98118	91-1275815	501(C)(3)	0	11,465	COST PER POUND	FOOD	FOOD

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SOJOURNER PLACE 5071 8TH AVE NE SEATTLE, WA 98105	91-1289932	501(C)(3)	0	5,911	COST PER POUND	FOOD	FOOD
TILLICUM COMMUNITY SERVICE FOOD BANK 14916 WASHINGTON AVE SW TACOMA, WA 98498	91-1300366	501(C)(3)	0	52,948	COST PER POUND	FOOD	FOOD

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SOMMA FOOD BANK PO BOX 103 SILVERCREEK, WA 98585	91-1302453	501(C)(3)	0	835	COST PER POUND	FOOD	FOOD
GIG HARBOR FISH FOOD BANK P O BOX 154 GIG HARBOR, WA 98335	91-1307991	501(C)(3)	0	501,454	COST PER POUND	FOOD	FOOD

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SOUTH PARK SENIOR CITIZENS 8201 10TH AVE S SUITE 4 SEATTLE, WA 98108	91-1317638	501(C)(3)	0	4,004	COST PER POUND	FOOD	FOOD
SNOHOMISH COMMUNITY FOOD BANK PO BOX 1364 SNOHOMISH, WA 98291	91-1334772	501(C)(3)	0	612,943	COST PER POUND	FOOD	FOOD

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BREAD OF LIFE FOOD BANK - MARBLEMOUNT 3302 CEDARDALE RD D100 MT VERONON, WA 98274	91-1335192	501(C)(3)	0	68,751	COST PER POUND	FOOD	FOOD
NOOKSACK VALLEY FOOD BANK PO BOX 384 EVERSON, WA 98247	91-1339292	501(C)(3)	0	127,871	COST PER POUND	FOOD	FOOD

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NOOKSACK TRIBAL FOOD BANK 5061 DEMING RD BLDG B DEMING, WA 98244	91-1339292	501(C)(3)	0	2,784	COST PER POUND	FOOD	FOOD
KALAMA HELPING HANDS 191 CLOVERDALE RD KALAMA, WA 98625	91-1343233	501(C)(3)	0	11,510	COST PER POUND	FOOD	FOOD

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MARYSVILLE FOOD BANK PO BOX 917 MARYSVILLE, WA 98270	91-1347507	501(C)(3)	0	1,391,929	COST PER POUND	FOOD	FOOD
FOOTHILLS FOOD BANK 5568 MT BAKER HWY DEMING, WA 98244	91-1347974	501(C)(3)	0	150,282	COST PER POUND	FOOD	FOOD



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HAMILTON COMMUNITY FOOD BANK PO BOX 75 HAMILTON, WA 98255	91-1351355	501(C)(3)	0	329,869	COST PER POUND	FOOD	FOOD
NEW HOPE FOOD BANK 13693 HWY 112 SEKIU, WA 98381	91-1352736	501(C)(3)	0	2,436	COST PER POUND	FOOD	FOOD

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PORT TOWNSEND FOOD BANK 2137 KINGSLEY PL PORT TOWNSEND, WA 98368	91-1377493	501(C)(3)	0	585,825	COST PER POUND	FOOD	FOOD
TRI AREA FOOD PANTRY PO BOX 124 PORT HADLOCK, WA 98339	91-1377493	501(C)(3)	0	378,895	COST PER POUND	FOOD	FOOD

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QUILCENE FOOD BANK 294952 HIGHWAY 101 QUILCENE, WA 98376	91-1377493	501(C)(3)	0	189,195	COST PER POUND	FOOD	FOOD
BRINNON FOOD BANK PO BOX 10 BRINNON, WA 98320	91-1377493	501(C)(3)	0	169,006	COST PER POUND	FOOD	FOOD

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LEWIS COUNTY FOOD BANK COALITION 1709 SEMINARY HILL CENTRALIA, WA 98531	91-1391826	501(C)(3)	1,150	384,624	COST PER POUND	FOOD	FOOD
TOLEDO FOOD BANK PO BOX 311 ETHEL, WA 98542	91-1391826	501(C)(3)	0	66,470	COST PER POUND	FOOD	FOOD

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CENTRAL KITSAP FOOD BANK 3790 ANDERSON HILL ROAD SILVERDALE, WA 98383	91-1425561	501(C)(3)	0	611,172	COST PER POUND	FOOD	FOOD
BALLARD FOOD BANK 7005 24TH AVE NW SEATTLE, WA 98117	91-1428805	501(C)(3)	0	1,616,568	COST PER POUND	FOOD	FOOD

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ARLINGTON COMMUNITY FOOD BANK 19118 63RD AVE NE ARLINGTON, WA 98223	91-1445025	501(C)(3)	0	503,366	COST PER POUND	FOOD	FOOD
HOOD CANAL FOOD BANK P O BOX 995 HOODSPORT, WA 98548	91-1449048	501(C)(3)	0	110,316	COST PER POUND	FOOD	FOOD

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WEST SEATTLE FOOD BANK 3419 SW MORGAN ST SEATTLE, WA 98126	91-1464412	501(C)(3)	0	2,790,134	COST PER POUND	FOOD	FOOD
CAPITAL CLUBHOUSE RECOVERY CENTER 1000 CHERRY ST SE OLYMPIA, WA 98501	91-1465297	501(C)(3)	0	14,600	COST PER POUND	FOOD	FOOD

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NORTH HELPLINE PO BOX 25875 12736 33RD AVE NE SEATTLE, WA 98125	91-1475182	501(C)(3)	0	1,340,000	COST PER POUND	FOOD	FOOD
NORTH HELPLINE BITTER LAKE 13000 LINDEN AVE N SHORELINE, WA 98133	91-1475182	501(C)(3)	0	261,813	COST PER POUND	FOOD	FOOD



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MILL CREEK COMMUNITY CHURCH FOOD PANTRY 16415 NORTH RD UNIT A BOTHELL, WA 98012	91-1492894	501(C)(3)	0	32,305	COST PER POUND	FOOD	FOOD
ALGONA PACIFIC FOOD PANTRY (NEW HOPE LUTHERAN) 603 3RD AVE SE PACIFIC, WA 98047	91-1498750	501(C)(3)	0	558,246	COST PER POUND	FOOD	FOOD

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RAINIER VALLEY FOOD BANK 4205 RAINIER AVENUE S SEATTLE, WA 98118	91-1500768	501(C)(3)	968	1,275,044	COST PER POUND	FOOD	FOOD
ENUMCLAW FOOD BANK 1350 COLE ST ENUMCLAW, WA 98022	91-1503603	501(C)(3)	561	358,010	COST PER POUND	FOOD	FOOD

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ALGER FOOD BANK 1195 ALGER CAIN LAKE ROAD SEDRO WOOLLEY, WA 98284	91-1517719	501(C)(3)	0	17,327	COST PER POUND	FOOD	FOOD
MERCING HOUSING NORTHWEST - APPIAN WAY APARTMENTS 25818 26TH PL S KENT, WA 98032	91-1546525	501(C)(3)	0	114,313	COST PER POUND	FOOD	FOOD

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MFP MERCY HOUSING NW - LINCOLN WAY 2721 LINCOLN WAY LYNNWOOD, WA 98087	91-1546525	501(C)(3)	0	7,830	COST PER POUND	FOOD	FOOD
MFP MERCY HOUSING NW - EMERALD CITY COMMONS 7700 RAINIER AVE S SEATTLE, WA 98118	91-1546525	501(C)(3)	0	2,610	COST PER POUND	FOOD	FOOD

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MFP MERCY HOUSING NW - WOODLAKE MANOR 1018 13TH ST SNOHOMISH, WA 98290	91-1546525	501(C)(3)	0	12,093	COST PER POUND	FOOD	FOOD
MFP MERCY HOUSING NW - COLUMBIA CITY STATION APTS 4484 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98108	91-1546525	501(C)(3)	0	6,090	COST PER POUND	FOOD	FOOD

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MFP MERCY HOUSING NW - LAKE VILLAGE EAST 416 97TH DR NE LAKE STEVENS, WA 98258	91-1546525	501(C)(3)	0	7,482	COST PER POUND	FOOD	FOOD
MFP MERCY HOUSING NW - FAMILY TREE 10110 19TH AVE SE EVERETT, WA 98208	91-1546525	501(C)(3)	0	2,784	COST PER POUND	FOOD	FOOD

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FARESTART 700 VIRGINIA ST SEATTLE, WA 98101	91-1546757	501(C)(3)	0	28,602	COST PER POUND	FOOD	FOOD
UNIVERSITY DISTRICT FOOD BANK 4731 15TH AVE NE SEATTLE, WA 98105	91-1585652	501(C)(3)	0	2,122,402	COST PER POUND	FOOD	FOOD

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ROSE OF LIMA 120 BELL STREET SEATTLE, WA 98121	91-1585652	501(C)(3)	0	22,947	COST PER POUND	FOOD	FOOD
NOEL HOUSE 2301 2ND AVE SEATTLE, WA 98121	91-1585652	501(C)(3)	0	42,689	COST PER POUND	FOOD	FOOD



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ST MARTIN DE PORRES SHELTER 1561 ALASKAN WAY S SEATTLE, WA 98134	91-1585652	501(C)(3)	418	168,902	COST PER POUND	FOOD	FOOD
MALTBY FOOD BANK PO BOX 1256 SNOHOMISH, WA 98291	91-1607217	501(C)(3)	0	1,071,012	COST PER POUND	FOOD	FOOD

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CONCRETE FOOD BANK 112 MAIN ST CONCRETE, WA 98237	91-1643893	501(C)(3)	0	99,584	COST PER POUND	FOOD	FOOD
SEEDS OF GRACE 7302 44TH AVE NE STE B2 MARYSVILLE, WA 98270	91-1643947	501(C)(3)	0	1,392	COST PER POUND	FOOD	FOOD

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OPERATION SACK LUNCH 77 S WASHINGTON ST SEATTLE, WA 98194	91-1658187	501(C)(3)	0	1,866,735	COST PER POUND	FOOD	FOOD
SALT OF THE EARTH FOOD BANK 210 AVENUE B SNOHOMISH, WA 98290	91-1680147	501(C)(3)	0	526,862	COST PER POUND	FOOD	FOOD

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UNION GOSPEL MISSION OLYMPIA PO BOX 7668 OLYMPIA, WA 98507	91-1680748	501(C)(3)	0	481,996	COST PER POUND	FOOD	FOOD
ALLIANCECOMMUNITY SUPPORT COMMITTEE 1528 VALENTINE PL SEATTLE, WA 98144	91-1703201	501(C)(3)	0	3,654	COST PER POUND	FOOD	FOOD

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PE ELL FOOD BANK 417 MAIN ST PE ELL, WA 98572	91-1724698	501(C)(3)	0	835	COST PER POUND	FOOD	FOOD
FAMILYWORKS 1501 N 45TH ST SEATTLE, WA 98103	91-1757277	501(C)(3)	0	441,180	COST PER POUND	FOOD	FOOD

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FAMILYWORKS GREENWOOD 1501 N 45TH ST SEATTLE, WA 98103	91-1757277	501(C)(3)	0	89,801	COST PER POUND	FOOD	FOOD
BUCKLEY KIWANIS FOOD BANK 127 N RIVER RD BUCKLEY, WA 98321	91-1761645	501(C)(3)	0	151,907	COST PER POUND	FOOD	FOOD

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LUMMI FOOD BANK 2616 KWIN RD BELLINGHAM, WA 98226	91-1836621	501(C)(3)	0	188,459	COST PER POUND	FOOD	FOOD
SHORELINE SENIOR CENTER 107 CHERRY STREET SEATTLE, WA 98104	91-1870393	501(C)(3)	0	2,175	COST PER POUND	FOOD	FOOD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EMERGENCY FEEDING PROGRAM 851 HOUSER WAY N A RENTON, WA 98057	91-1902023	501(C)(3)	0	736	COST PER POUND	FOOD	FOOD
THE FOOD BANK AT ST MARY'S 611 20TH AVE S SEATTLE, WA 98144	91-1989445	501(C)(3)	0	1,399,167	COST PER POUND	FOOD	FOOD



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

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PROVIDENCE REGINA HOUSE FOOD BANK 8201 10TH AVE S 6 SEATTLE, WA 98108	91-1996732	501(C)(3)	123	353,608	COST PER POUND	FOOD	FOOD
MUKILTEO FOOD BANK 822 3RD STREET MUKILTEO, WA 98275	91-1999844	501(C)(3)	0	118,193	COST PER POUND	FOOD	FOOD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONCERN FOR NEIGHBORS FOOD BANK 4700 228TH ST SW MOUNTLAKE TERRACE, WA 98043	91-2027084	501(C)(3)	0	328,098	COST PER POUND	FOOD	FOOD
LEWIS COUNTY GOSPEL MISSION PO BOX 631 72 SW CHEHALIS AVE CHEHALIS, WA 98532	91-2035646	501(C)(3)	0	45,002	COST PER POUND	FOOD	FOOD

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

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FRIENDS OF THE CHILDREN SEATTLE 4436 RAINIER AVE S SUITE C SEATTLE, WA 98118	91-2047030	501(C)(3)	0	8,700	COST PER POUND	FOOD	FOOD
JOHN VOLKEN ACADEMY 921 CENTRAL AVE N KENT, WA 98032	91-2061674	501(C)(3)	0	18,842	COST PER POUND	FOOD	FOOD

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

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SUMNER COMMUNITY FOOD BANK PO BOX 475 SUMNER, WA 98390	91-2061833	501(C)(3)	0	786,024	COST PER POUND	FOOD	FOOD
WOODLAND ACTION 736 DAVIDSON WOODLAND, WA 98674	91-2105285	501(C)(3)	0	170,946	COST PER POUND	FOOD	FOOD

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

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ELIZABETH GREGORY HOME PO BOX 45130 SEATTLE, WA 98145	91-2139335	501(C)(3)	0	76,275	COST PER POUND	FOOD	FOOD
TENINO COMMUNITY SERVICE CENTERFOOD BANK PLUS PO BOX 1239 224 SUSSEX AV E TENINO, WA 98589	91-2144590	501(C)(3)	0	1,383,916	COST PER POUND	FOOD	FOOD

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RECOVERY CAFE 2022 BOREN AVENUE SEATTLE, WA 98121	91-2158547	501(C)(3)	0	40,486	COST PER POUND	FOOD	FOOD
BELLINGHAM SCHOOL DISTRICT 1306 DUPONT STREET BELLINGHAM, WA 98225	91-6001648	GOVERNMENT	0	29,232	COST PER POUND	FOOD	FOOD

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

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WHITE PASS FOOD BANK 116 KINDLE RD RANDLE, WA 98377	91-6054280	501(C)(3)	0	97,383	COST PER POUND	FOOD	FOOD
CASTLE ROCK LIONS FOOD BANK PO BOX 776 CASTLE ROCK, WA 98611	91-6054280	501(C)(3)	0	1,392	COST PER POUND	FOOD	FOOD

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

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MAPLE VALLEY FOOD BANK PO BOX 322 MAPLE VALLEY, WA 98038	91-6057006	501(C)(3)	1,190	759,258	COST PER POUND	FOOD	FOOD
BREAD OF LIFE MISSION 97 S MAIN ST SEATTLE, WA 98104	91-6057907	501(C)(3)	0	434,528	COST PER POUND	FOOD	FOOD



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

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FOOD BANK OF ALASKA 2121 SPAR RD ANCHORAGE, AK 99501	92-0073175	501(C)(3)	0	88,740	COST PER POUND	FOOD	FOOD
ROOTS 1415 NE 43RD AVE SEATTLE, WA 98105	92-2110379	501(C)(3)	0	64,827	COST PER POUND	FOOD	FOOD

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

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GRANITE FALLS FOOD BANK PO BOX 1947 402 S GRANITE AVE GRANITE FALLS, WA 98252	93-0710454	501(C)(3)	0	177,252	COST PER POUND	FOOD	FOOD
PACIFIC NORTHWEST ADULT AND TEEN CHALLENGE 18611 148TH AVE SE RENTON, WA 98058	93-0844063	501(C)(3)	0	87,684	COST PER POUND	FOOD	FOOD

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

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SALVATION ARMY RENTON 206 S TOBIN RENTON, WA 98055	94-1156347	501(C)(3)	479	984,436	COST PER POUND	FOOD	FOOD
SALVATION ARMY CAPITOL HILL PO BOX 20128 1101 PIKE STREET SEATTLE, WA 98102	94-1156347	501(C)(3)	0	292,466	COST PER POUND	FOOD	FOOD

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

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SALVATION ARMY WHITE CENTER FOOD BANK 9050 16TH AVE SW SEATTLE, WA 98146	94-1156347	501(C)(3)	0	403,358	COST PER POUND	FOOD	FOOD
SALVATION ARMY WILLIAM BOOTH CENTER 811 MAYNARD AVE S SEATTLE, WA 98134	94-1156347	501(C)(3)	0	123,229	COST PER POUND	FOOD	FOOD

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

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SALVATION ARMY WHITE CENTER MEAL PROGRAM 9050 16TH AVE SW SEATTLE, WA 98146	94-1156347	501(C)(3)	0	10,447	COST PER POUND	FOOD	FOOD
SALVATION ARMY PORT ANGELES 206 S PEABODY PORT ANGELES, WA 98362	94-1156347	501(C)(3)	0	92,385	COST PER POUND	FOOD	FOOD

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SALVATION ARMY BELLINGHAM 2919 NW AVE BELLINGHAM, WA 98227	94-1156347	501(C)(3)	0	275,211	COST PER POUND	FOOD	FOOD
SALVATION ARMY TACOMA FOOD BANK 1501 6TH AVENUE TACOMA, WA 98405	94-1156347	501(C)(3)	0	672,844	COST PER POUND	FOOD	FOOD

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

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SALVATION ARMY BREMERTON P O BOX 886 BREMERTON, WA 98337	94-1156347	501(C)(3)	0	226,141	COST PER POUND	FOOD	FOOD
SALVATION ARMY ANACORTES 3001 R AVE STE 100 ANACORTES, WA 98221	94-1156347	501(C)(3)	0	70,938	COST PER POUND	FOOD	FOOD

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

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SALVATION ARMY KELSOLONGVIEW PO BOX 1218 LONGVIEW, WA 98632	94-1156347	501(C)(3)	0	70,902	COST PER POUND	FOOD	FOOD
SALVATION ARMY TACOMA LODGE 1501 6TH AVE TACOMA, WA 98405	94-1156347	501(C)(3)	0	40,138	COST PER POUND	FOOD	FOOD



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SALVATION ARMY EVERETT PO BOX 1184 EVERETT, WA 98206	94-1156347	501(C)(3)	0	586,366	COST PER POUND	FOOD	FOOD
CO CLARK COUNTY FOOD BANK 6502 NE 47TH AVE VANCOUVER, WA 98661	94-1156347	501(C)(3)	0	189,481	COST PER POUND	FOOD	FOOD

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

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SALVATION ARMY CENTRALIA PO BOX 488 303 GOLD ST CENTRALIA, WA 98531	94-1156347	501(C)(3)	0	172,808	COST PER POUND	FOOD	FOOD
SALVATION ARMY PUYALLUP VALLEY PO BOX 73298 PUYALLUP, WA 98373	94-1156347	501(C)(3)	0	27,904	COST PER POUND	FOOD	FOOD

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SALVATION ARMY GRAYS HARBOR PO BOX 1437 120 W WISHKAH ST ABERDEEN, WA 98520	94-1156347	501(C)(3)	0	77,045	COST PER POUND	FOOD	FOOD
SECOND HARVEST OF SILICON VALLEY 4001 N 1ST ST SAN JOSE, CA 95134	94-2614101	501(C)(3)	0	211,671	COST PER POUND	FOOD	FOOD

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SACRED HEART PASTORS PANTRY PO BOX 880 MORTON, WA 98356	94-2712386	501(C)(3)	0	15,075	COST PER POUND	FOOD	FOOD
CEDARWOOD INTERNATIONAL FOOD BANK 11700 MUKILTEO SPDWY STE 201-1177 MUKILTEO, WA 98043	94-2902936	501(C)(3)	0	621,199	COST PER POUND	FOOD	FOOD

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FOOD BANK OF NORTHERN NEVADA 550 ITALY DR MCCARRAN, NV 89434	94-2924979	501(C)(3)	0	69,426	COST PER POUND	FOOD	FOOD
TEEN FEED 4740 B UNIVERSITY WAY NE SEATTLE, WA 98105	94-3034862	501(C)(3)	0	10,071	COST PER POUND	FOOD	FOOD

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ORTING VALLEY SENIOR CENTER FOOD BANK PO BOX 104 ORTING, WA 98360	94-3101716	501(C)(3)	0	54,965	COST PER POUND	FOOD	FOOD
MONDAY NIGHT COMMUNITY SUPPER 30105 2ND PL SW FEDERAL WAY, WA 98023	94-3105476	501(C)(3)	0	1,991	COST PER POUND	FOOD	FOOD

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CALVARY SUPPER OF FEDERAL WAY 2441 SW 316TH ST FEDERAL WAY, WA 98023	94-3105476	501(C)(3)	0	5,605	COST PER POUND	FOOD	FOOD
GOOD SHEPHERD COMMUNITY SUPPER 345 S 312TH ST FEDERAL WAY, WA 98003	94-3105476	501(C)(3)	0	6,153	COST PER POUND	FOOD	FOOD

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

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CO EMERGENCY FOOD NETWORK 3318 92ND ST LAKEWOOD, WA 98499	94-3131776	501(C)(3)	0	91,620	COST PER POUND	FOOD	FOOD
ANACORTES 100 FOOD BANK 512 4TH ST ANACORTES, WA 98221	94-3142388	501(C)(3)	0	37,549	COST PER POUND	FOOD	FOOD



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

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VASHON MAURY COMMUNITY FOOD BANK 10030 210 ST SW VASHON, WA 98070	94-3165664	501(C)(3)	0	770,199	COST PER POUND	FOOD	FOOD
VASHON MAURY COMMUNITY FB - SUMMER MEALS PO BOX 1205 VASHON, WA 98070	94-3165664	501(C)(3)	404	87,581	COST PER POUND	FOOD	FOOD

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NORTH MASON FOOD BANK 22471 HWY 3 BELFAIR, WA 98528	94-3197896	501(C)(3)	0	207,826	COST PER POUND	FOOD	FOOD
HOQUIAM FOOD & CLOTHING BANK PO BOX 472 720 K ST HOQUIAM, WA 98550	94-3249593	501(C)(3)	0	137,102	COST PER POUND	FOOD	FOOD

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CO HOQUIAM COASTAL HARVEST PROGRAM 117 EAST 3RD STREET ABERDEEN, WA 98520	94-3252669	501(C)(3)	0	523,893	COST PER POUND	FOOD	FOOD
NATIONS SOCIAL SERVICES PO BOX 45518 111 112TH ST SE STE A117 TACOMA, WA 98448	94-3367886	501(C)(3)	0	27,229	COST PER POUND	FOOD	FOOD

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

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VICTORY OUTREACH SEATTLE 2035 NW 58TH ST SEATTLE, WA 98107	95-0583891	501(C)(3)	0	108,988	COST PER POUND	FOOD	FOOD
LAKE SAMMAMISH FOURSQUARE CHURCH 14434 NE 8TH ST UNIT 2002 BELLEVUE, WA 98007	95-1684062	501(C)(3)	0	378,782	COST PER POUND	FOOD	FOOD

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
FOOD LIFELINE

Employer identification number  
91-1090450

**Part I Questions Regarding Compensation**

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



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4A	HENRY ALTSCHULER RECEIVED \$16,995 OF SEVERANCE PAY.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FOOD LIFELINE

Employer identification number

91-1090450

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WASHINGTON STATE HOUSING FINANCE COMMISSION	91-1874730		08-03-2017	17,650,000	FOR THE PURCHASE PRICE OF ALL OR A PORTION OF LAND AND TWO BUILDINGS.		X		X		X

**Part II Proceeds**

		A	B	C	D				
1	Amount of bonds retired . . . . .	5,062,612							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	17,650,000							
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .	17,361,573							
7	Issuance costs from proceeds . . . . .	160,000							
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	128,437							
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2017							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						



**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	3.950 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %							
<b>6</b> Total of lines 4 and 5 . . . . .	3.950 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .	X							
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FOOD LIFELINE

Employer identification number  
91-1090450

**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 . . . . .	X	29	691,283	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	65,206,684	113,459,631	\$1.74 PER POUND
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		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 didn't 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
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization

FOOD LIFELINE

Employer identification number

91-1090450

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 3	<p>IN THE WAKE OF THE COVID-19 PANDEMIC AND OUR STATE'S STATEWIDE STAY-AT-HOME ORDER IN MARCH , FOOD LIFELINE HAD TO QUICKLY ADAPT TO DRAMATICALLY INCREASED DEMAND FOR FOOD. WITH THE ECONOMIC HARDSHIP CAUSED BY THE PANDEMIC, THE NUMBER OF FOOD INSECURE PEOPLE IN OUR STATE DOUBLED TO 1.6 MILLION PEOPLE WITH A HIGH LIKELIHOOD THAT IT COULD REACH MORE THAN 2 MILLION PEOPLE BEFORE THE CRISIS BEGINS TO SUBSIDE. TO MEET THIS NEED, FOOD LIFELINE RAMPED UP OPERATIONS TO PROVIDE A RECORD NUMBER OF MEALS TO OUR COMMUNITY, ACTIVELY WORKING WITH OUR 300 PARTNER AGENCIES TO IDENTIFY SAFE WAYS TO DISTRIBUTE FOOD DIRECTLY TO THEM SO THEY CAN CONTINUE THEIR WORK OF SUPPORTING THOSE FACING HUNGER. IN ADDITION TO THE INCREASED SUPPORT OF OUR PARTNER NETWORK, FOOD LIFELINE IS ALSO SERVING AS A LEAD AGENCY IN A STATE-WIDE HUNGER RELIEF EFFORT. IN COORDINATION WITH THE GOVERNOR JAY INSLEE'S OFFICE, SECOND HARVEST AND NORTHWEST HARVEST, FOOD LIFELINE BUILT AND SUPPLIED EMERGENCY FOOD BOXES FULL OF NUTRITIOUS, SHELF-STABLE FOOD TO EVERY COUNTY IN THE STATE EACH WEEK TO REACH THOSE MOST IN NEED.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	BOARD MEMBERS WILL BE EMAILED A DRAFT VERSION OF THE 990. THE AUDIT COMMITTEE OF THE BOARD WILL REVIEW THE 990 IN DETAIL WITH THE CFO PRIOR THE THE GENERAL BOARD DISTRIBUTION.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS MUST NOT HAVE A MATERIALLY CONFLICTING INTEREST WITH THE ORGANIZATION. WHEN A MEMBER HAS AN UNAVOIDABLE CONFLICT OF INTEREST, THEY WILL DISCLOSE IT TO THE BOARD, WHO WILL VOTE ON THE MATTER, ABSENT THE INTERESTED PERSON. ANNUALLY, EACH BOARD MEMBER WILL SIGN A CONFLICT OF INTEREST STATEMENT TO DISCLOSE IN WRITING ANY SUCH CONFLICTS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT AND CEO ARE APPOINTED BY AND REPORT TO THE BOARD OF DIRECTORS. THE CEO COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS EVALUATES THE PERFORMANCE OF THE PRESIDENT AND CEO AT LEAST ONCE ANNUALLY. SALARIES ARE BASED ON JOB DESCRIPTIONS, SALARY RANGES OF SIMILAR POSITIONS IN OTHER LOCAL AGENCIES, AND SALARY RANGES AT FEEDING AMERICA, FORMERLY AMERICA'S SECOND HARVEST, AFFILIATES. THE PRESIDENT AND CEO ARE IN CHARGE OF DETERMINING COMPENSATION FOR ALL OTHER TOP MANAGEMENT, USING THE SAME CRITERIA AS ABOVE.



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	OUR ANNUAL AUDIT REPORT IS AVAIABLE TO THE PUBLIC ON OUR WEBSITE OR UPON REQUEST.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FOOD LIFELINE

**Employer identification number**

91-1090450

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FOOD LIFELINE FOUNDATION 815 S 96TH ST  SEATTLE, WA 98108 47-5201113	TO SUPPORT AND BENEFIT, FINANCIALLY AND/OR OPERATIONALLY, FOOD LIFELINE	WA	501(C)(3)	LINE 12C, III-FI			No

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>