

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable:	C Name of organization FOOD LIFELINE	D Employer identification number 91-1090450
<input type="checkbox"/> Address change	Doing business as	E Telephone number (206) 545-6600
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	G Gross receipts \$ 78,836,445.
<input type="checkbox"/> Initial return	1702 NE 150TH ST	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	SHORELINE, WA 98155	If "No," attach a list. (see instructions)
<input type="checkbox"/> Application pending	F Name and address of principal officer: LINDA NAGEOTTE SAME AS C ABOVE	H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FOODLIFELINE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: COLLECT AND DISTRIBUTE FOOD TO FOOD BANKS IN 17 COUNTIES OF WESTERN WASHINGTON.		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	86
	6 Total number of volunteers (estimate if necessary)	6	8769
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 79,650,322.	Current Year 76,596,678.
	9 Program service revenue (Part VIII, line 2g)	184,697.	269,265.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,918.	2,510.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,064.	12,713.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,877,001.	76,881,166.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	61,246,616.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,894,885.	3,825,349.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,668,498.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,308,835.	7,226,224.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	70,450,336.	73,599,624.	
19 Revenue less expenses. Subtract line 18 from line 12	9,426,665.	3,281,542.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 19,882,035.	End of Year 23,392,968.
	21 Total liabilities (Part X, line 26)	469,506.	699,538.
	22 Net assets or fund balances. Subtract line 21 from line 20	19,412,529.	22,693,430.

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	▶ <i>Linda Nageotte</i> Signature of officer	▶ 2/4/16 Date	
	▶ LINDA NAGEOTTE, PRESIDENT/CEO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name RAY HOLMDAHL	Preparer's signature <i>Ray Holmdahl</i>	Date 02/04/16
	Firm's name ▶ PETERSON SULLIVAN LLP, CPA'S	Check <input type="checkbox"/> self-employed	PTIN P00120599
	Firm's address ▶ 601 UNION ST, STE 2300 SEATTLE, WA 98101-2345	Firm's EIN ▶ 91-0605875	Phone no. (206) 382-7777

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: COLLECT AND DISTRIBUTE FOOD TO FOOD BANKS IN 17 COUNTIES OF WESTERN WASHINGTON.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 70,774,673. including grants of \$ 62,548,051.) (Revenue \$ 339,125.) DISTRIBUTED OVER 35 MILLION POUNDS OF FOOD TO OVER 686,000 HUNGRY PEOPLE IN WESTERN WASHINGTON THROUGH OUR NETWORK OF NEARLY 300 NEIGHBORHOOD FOOD BANKS, HOT MEAL PROGRAMS AND SHELTERS. THAT IS THE EQUIVALENT OF MORE THAN 27 MILLION MEALS.

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 70,774,673.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 13, 1, 86). Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8282, 8899, and 720.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	15	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JANE FROL - (206) 545-6600**
1702 NE 150TH ST, SHORELINE, WA 98155

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE WITTMAN CHAIR	5.00	X		X				0.	0.	0.
(2) BRUCE CHRISTIANSEN CHAIR-ELECT	5.00	X		X				0.	0.	0.
(3) CHRIS BLANTON BOARD MEMBER	5.00	X						0.	0.	0.
(4) SUZANNE DALY BOARD MEMBER	5.00	X						0.	0.	0.
(5) TOM DOUGLAS BOARD MEMBER	5.00	X						0.	0.	0.
(6) ROGER GARRATT BOARD MEMBER	5.00	X						0.	0.	0.
(7) FRANK GENOVESE BOARD MEMBER	5.00	X						0.	0.	0.
(8) PETER JOHNSON BOARD MEMBER	5.00	X						0.	0.	0.
(9) AMY KIRTLAND BOARD MEMBER	5.00	X						0.	0.	0.
(10) ADAM LEMIEUX BOARD MEMBER	5.00	X						0.	0.	0.
(11) JULIE FELSS MASINO BOARD MEMBER	5.00	X						0.	0.	0.
(12) KATIE QUINN BOARD MEMBER	5.00	X						0.	0.	0.
(13) THIERRY RAUTUREAU BOARD MEMBER	5.00	X						0.	0.	0.
(14) KATHY SHEEHAN BOARD MEMBER	5.00	X						0.	0.	0.
(15) LYLE SNYDER BOARD MEMBER	5.00	X						0.	0.	0.
(16) LINDA NAGEOTTE PRESIDENT/CEO	40.00			X				143,522.	0.	7,230.
(17) ANITA WOOSTER SECRETARY & EXECUTIVE ASSISTANT	40.00			X				6,938.	0.	0.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 282,736.				
	b Membership dues	1b				
	c Fundraising events	1c 437,548.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,521,836.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 74,354,558.				
	g Noncash contributions included in lines 1a-1f: \$	64,866,529.				
	h Total. Add lines 1a-1f	76,596,678.				
	Program Service Revenue	2 a FOOD SALES & DELIVERY	Business Code 900099	269,265.	269,265.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			269,265.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22,508.		22,508.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		-19,998.		-19,998.	
	8 a Gross income from fundraising events (not including \$ 437,548. of contributions reported on line 1c). See Part IV, line 18	a 28,397.				
		b Less: direct expenses	b 120,414.			
c Net income or (loss) from fundraising events			-92,017.		-92,017.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a 802,804.					
	b Less: cost of goods sold	b 732,944.				
	c Net income or (loss) from sales of inventory		69,860.	69,860.		
Miscellaneous Revenue		Business Code				
11 a LANDLORD REIMBURSEMENT	900099	34,870.		34,870.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		34,870.			
12 Total revenue. See instructions.		76,881,166.	339,125.	0.	-54,637.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	62,548,051.	62,548,051.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	195,439.	132,316.	31,874.	31,249.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,877,592.	1,941,945.	473,572.	462,075.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,718.	19,790.	3,820.	4,108.
9 Other employee benefits	400,403.	285,884.	55,182.	59,337.
10 Payroll taxes	324,197.	231,473.	44,680.	48,044.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,518.		9,518.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	436,839.	41,461.	92,199.	303,179.
12 Advertising and promotion	118,771.	37,832.	16,046.	64,893.
13 Office expenses	190,964.	129,160.	25,500.	36,304.
14 Information technology				
15 Royalties				
16 Occupancy	510,997.	451,087.	37,888.	22,022.
17 Travel	24,290.	12,269.	5,126.	6,895.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,199.	16,264.	6,794.	9,141.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	320,271.	239,592.	36,672.	44,007.
23 Insurance	105,269.	78,751.	12,054.	14,464.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD PROCURE & DISTRIB	4,344,729.	4,344,729.		
b MISCELLANEOUS	552,215.	156,068.	305,528.	90,619.
c HUNGER SOLUTION CENTER	472,161.			472,161.
d REPAIR AND MAINTENANCE	108,001.	108,001.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	73,599,624.	70,774,673.	1,156,453.	1,668,498.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,319,091.	1	5,869,119.
	2 Savings and temporary cash investments	1,998,416.	2	190,956.
	3 Pledges and grants receivable, net	10,538,116.	3	12,005,869.
	4 Accounts receivable, net	115,895.	4	105,924.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,214,070.	8	2,459,143.
	9 Prepaid expenses and deferred charges	97,228.	9	255,279.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,544,878.		
	b Less: accumulated depreciation	10b 2,636,270.	761,135.	10c 908,608.
	11 Investments - publicly traded securities	838,084.	11	888,070.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	710,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,882,035.	16	23,392,968.	
Liabilities	17 Accounts payable and accrued expenses	469,506.	17	699,538.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	469,506.	26	699,538.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,190,757.	27	5,685,793.
	28 Temporarily restricted net assets	12,221,772.	28	17,007,637.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	19,412,529.	33	22,693,430.	
34 Total liabilities and net assets/fund balances	19,882,035.	34	23,392,968.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	76,881,166.
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,599,624.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,281,542.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,412,529.
5	Net unrealized gains (losses) on investments	5	-641.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,693,430.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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? _____	X	
3b	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 _____	X	

Form 990 (2014)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59,186,483.	64,761,557.	66,153,661.	79,650,322.	76,596,678.	346,348,701.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...	46,366.	46,366.	46,366.	46,366.	46,366.	231,830.
4 Total. Add lines 1 through 3	59,232,849.	64,807,923.	66,200,027.	79,696,688.	76,643,044.	346,580,531.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						21,285,681.
6 Public support. Subtract line 5 from line 4.						325,294,850.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	59,232,849.	64,807,923.	66,200,027.	79,696,688.	76,643,044.	346,580,531.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	26,159.	7,445.	31,223.	31,087.	22,508.	118,422.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					34,870.	34,870.
11 Total support. Add lines 7 through 10						346,733,823.
12 Gross receipts from related activities, etc. (see instructions)					12	3,297,490.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	93.82 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	98.97 %
16a 33 1/3% support test - 2014. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REIMBURSEMENT

Multiple horizontal lines for providing supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

FOOD LIFELINE

Employer identification number

91-1090450

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>6,220,081.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,954,357.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>3,135,417.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>4,180,414.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>2,605,635.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>9,512,613.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOOD LIFELINE	Employer identification number 91-1090450
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FOOD LIFELINE	91-1090450

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	3,616,326 POUNDS OF FOOD VALUED AT \$1.72 PER POUND	\$ 6,220,081.	06/30/15
2	1,136,254 POUNDS OF FOOD VALUED AT \$1.72 PER POUND	\$ 1,954,357.	06/30/15
3	1,822,917 POUNDS OF FOOD VALUED AT \$1.72 PER POUND	\$ 3,135,417.	06/30/15
4	2,430,473 POUNDS OF FOOD VALUED AT \$1.72 PER POUND	\$ 4,180,414.	06/30/15
5	1,514,904 POUNDS OF FOOD VALUED AT \$1.72 PER POUND	\$ 2,605,635.	06/30/15
6	5,530,589 POUNDS OF FOOD VALUED AT \$1.72 PER POUND	\$ 9,512,613.	06/30/15

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	17,500 SHS PACCAR INC. _____ _____	\$ 1,015,700.	10/07/14
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization FOOD LIFELINE	Employer identification number 91-1090450
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

Name of organization 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.
- 2 Political expenditures ▶ \$ 0.
- 3 Volunteer hours 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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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)	8,286.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	66,864.													
c	Total lobbying expenditures (add lines 1a and 1b)	75,150.													
d	Other exempt purpose expenditures	73,524,474.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	73,599,624.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount				1,000,000.	1,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000.
c Total lobbying expenditures				75,150.	75,150.
d Grassroots nontaxable amount				250,000.	250,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
f Grassroots lobbying expenditures				8,286.	8,286.

Schedule C (Form 990 or 990-EZ) 2014

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

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

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

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

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

Part IV Supplemental Information

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

PART I-A, LINE 1:

THE EMERGENCY FOOD ASSISTANCE PROGRAM, FEDERAL TAX DONATION INCENTIVES,
 EMERGENCY FOOD ASSISTANCE PROGRAM, FARMERS MARKET NUTRITION PROGRAM,
 STATE FOOD ASSISTANCE, CHILD NUTRITION REAUTHORIZATION, STOP SUMMER
 HUNGER ACT, EASY ACT/SUMMER FOOD ACT, SUPPLEMENTAL NUTRITION ASSISTANCE
 PROGRAM, CHILD AND ADULT CARE FOOD PROGRAM, SUMMER FOOD SERVICE

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (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" to 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), Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure.
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.
Table: Held at the End of the Tax Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.
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, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, 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" to 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.
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included in 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 in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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" to Form 990, Part IV, line 10.

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		478,813.	424,997.	53,816.
d Equipment		1,811,661.	1,449,293.	362,368.
e Other		1,254,404.	761,980.	492,424.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				908,608.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" to 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	77,872,456.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-641.
b	Donated services and use of facilities	2b	148,091.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	853,358.
e	Add lines 2a through 2d	2e	1,000,808.
3	Subtract line 2e from line 1	3	76,871,648.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,518.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	9,518.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	76,881,166.

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

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

1	Total expenses and losses per audited financial statements	1	74,591,555.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	148,091.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	853,358.
e	Add lines 2a through 2d	2e	1,001,449.
3	Subtract line 2e from line 1	3	73,590,106.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,518.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	9,518.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	73,599,624.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE INCLUDED ON PAGE 9, LINE 8B	120,414.
COST OF GOODS SOLD INCLUDED ON PAGE 9, LINE 10B	732,944.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	853,358.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE INCLUDED ON PAGE 9, LINE 8B	120,414.
COST OF GOODS SOLD INCLUDED ON PAGE 9, LINE 10B	732,944.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	853,358.

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

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" to 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.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CAMPBELL & CO - ONE EAST WACKER DR, SUITE 2100, MARYANN JORDAN - 946 FEDERAL AVENUE, SEATTLE, WA 98102	FUNDRAISING FOR HUNGER SOLUTIONS CENTER		X	2,712,362.	28,575.	2,683,787.
	FUNDRAISING FOR HUNGER SOLUTIONS CENTER		X	2,712,362.	7,900.	2,704,462.
Total				5,424,724.	36,475.	5,388,249.

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" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SAVOR (event type)	DRESS DOWN HUNGER (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	266,605.	197,992.	1,348.	465,945.
	2	Less: Contributions	253,120.	183,645.	783.	437,548.
	3	Gross income (line 1 minus line 2)	13,485.	14,347.	565.	28,397.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	8,567.	14,621.		23,188.
	7	Food and beverages	13,485.	14,347.	565.	28,397.
	8	Entertainment	450.			450.
	9	Other direct expenses	22,931.	45,448.		68,379.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				120,414.
11	Net income summary. Subtract line 10 from line 3, column (d)				-92,017.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	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	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 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 to be 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).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CAMPBELL & CO

(I) ADDRESS OF FUNDRAISER:

ONE EAST WACKER DR, SUITE 2100, CHICAGO, IL 60601

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

FOOD LIFELINE

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? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACRS EMERGENCY FEEDING PROGRAM 720 8TH AVE S SUITE 200 SEATTLE, WA 98144	91-0916176	501(C)(3)	0.	140,601.	COST PER POUND	FOOD	FOOD
ACRS FOOD BANK 919 S. KING ST. SEATTLE, WA 98144	91-0916176	501(C)(3)	0.	232,334.	COST PER POUND	FOOD	FOOD
ALGER FOOD BANK 1195 ALGER CAIN LAKE ROAD SEDRO WOOLLEY, WA 98284	91-1517719	501(C)(3)	0.	22,434.	COST PER POUND	FOOD	FOOD
ALGONA PACIFIC FOOD PANTRY 603 3RD AVE SE PACIFIC, WA 98047	91-1498750	501(C)(3)	0.	347,032.	COST PER POUND	FOOD	FOOD, TEFAP ADMIN
ALOHA INN 1911 AURORA AVE N SEATTLE, WA 98111	91-1099134	501(C)(3)	129.	119,411.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD
ANNIE'S COMMUNITY KITCHEN 23525 84TH AVE. W. EDMONDS, WA 98026	20-2007731	501(C)(3)	0.	228,540.	COST PER POUND	FOOD	FOOD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **255.**

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

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

Schedule I (Form 990) (2014)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARLINGTON FOOD BANK 19118 63RD AVE NE ARLINGTON, WA 98223	91-1445025	501(C)(3)	0.	203,853.	COST PER POUND	FOOD	FOOD
AUBURN COMMUNITY SUPPER 930 18TH PL NE AUBURN, WA 98071	91-1215485	501(C)(3)	0.	44,152.	COST PER POUND	FOOD	FOOD, TEFAP ADMIN
AUBURN FOOD BANK- 930 18TH PL NE AUBURN, WA 98002	91-1215485	501(C)(3)	1,774.	1,318,612.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD
BALLARD FOOD BANK 7005 24TH AVE NW SEATTLE, WA 98117	91-1428805	501(C)(3)	0.	915,795.	COST PER POUND	FOOD	FOOD
BAY CENTER FOOD BANK 231 BAY CENTER RD BAY CENTER, WA 98586	46-1095437	501(C)(3)	0.	22,596.	COST PER POUND	FOOD	FOOD
BEACON AVENUE FOOD BANK 6230 BEACON AVE S SEATTLE, WA 98108	91-1485319	501(C)(3)	0.	212,998.	COST PER POUND	FOOD	FOOD
BELLINGHAM FOOD BANK 1824 ELLIS ST. BELLINGHAM, WA 98225	91-0918619	501(C)(3)	0.	781,857.	COST PER POUND	FOOD	FOOD
BLAINE FOOD BANK PO BOX 472 BLAINE, WA 98231	91-1160595	501(C)(3)	0.	595,338.	COST PER POUND	FOOD	FOOD
BLESSED SACRAMENT FOOD BANK 5050 8TH AVE NE SEATTLE, WA 98105	91-0570857	501(C)(3)	0.	151,904.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLESSED SACRAMENT MEAL PROGRAM 5050 8TH AVE NE SEATTLE, WA 98105	91-0570857	501(C)(3)	0.	91,697.	COST PER POUND	FOOD	FOOD
BONNEY LAKE FOOD BANK & MEAL PROGRAM - 1809 OLD BUCKLEY HWY - SUMNER, WA 98390	27-0270499	501(C)(3)	0.	1,329,311.	COST PER POUND	FOOD	FOOD
BOYS AND GIRLS CLUB-BELLEVUE 209 100TH AVE NE BELLEVUE, WA 98004	91-0776451	501(C)(3)	0.	25,169.	COST PER POUND	FOOD	FOOD
BREAD OF LIFE MISSION 97 S MAIN ST SEATTLE, WA 98104	91-0684801	501(C)(3)	0.	380,201.	COST PER POUND	FOOD	FOOD
BREAD OF LIFE-MARBLEMOUNT 59850 SR 20 MARBLEMOUNT, WA 98267	91-1335192	501(C)(3)	0.	24,835.	COST PER POUND	FOOD	FOOD
BREMERTON FOOD LINE P.O. BOX 824 BREMERTON, WA 98337	91-1111086	501(C)(3)	0.	428,925.	COST PER POUND	FOOD	FOOD
BRINNON FOOD BANK PO BOX 10 BRINNON, WA 98320	91-1377483	501(C)(3)	0.	154,103.	COST PER POUND	FOOD	FOOD
BUCKLEY KIWANIS FOOD BANK 127 N RIVER RD BUCKLEY, WA 98321	91-1761645	501(C)(3)	0.	34,885.	COST PER POUND	FOOD	FOOD
C/O BREMERTON FOODLINE P.O. BOX 824 BREMERTON, WA 98337	91-1111086	501(C)(3)	0.	171,400.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C/O THURSTON COUNTY FOOD BANK 220 THURSTON AVE NE OLYMPIA, WA 98501	23-7297897	501(C)(3)	0.	178,144.	COST PER POUND	FOOD	FOOD
CALIFORNIA ASSOCIATION OF FOOD BANKS - 1624 FRANKLIN ST, STE 722 - OAKLAND, CA 94612	68-0392816	501(C)(3)	0.	144,480.	COST PER POUND	FOOD	FOOD
CALVARY SUPPER OF FEDERAL WAY 2441 SW 316TH ST FEDERAL WAY, WA 98023	94-3105476	501(C)(3)	0.	5,277.	COST PER POUND	FOOD	FOOD
CAMANO CHAPEL-HIS PANTRY FOOD BANK 867 SW CAMANO DR CAMANO ISLAND, WA 98292	91-0970973	501(C)(3)	0.	54,945.	COST PER POUND	FOOD	FOOD
CAMP FOOD BANK 722 18TH AVE SEATTLE, WA 98122	91-0786727	501(C)(3)	0.	873,872.	COST PER POUND	FOOD	FOOD
CATHOLIC COMMUNITY SERVICES HOSPITATILY KITCHEN - 1323 S YAKIMA - TACOMA, WA 98405	53-0196617	501(C)(3)	0.	229,871.	COST PER POUND	FOOD	FOOD
CENTRAL KITSAP FOOD BANK 3790 ANDERSON HILL ROAD SILVERDALE, WA 98383	91-1229210	501(C)(3)	0.	400,395.	COST PER POUND	FOOD	FOOD
CHIEF SEATTLE CLUB 410 2ND AVE EXT S SEATTLE, WA 98104	91-0852503	501(C)(3)	0.	92,820.	COST PER POUND	FOOD	FOOD
CLOTHES & LOAVES PO BOX 656 CENTRALIA, WA 98531	91-0978022	501(C)(3)	0.	46,597.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION COUNCIL OF LWS, MSN, THSTN - 420 GOLF CLUB ROAD SE STE. 100 - LACEY, WA 98503	91-0818368	501(C)(3)	0.	15,310.	COST PER POUND	FOOD	FOOD
COMMUNITY CARE MINISTRIES FOOD BANK - P. O. BOX 434 - KAPOWSIN, WA 98344	75-3158092	501(C)(3)	0.	115,274.	COST PER POUND	FOOD	FOOD
COMMUNITY CARE SUPPER STEEL LAKE 1829 S 308TH ST FEDERAL WAY, WA 98023	94-3105476	501(C)(3)	0.	5,392.	COST PER POUND	FOOD	FOOD
COMMUNITY COVENANT CHURCH P. O. BOX 188 CLEAR LAKE, WA 98235	91-1571632	501(C)(3)	0.	152,702.	COST PER POUND	FOOD	FOOD
COMMUNITY FOOD BANK OF SOUTHERN ARIZONA - 3003 S COUNTRY CLUB RD - TUCSON, AZ 85713	51-0192519	501(C)(3)	0.	72,302.	COST PER POUND	FOOD	FOOD
COMMUNITY FOOD PANTRY 140 NE ST RTE 300 BELFAIR, WA 98528	45-5576783	501(C)(3)	0.	84,093.	COST PER POUND	FOOD	FOOD
COMMUNITY HOUSE MEAL PROGRAM 431 BOYLSTON AVE E SEATTLE, WA 98102	91-0963226	501(C)(3)	0.	124,789.	COST PER POUND	FOOD	FOOD
COMMUNITY HOUSE-FIRWOOD 10751 2ND AVE NW SEATTLE, WA 98177	91-0963226	501(C)(3)	0.	38,126.	COST PER POUND	FOOD	FOOD
COMMUNITY HOUSE-SPRING MANOR 1103 16TH AVE SEATTLE, WA 98122	91-0963226	501(C)(3)	0.	100,400.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY LUNCH ON CAPITOL HILL 1710 11TH AVE SEATTLE, WA 98122	05-0566668	501(C)(3)	0.	142,382.	COST PER POUND	FOOD	FOOD
COMPASS CENTER 77 S WASHINGTON ST SEATTLE, WA 98104	91-0578229	501(C)(3)	0.	139,838.	COST PER POUND	FOOD	FOOD
CONCERN FOR NEIGHBORS FOOD BANK 4700 228TH ST. SW MOUNTLAKE TERRACE, WA 98043	91-2027084	501(C)(3)	0.	280,506.	COST PER POUND	FOOD	FOOD
CONCRETE FOOD BANK 112 MAIN ST. CONCRETE, WA 98237	91-1643893	501(C)(3)	0.	82,230.	COST PER POUND	FOOD	FOOD
COPALIS COMMUNITY CHURCH FOOD 3137 HWY 109 COPALIS BEACH, WA 98535	91-0823403	501(C)(3)	0.	260,652.	COST PER POUND	FOOD	FOOD
CPC-KEYSTONE RESOURCES 3512 ALBION PL N SEATTLE, WA 98103	91-0621380	501(C)(3)	0.	40,917.	COST PER POUND	FOOD	FOOD
DALE TURNER FAMILY YMCA - POPY'S CAFE - 1220 NE 175TH ST - SHORELINE, WA 98155	91-0482710	501(C)(3)	0.	25,692.	COST PER POUND	FOOD	FOOD
DARRINGTON FOOD BANK PO BOX 696 DARRINGTON, WA 98241	91-1152265	501(C)(3)	0.	16,263.	COST PER POUND	FOOD	FOOD
DAWN P. O. BOX 88007 TUKWILA, WA 98138	91-1176122	501(C)(3)	0.	48,083.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES AREA FOOD BANK 22225 9TH SOUTH DES MOINES, WA 98198	91-1183154	501(C)(3)	0.	799,929.	COST PER POUND	FOOD	FOOD
DESC 515 3RD AVE SEATTLE, WA 98104	91-1275815	501(C)(3)	1,428.	54,111.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD
DOWNTOWN FOOD BANK 1531 WESTERN AVE SEATTLE, WA 98101	91-1034638	501(C)(3)	0.	389,190.	COST PER POUND	FOOD	FOOD
EASTSIDE DOMESTIC VIOLENCE PROGRAM PO BOX 6398 BELLEVUE, WA 98008	91-1190193	501(C)(3)	0.	23,827.	COST PER POUND	FOOD	FOOD
EATONVILLE FAMILY AGENCY PO BOX 1764 EATONVILLE, WA 98328	91-1059530	501(C)(3)	3,500.	29,875.	COST PER POUND	FOOD, BACKPACK GRANT	FOOD
EDGEWOOD COMMUNITY FISH FOOD BANK 3505 122ND AVE E EDGEWOOD, WA 98372	91-1198391	501(C)(3)	0.	218,954.	COST PER POUND	FOOD	FOOD
EDMONDS FOOD BANK 828 CASPERS STREET EDMONDS, WA 98020	91-0652053	501(C)(3)	0.	221,190.	COST PER POUND	FOOD	FOOD
EDMONDS WESTGATE FOOD BANK 22901 EDMONDS WAY EDMONDS, WA 98020	91-0774622	501(C)(3)	0.	47,100.	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.	427,124.	COST PER POUND	FOOD	FOOD

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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EL CENTRO DE LA RAZA MEAL PROGRAM 2524 16TH AVE S SEATTLE, WA 98144	91-0899927	501(C)(3)	0.	67,130.	COST PER POUND	FOOD	FOOD
ELIZABETH GREGORY HOME PO BOX 45130 SEATTLE, WA 98145	91-2139335	501(C)(3)	0.	107,550.	COST PER POUND	FOOD	FOOD
EMERGENCY FOOD NETWORK 3318 92ND STREET LAKEWOOD, WA 98499	94-3131776	501(C)(3)	0.	30,922.	COST PER POUND	FOOD	FOOD
ENUMCLAW KIWANIS FOOD BANK 1350 COLE ST ENUMCLAW, WA 98022	91-1503603	501(C)(3)	548.	262,087.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD
FAITH HOUSE MINISTRIES 911 ALDER ST HOQUIAM, WA 98550	20-3348807	501(C)(3)	0.	82,608.	COST PER POUND	FOOD	FOOD
FAMILYWORKS 1501 N. 45TH ST. SEATTLE, WA 98103	91-1757277	501(C)(3)	0.	431,768.	COST PER POUND	FOOD	FOOD
FATHER'S HOUSE FOOD BANK 14810 84TH ST NE LAKE STEVENS, WA 98258	93-0710454	501(C)(3)	0.	108,501.	COST PER POUND	FOOD	FOOD
FEDERAL WAY FOOD BANK - MULTI SERVICE CENTER - 1200 S. 336TH - FEDERAL WAY, WA 98093	91-3105476	501(C)(3)	2,786.	1,447,246.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD
FERNDALE FOOD BANK PO BOX 1593 FERNDALE, WA 98248	91-1166240	501(C)(3)	0.	87,682.	COST PER POUND	FOOD	FOOD

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FISH-SAINT ROSE 812 S. SILVERDALE ROAD CASTLE ROCK, WA 98611	23-7452250	501(C)(3)	0.	18,160.	COST PER POUND	FOOD	FOOD
FISH-SEVENTH DAY ADVENTIST CHURCH 5151 NESBIT LOOP ROAD KELSO, WA 98626	26-3585358	501(C)(3)	0.	85,128.	COST PER POUND	FOOD	FOOD
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	80-0204355	501(C)(3)	0.	505,680.	COST PER POUND	FOOD	FOOD
FOOD LIFELINE MOBILE PANTRY - COWLITZ COUNTY - 274 22ND AVE - LONGVIEW, WA 92526	91-1090450	501(C)(3)	0.	95,109.	COST PER POUND	FOOD	FOOD
FOOD LIFELINE MOBILE PANTRY - WHATCOM COUNTY - 8251 KENDALL RD. - MAPLE FALLS, WA 98266	91-1090450	501(C)(3)	0.	61,027.	COST PER POUND	FOOD	FOOD
FOOTHILLS FOOD BANK 5568 MT. BAKER HWY DEMING, WA 98244	91-1347974	501(C)(3)	0.	79,010.	COST PER POUND	FOOD	FOOD
GENESIS HOUSE 621 34TH AVE SEATTLE, WA 98122	91-0982116	501(C)(3)	0.	64,612.	COST PER POUND	FOOD	FOOD
GIG HARBOR FISH FOOD BANK P. O. BOX 154 GIG HARBOR, WA 98335	91-1307991	501(C)(3)	0.	203,806.	COST PER POUND	FOOD	FOOD
GOOD SHEPHERD COMMUNITY SUPPER 345 S 312TH ST FEDERAL WAY, WA 98003	94-3105476	501(C)(3)	0.	5,545.	COST PER POUND	FOOD	FOOD

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GRAHAM SOUTH HILL FISH FOOD BANK 10425 187TH ST E PUYALLUP, WA 98374	91-1198391	501(C)(3)	0.	136,707.	COST PER POUND	FOOD	FOOD
GRIFFIN HOME FOR BOYS 2500 LAKE WASHINGTON BLVD RENTON, WA 98056	91-0672501	501(C)(3)	0.	89,082.	COST PER POUND	FOOD	FOOD
HAMILTON COMMUNITY FOOD BANK PO BOX 75 HAMILTON, WA 98255	91-1351355	501(C)(3)	0.	420,330.	COST PER POUND	FOOD	FOOD
HANDS OF HOPE 9506 7TH AVE SE EVERETT, WA 98208	91-6071655	501(C)(3)	0.	168,944.	COST PER POUND	FOOD	FOOD
HELPING HANDS FOOD BANK 420 WASHINGTON ST. SEDRO WOOLLEY, WA 98284	91-1203572	501(C)(3)	0.	654,491.	COST PER POUND	FOOD	FOOD
HELPLINE HOUSE FOOD BANK 282 KNECHTEL WAY NE BAINBRIDGE ISLAND, WA 98110	91-0902503	501(C)(3)	0.	68,788.	COST PER POUND	FOOD	FOOD
HIGHLINE FOOD BANK 18300 4TH AVE SOUTH SEATTLE, WA 98166	91-0982116	501(C)(3)	1,090.	532,116.	COST PER POUND	FOOD	FOOD, TEFAP ADMIN
HOOD CANAL FOOD BANK P. O. BOX 995 HOODSPORT, WA 98548	91-1449048	501(C)(3)	0.	13,851.	COST PER POUND	FOOD	FOOD
HOPELINK-BELLEVUE 14812 MAIN ST. BELLEVUE, WA 98007	91-0982116	501(C)(3)	0.	622,250.	COST PER POUND	FOOD	FOOD

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HOPELINK-KIRKLAND/NORTHSHORE PO BOX 3577 REDMOND, WA 98033	91-0982116	501(C)(3)	0.	1,188,088.	COST PER POUND	FOOD	FOOD
HOPELINK-REDMOND 16225 NE 87TH ST. REDMOND, WA 98073	91-0982116	501(C)(3)	0.	353,985.	COST PER POUND	FOOD	FOOD
HOPELINK-SHORELINE 15809 WESTMINISTER WAY N SHORELINE, WA 98133	91-0982116	501(C)(3)	0.	325,931.	COST PER POUND	FOOD	FOOD
HOPELINK-SNO-VALLEY 31957 E COMMERCIAL ST CARNATION, WA 98014	91-0982116	501(C)(3)	0.	219,085.	COST PER POUND	FOOD	FOOD
HOQUIAM COASTAL HARVEST PROGRAM 117 EAST 3RD STREET ABERDEEN, WA 98520	94-3252669	501(C)(3)	0.	97,656.	COST PER POUND	FOOD	FOOD
HUNGER INTERVENTION PROGRAM 3841 NE 123RD ST SEATTLE, WA 98125	26-3716527	501(C)(3)	18.	15,872.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD
HUNGRY SOUL CAFE -TRINITY COMMUNITY CHURCH - 3807 REITH ROAD - KENT, WA 98032	23-7424506	501(C)(3)	0.	33,684.	COST PER POUND	FOOD	FOOD
IMMANUEL COMMUNITY SERVICES MEAL PROGRAM - 1215 THOMAS ST - SEATTLE, WA 98109	41-1568278	501(C)(3)	0.	24,216.	COST PER POUND	FOOD	FOOD
IMMANUEL COMMUNITY SERVICES FOOD BANK - 1215 THOMAS ST - SEATTLE, WA 98109	41-1568278	501(C)(3)	0.	166,616.	COST PER POUND	FOOD	FOOD

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ISSAQUAH FOOD BANK 179 1ST AVE. SE ISSAQUAH, WA 98027	91-1245499	501(C)(3)	1,154.	710,584.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD
JEWISH FAMILY SERVICE 1601 16TH AVE SEATTLE, WA 98122	91-0565537	501(C)(3)	0.	119,368.	COST PER POUND	FOOD	FOOD
KENT FOOD BANK 515 W HARRISON ST, SUITE 107 KENT, WA 98032	91-0881434	501(C)(3)	1,522.	605,375.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD
KENT FOOD BANK-SPRINGWOOD ANNEX 515 W. HARRISON ST, SUITE 107 KENT, WA 98032	91-1580111	501(C)(3)	0.	174,184.	COST PER POUND	FOOD	FOOD
KEY PENINSULA FOOD BANK P. O. BOX 392 LAKEBAY, WA 98349	91-1188981	501(C)(3)	0.	271,000.	COST PER POUND	FOOD	FOOD
KEY PENINSULA LUTHERAN CHURCH FOOD BANK - 3505 122ND AVE E - EDGEWOOD, WA 98372	91-1198391	501(C)(3)	0.	132,918.	COST PER POUND	FOOD	FOOD
LAKE STEVENS COMMUNITY FOOD BANK P.O. BOX 1031 LAKE STEVENS, WA 98258	91-1215080	501(C)(3)	0.	233,831.	COST PER POUND	FOOD	FOOD
LAKES AREA FISH FOOD BANK 6900 STEILACOOM BLVD SW LAKEWOOD, WA 98499	91-1198391	501(C)(3)	0.	561,444.	COST PER POUND	FOOD	FOOD
LAZARUS DAY CENTER 416 2ND EXT. S. SEATTLE, WA 98104	91-1099134	501(C)(3)	0.	86,141.	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.	87,479.	COST PER POUND	FOOD	FOOD
LEWIS COUNTY FOOD BANK COALITION 1709 SEMINARY HILL CENTRALIA, WA 98531	91-1391826	501(C)(3)	0.	409,207.	COST PER POUND	FOOD	FOOD
LIFELONG AIDS ALLIANCE FOOD BANK 1002 E SENECA SEATTLE, WA 98122	91-1215715	501(C)(3)	407.	228,917.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD
LIFELONG AIDS ALLIANCE MEAL PROGRAM - 1002 E SENECA - SEATTLE, WA 98122	91-1215715	501(C)(3)	0.	71,561.	COST PER POUND	FOOD	FOOD
LOWER COLUMBIA CAC-HELP WAREHOUSE 1526 COMMERCE AVE. LONGVIEW, WA 98632	91-0814141	501(C)(3)	0.	774,611.	COST PER POUND	FOOD	FOOD
LUMMI TRIBE FOOD BANK 2616 KWIN RD. BELLINGHAM, WA 98226	91-1836621	501(C)(3)	0.	74,774.	COST PER POUND	FOOD	FOOD
LUNCHTIME AT ST LUKE'S 5710 22ND AVE NW SEATTLE, WA 98107	91-0673080	501(C)(3)	0.	37,869.	COST PER POUND	FOOD	FOOD
LYNNWOOD FOOD BANK 5320 176TH SW LYNNWOOD, WA 98037	84-1642388	501(C)(3)	0.	316,133.	COST PER POUND	FOOD	FOOD
MALONE FOOD BANK MOX CHEHALIS ROAD MALONE, WA 98559	91-6178414	501(C)(3)	0.	149,040.	COST PER POUND	FOOD	FOOD

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MALTBY FOOD BANK 2110 86TH AVE SE #2, SNOHOMISH, WA 98291	91-1607217	501(C)(3)	0.	359,222.	COST PER POUND	FOOD	FOOD
MAPLE VALLEY FOOD BANK PO BOX 322 MAPLE VALLEY, WA 98038	91-6057006	501(C)(3)	1,236.	652,172.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD
MARY'S PLACE 1830 9TH AVE SEATTLE, WA 98111	27-2087950	501(C)(3)	0.	39,390.	COST PER POUND	FOOD	FOOD
MARYSVILLE FOOD BANK PO BOX 917 MARYSVILLE, WA 98270	91-1347507	501(C)(3)	0.	834,436.	COST PER POUND	FOOD	FOOD
MILLIONAIR CLUB 2515 WESTERN AVE SEATTLE, WA 98121	91-0607513	501(C)(3)	0.	274,354.	COST PER POUND	FOOD	FOOD
MINISTRIES BREAD OF LIFE 8810 LAWDALE AVENUE SW LAKEWOOD, WA 98498	84-0441300	501(C)(3)	0.	179,090.	COST PER POUND	FOOD	FOOD
MOBILE FOOD PANTRY - KING COUNTY 4011 6TH AVE S. SEATTLE, WA 98108	91-1090450	501(C)(3)	0.	16,020.	COST PER POUND	FOOD	FOOD
MONROE SKY VALLEY FOOD BANK 784 VILLAGE WAY MONROE, WA 98272	91-1186822	501(C)(3)	0.	472,412.	COST PER POUND	FOOD	FOOD
MONTANA FOOD BANK 5625 EXPRESSWAY MISSOULA, MT 59808	81-0421243	501(C)(3)	0.	361,200.	COST PER POUND	FOOD	FOOD

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MORTON FOOD BANK PO BOX 880 MORTON, WA 98356	94-2712386	501(C)(3)	0.	297,956.	COST PER POUND	FOOD	FOOD
MT SI HELPING HANDS FOOD BANK PO BOX 2464 NORTH BEND, WA 98045	94-3073249	501(C)(3)	0.	186,785.	COST PER POUND	FOOD	FOOD
MUKILTEO FOOD BANK 822 3RD ST MUKILTEO, WA 98275	91-1999844	501(C)(3)	0.	181,223.	COST PER POUND	FOOD	FOOD
NEIGHBOR TO NEIGHBOR 1541 RIVERVIEW DR NE AUBURN, WA 98002	91-1483873	501(C)(3)	0.	75,831.	COST PER POUND	FOOD	FOOD
NEIGHBORS IN NEED - SKAGIT VALLEY P.O.BOX 394 MT.VERNON, WA 98273	91-0951646	501(C)(3)	0.	639,534.	COST PER POUND	FOOD	FOOD
NEW BEGINNINGS SHELTER CONFIDENTIAL SEATTLE, WA 98125	91-1005916	501(C)(3)	0.	11,130.	COST PER POUND	FOOD	FOOD
NOEL HOUSE 2301 2ND AVE SEATTLE, WA 98121	91-1585652	501(C)(3)	0.	61,352.	COST PER POUND	FOOD	FOOD
NOOKSACK VALLEY FOOD BANK PO BOX 384 EVERSON, WA 98247	91-1339292	501(C)(3)	0.	107,798.	COST PER POUND	FOOD	FOOD
NORTH GATE CITY CHURCH FOOD BANK 1209 MINOR RD KELSO, WA 98626	91-0916177	501(C)(3)	0.	97,593.	COST PER POUND	FOOD	FOOD

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NORTH HELPLINE 12736 33RD AVE NE SEATTLE, WA 98125	91-1475182	501(C)(3)	0.	1,018,811.	COST PER POUND	FOOD	FOOD
NORTH KITSAP FISHLINE PO BOX 1517 POULSBO, WA 98370	91-1244431	501(C)(3)	0.	629,474.	COST PER POUND	FOOD	FOOD
NORTHWEST LIFE CENTER PO BOX 849 ELMA, WA 98541	20-5965077	501(C)(3)	0.	6,331.	COST PER POUND	FOOD	FOOD
OCEAN SHORES FOOD BANK PO BOX1419 OCEAN SHORES, WA 98569	23-7424961	501(C)(3)	0.	12,489.	COST PER POUND	FOOD	FOOD
OCEAN SHORES FOOD BANK PO BOX 1293 OCEAN SHORES, WA 98569	46-3480003	501(C)(3)	0.	5,638.	COST PER POUND	FOOD	FOOD
OLYMPIA FIRST BAPTIST CHURCH P.O.BOX 533 OLYMPIA, WA 98501	91-0584053	501(C)(3)	0.	33,353.	COST PER POUND	FOOD	FOOD
OLYMPIC COMMUNITY ACTION PROGRAM 803 WEST PARK PORT TOWNSEND, WA 98368	91-0814319	501(C)(3)	0.	85,754.	COST PER POUND	FOOD	FOOD
OPERATION NIGHTWATCH 302 14TH AVE S SEATTLE, WA 98111	91-0964027	501(C)(3)	0.	64,005.	COST PER POUND	FOOD	FOOD
OPERATION SACK LUNCH 77 S WASHINGTON ST SEATTLE, WA 98194	91-1658187	501(C)(3)	0.	422,300.	COST PER POUND	FOOD	FOOD

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ORTING FOOD BANK PO BOX 1877 ORTING, WA 98360	20-8562623	501(C)(3)	0.	71,036.	COST PER POUND	FOOD	FOOD
PAEP- FILIPINO PROGRAM 210 S HANSFORD ST, SUITE 100 A SEATTLE, WA 98134	91-1346352	501(C)(3)	0.	114,077.	COST PER POUND	FOOD	FOOD
PAEP-HMONG PROGRAM 210 S HANSFORD ST, SUITE 100 A SEATTLE, WA 98134	91-1346352	501(C)(3)	0.	83,621.	COST PER POUND	FOOD	FOOD
PAEP-IDIC 7301 BEACON AVE S SEATTLE, WA 98134	91-1346352	501(C)(3)	0.	190,966.	COST PER POUND	FOOD	FOOD
PAEP-LAOTIAN PROGRAM 210 S HANSFORD ST, SUITE 100 A SEATTLE, WA 98134	91-1346352	501(C)(3)	0.	82,149.	COST PER POUND	FOOD	FOOD
PAEP-POLYNESIAN PROGRAM 210 S HANSFORD ST, SUITE 100 A SEATTLE, WA 98134	91-1346352	501(C)(3)	0.	66,918.	COST PER POUND	FOOD	FOOD
PARADISE OF PRAISE FOOD BANK 1316 SW HOLDEN ST SEATTLE, WA 98106	68-0642500	501(C)(3)	0.	64,825.	COST PER POUND	FOOD	FOOD
PARKLAND 1ST BAPTIST CHURCH 3318 S. 92ND STREET TACOMA, WA 98409	91-0971257	501(C)(3)	0.	1,024,296.	COST PER POUND	FOOD	FOOD
PERINATAL TREATMENT SERVICES-SEATTLE - 600 N 130TH ST - SEATTLE, WA 98133	91-1835961	501(C)(3)	0.	14,001.	COST PER POUND	FOOD	FOOD

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PHINNEY NEIGHBORHOOD ASSOCIATION - ST. JOHN'S - 6532 PHINNEY AVE N - SEATTLE, WA 98103	91-1112780	501(C)(3)	0.	92,225.	COST PER POUND	FOOD	FOOD
PHINNEY NEIGHBORHOOD ASSOCIATION CALVARY LUTHERAN - 7003 23RD AVE NW - SEATTLE, WA 98103	91-1112780	501(C)(3)	0.	22,537.	COST PER POUND	FOOD	FOOD
PHINNEY RIDGE FOOD BANK 7500 GREENWOOD AVE N SEATTLE, WA 98103	91-0581656	501(C)(3)	0.	65,171.	COST PER POUND	FOOD	FOOD
PIKE MARKET SENIOR CENTER 85 PIKE ST SUITE 200 SEATTLE, WA 98101	91-1034838	501(C)(3)	0.	106,102.	COST PER POUND	FOOD	FOOD
POINT ROBERTS FOOD BANK 323 EVERGREEN WAY POINT ROBERTS, WA 98281	36-3513679	501(C)(3)	0.	13,824.	COST PER POUND	FOOD	FOOD
PORT ANGELES FOOD BANK 402 S VALLEY STR PORT ANGELES, WA 98362	91-1192596	501(C)(3)	0.	479,620.	COST PER POUND	FOOD	FOOD
PORT TOWNSEND FOOD BANK 2137 KINGSLEY PL PORT TOWNSEND, WA 98368	91-1377493	501(C)(3)	0.	412,487.	COST PER POUND	FOOD	FOOD
PROJECT HOPE FOOD BANK STE 105 LYNDEN, WA 98264	91-0858511	501(C)(3)	0.	18,820.	COST PER POUND	FOOD	FOOD
PROVIDENCE REGINA HOUSE FOOD BANK 8201 10TH AVE S #6 SEATTLE, WA 98108	91-1996732	501(C)(3)	0.	307,655.	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)	0.	499,438.	COST PER POUND	FOOD	FOOD
PUYALLUP FOOD BANK PO BOX 202 PUYALLUP, WA 98371	23-7259739	501(C)(3)	0.	237,529.	COST PER POUND	FOOD	FOOD
QUEEN ANNE FOOD PROGRAM AT SACRED HEART - 232 WARREN AVE N - SEATTLE, WA 98109	53-0196617	501(C)(3)	0.	246,254.	COST PER POUND	FOOD	FOOD
QUILCENE FOOD BANK 294952 HIGHWAY 101 QUILCENE, WA 98376	91-1377493	501(C)(3)	0.	126,864.	COST PER POUND	FOOD	FOOD
RAINIER VALLEY FOOD BANK 4205 RAINIER AVENUE S SEATTLE, WA 98118	91-1500768	501(C)(3)	0.	721,251.	COST PER POUND	FOOD	FOOD
RECOVERY CAFE 2022 BOREN AVENUE SEATTLE, WA 98121	91-2158547	501(C)(3)	0.	118,312.	COST PER POUND	FOOD	FOOD
REDWOOD EMPIRE FOOD BANK 3320 INDUSTRIAL DR SANTA ROSA, CA 95403	68-0121855	501(C)(3)	0.	144,480.	COST PER POUND	FOOD	FOOD
RENEWAL FOOD BANK 2015 RICHARDS RD. BELLEVUE, WA 98006	91-1734015	501(C)(3)	0.	18,488.	COST PER POUND	FOOD	FOOD
RENEWAL FOOD BANK 15022 BEL-RED ROAD BELLEVUE, WA 98006	46-1502418	501(C)(3)	0.	126,169.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROOF COMMUNITY SERVICES PO BOX 312 ROCHESTER, WA 98579	77-0620956	501(C)(3)	0.	93,726.	COST PER POUND	FOOD	FOOD
ROOTS 1415 NE 43RD AVE SEATTLE, WA 98105	92-2110379	501(C)(3)	0.	108,193.	COST PER POUND	FOOD	FOOD
ROSE OF LIMA 120 BELL STREET SEATTLE, WA 98121	91-1585652	501(C)(3)	0.	38,122.	COST PER POUND	FOOD	FOOD
SACRED HEART SHELTER 232 WARREN AVE N SEATTLE, WA 98109	91-0583891	501(C)(3)	0.	41,965.	COST PER POUND	FOOD	FOOD
SALVATION ARMY STOP HUNGER WAREHOUSE - 7509 NE 47TH AVE - VANCOUVER, WA 98661	94-1156347	501(C)(3)	0.	55,707.	COST PER POUND	FOOD	FOOD
SALVATION ARMY-ADULT REHAB CENTER 1020 4TH AVE S SEATTLE, WA 98134	91-0565001	501(C)(3)	0.	91,922.	COST PER POUND	FOOD	FOOD
SALVATION ARMY-BELLINGHAM 2919 NW AVE BELLINGHAM, WA 98227	94-1156347	501(C)(3)	0.	509,944.	COST PER POUND	FOOD	FOOD
SALVATION ARMY-BREMERTON P. O. BOX 886 BREMERTON, WA 98337	94-1156347	501(C)(3)	0.	109,884.	COST PER POUND	FOOD	FOOD
SALVATION ARMY-CAPITOL HILL 1101 PIKE STREET SEATTLE, WA 98102	94-1156347	501(C)(3)	0.	144,081.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SALVATION ARMY-CATHERINE BOOTH HOUSE - 1101 PIKE ST. - SEATTLE, WA 98101	91-1156347	501(C)(3)	0.	56,941.	COST PER POUND	FOOD	FOOD
SALVATION ARMY-EVERETT PO BOX 1184 EVERETT, WA 98206	91-1156347	501(C)(3)	0.	284,820.	COST PER POUND	FOOD	FOOD
SALVATION ARMY-PORT ANGELES 206 S. PEABODY PORT ANGELES, WA 98362	94-1156347	501(C)(3)	0.	107,015.	COST PER POUND	FOOD	FOOD
SALVATION ARMY-RENTON 206 S TOBIN RENTON, WA 98055	94-1156347	501(C)(3)	0.	436,491.	COST PER POUND	FOOD	FOOD
SALVATION ARMY-TACOMA FOOD BANK 1501 6TH AVENUE TACOMA, WA 98405	94-1156347	501(C)(3)	0.	307,319.	COST PER POUND	FOOD	FOOD
SALVATION ARMY-TACOMA LODGE 1501 6TH AVE TACOMA, WA 98405	94-1156347	501(C)(3)	0.	17,329.	COST PER POUND	FOOD	FOOD
SALVATION ARMY-WHITE CENTER FOOD BANK - 9050 16TH AVE SW - SEATTLE, WA 98146	91-0565002	501(C)(3)	0.	277,192.	COST PER POUND	FOOD	FOOD
SALVATION ARMY-WHITE CENTER MEAL PROGRAM - 9045 16TH AVE SW - SEATTLE, WA 98146	94-1156347	501(C)(3)	0.	179,386.	COST PER POUND	FOOD	FOOD
SALVATION ARMY-WILLIAM BOOTH CENTER - 811 MAYNARD AVE S - SEATTLE, WA 98134	91-0565002	501(C)(3)	0.	65,019.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SE TACOMA FISH FOOD BANK 1704 E 85TH ST TACOMA, WA 98445	91-1198391	501(C)(3)	0.	422,019.	COST PER POUND	FOOD	FOOD
SEATTLE CHILDREN'S HOME 2142 10TH AVE W SEATTLE, WA 98119	91-0565572	501(C)(3)	0.	11,060.	COST PER POUND	FOOD	FOOD
SEATTLE FIRST PRESBYTERIAN CHURCH 1013 8TH AVE NE SEATTLE, WA 98104	91-0575941	501(C)(3)	0.	47,389.	COST PER POUND	FOOD	FOOD
SEATTLE INDIAN CENTER FB 611 12TH AVE S, SUITE 300 SEATTLE, WA 98144	91-0877683	501(C)(3)	0.	278,138.	COST PER POUND	FOOD	FOOD
SEATTLE INDIAN CENTER MP 611 12TH AVE S, SUITE 300 SEATTLE, WA 98144	91-0877683	501(C)(3)	0.	213,098.	COST PER POUND	FOOD	FOOD
SEQUIM FOOD BANK PO BOX 1453 SEQUIM, WA 98382	91-1215709	501(C)(3)	0.	317,818.	COST PER POUND	FOOD	FOOD
SERENITY HOUSE 2321 W 18TH ST PORT ANGELES, WA 98362	91-1180069	501(C)(3)	0.	52,513.	COST PER POUND	FOOD	FOOD
SHARENET FOOD BANK 26061 UNITED RD. NE, STE. A (PHYSICAL ADDRESS) - KINGSTON, WA 98346	91-1229210	501(C)(3)	0.	253,077.	COST PER POUND	FOOD	FOOD
SHEPHERDS HEART CARE CENTER FOOD BANK - 17422 BRITT RD - MT VERNON, WA 98273	91-1615025	501(C)(3)	0.	100,601.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKAGIT COUNTY COMMUNITY ACTION AGENCY - 330 PACIFIC PL - MOUNT VERNON, WA 98273	91-1140086	501(C)(3)	0.	129,174.	COST PER POUND	FOOD	FOOD
SKAGIT COUNTY COMMUNITY ACTION AGENCY - PO BOX 1507 - MT VERNON, WA 98273	91-1140086	501(C)(3)	0.	63,432.	COST PER POUND	FOOD	FOOD
SNOHOMISH FOOD BANK PO BOX 1364 SNOHOMISH, WA 98291	91-1334772	501(C)(3)	0.	542,301.	COST PER POUND	FOOD	FOOD
SNOQUALMIE VALLEY FOOD BANK 122 E. 3RD ST. NORTH BEND, WA 98045	46-4388454	501(C)(3)	584.	72,830.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD
SOJOURNER PLACE 5071 8TH AVE NE SEATTLE, WA 98105	91-1289932	501(C)(3)	0.	20,177.	COST PER POUND	FOOD	FOOD
SOUTH COUNTY SENIOR CENTER 220 RAILROAD AVE. EDMONDS, WA 98020	91-0828576	501(C)(3)	0.	6,314.	COST PER POUND	FOOD	FOOD
SOUTH KITSAP HELPLINE 1351 BAY STREET PORT ORCHARD, WA 98366	91-3165664	501(C)(3)	0.	1,094,754.	COST PER POUND	FOOD	FOOD
SOUTH PARK AREA REDEVELOPMENT COMMITTEE (SPARC) - 8201 10TH AVE S - SEATTLE, WA 98108	91-0899041	501(C)(3)	0.	35,473.	COST PER POUND	FOOD	FOOD
SOUTH THURSTON UNITED FRIENDS FOOD BANK - 18216 CORVALLIS ST. SW - ROCHESTER, WA 98579	94-3138466	501(C)(3)	0.	25,881.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH WHIDBEY GOOD CHEER P. O. BOX 144 LANGLEY, WA 98260	23-7047914	501(C)(3)	0.	110,414.	COST PER POUND	FOOD	FOOD
SPIRITUAL MIRACLES FOOD BANK 12600 RENTON AVE S SEATTLE, WA 98178	16-1676016	501(C)(3)	0.	76,741.	COST PER POUND	FOOD	FOOD
ST MARK'S EPISCOPAL CATHEDRAL 1245 10TH AVE E SEATTLE, WA 98102	91-1525836	501(C)(3)	0.	5,721.	COST PER POUND	FOOD	FOOD
ST MARTIN DE PORRES SHELTER 1561 ALASKAN WAY S SEATTLE, WA 98134	91-1585652	501(C)(3)	0.	26,980.	COST PER POUND	FOOD	FOOD
ST MARTIN'S ON WESTLAKE 2008 WESTLAKE AVENUE SEATTLE, WA 98121	91-1099134	501(C)(3)	0.	120,127.	COST PER POUND	FOOD	FOOD
ST VINCENT DE PAUL - BREMERTON (KITSAP) - 1137 N CALLOW - BREMERTON, WA 98312	91-0635027	501(C)(3)	0.	81,315.	COST PER POUND	FOOD	FOOD
ST. LEO'S FOOD CONNECTION 1323 S YAKIMA AVE TACOMA, WA 98405	91-0622353	501(C)(3)	0.	290,279.	COST PER POUND	FOOD	FOOD
ST. MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 85009	23-7353532	501(C)(3)	0.	11,527.	COST PER POUND	FOOD	FOOD
ST. VINCENT DE PAUL AT ST. CATHERINE'S - 1680 E STATE ROUTE 4 - CATHLAMET, WA 98612	41-2218247	501(C)(3)	0.	23,765.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANWOOD CAMANO FOOD BANK PO BOX 1285 STANWOOD, WA 98292	91-1155426	501(C)(3)	0.	74,247.	COST PER POUND	FOOD	FOOD
STILLAGUAMISH SENIOR CENTER 18308 SMOKEY POINT BLVD. ARLINGTON, WA 98223	23-7087247	501(C)(3)	0.	11,177.	COST PER POUND	FOOD	FOOD
STONE SOUP 100 3RD AVE. SE PACIFIC, WA 98047	20-5009001	501(C)(3)	0.	5,351.	COST PER POUND	FOOD	FOOD
STOREHOUSE FOOD BANK 26201 180TH AVE SE COVINGTON, WA 98042	02-0551015	501(C)(3)	0.	708,284.	COST PER POUND	FOOD	FOOD
STVDP-GEORGETOWN FOOD BANK 5950 4TH AVE S SEATTLE, WA 98108	91-0583891	501(C)(3)	0.	1,453,446.	COST PER POUND	FOOD	FOOD
STVDP-LONGVIEW FOOD BANK PO BOX 2957 LONGVIEW, WA 92526	91-0615380	501(C)(3)	0.	222,045.	COST PER POUND	FOOD	FOOD
SUMNER COMMUNITY FOOD BANK PO BOX 475 SUMNER, WA 98390	91-2061833	501(C)(3)	0.	38,055.	COST PER POUND	FOOD	FOOD
TACS FOOD BANK P.O. BOX 11291 TACOMA, WA 98411	52-0957460	501(C)(3)	0.	206,698.	COST PER POUND	FOOD	FOOD
TARGET MEALS FOR MINDS - M4M 11725 1ST AVE NE SEATTLE, WA 98125	91-1090450	501(C)(3)	0.	8,894.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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THE FOOD BANK AT ST. MARY'S 611 20TH AVE S SEATTLE, WA 98144	91-1989445	501(C)(3)	0.	1,479,754.	COST PER POUND	FOOD	FOOD
THE SAINTS PANTRY P.O. BOX 1064 SHELTON, WA 98584	27-0386653	501(C)(3)	0.	393,450.	COST PER POUND	FOOD	FOOD
THREE SQUARE FOOD BANK 4190 N. PECOS LAS VEGAS, NV 89115	30-0396918	501(C)(3)	0.	72,240.	COST PER POUND	FOOD	FOOD
THURSTON COUNTY FOOD BANK 220 THURSTON AVE. NE OLYMPIA, WA 98501	23-7297897	501(C)(3)	3,500.	1,114,369.	COST PER POUND	FOOD, BACKPACK GRANT	FOOD
TILLICUM COMMUNITY SERVICE FOOD BANK - 14916 WASHINGTON AVE SW - TACOMA, WA 98498	91-1300366	501(C)(3)	0.	15,898.	COST PER POUND	FOOD	FOOD
TRI AREA FOOD BANK PO BOX 124 PORT HADLOCK, WA 98339	91-1377483	501(C)(3)	0.	179,222.	COST PER POUND	FOOD	FOOD
TRI-PARISH FOOD BANK 935 PETERSON RD BURLINGTON, WA 98223	91-0778147	501(C)(3)	0.	224,088.	COST PER POUND	FOOD	FOOD
TUESDAY'S TABLE 3118 S 140TH ST TUKWILA, WA 98168	91-0845808	501(C)(3)	0.	54,582.	COST PER POUND	FOOD	FOOD
TUKWILA PANTRY 3118 S 140TH ST TUKWILA, WA 98168	75-2974441	501(C)(3)	0.	1,648,465.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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UGM-ALL PROGRAMS SEATTLE 3800 S OTHELLO ST SEATTLE, WA 98118	91-0595029	501(C)(3)	0.	202,685.	COST PER POUND	FOOD	FOOD
UGM-MEN'S SHELTER SEATTLE 318 2ND AVE EXT S SEATTLE, WA 98118	91-0595029	501(C)(3)	0.	103,984.	COST PER POUND	FOOD	FOOD
UGM-OLYMPIA PO BOX 7668 OLYMPIA, WA 98507	91-1680748	501(C)(3)	0.	64,877.	COST PER POUND	FOOD	FOOD
UNITED FOOD BANK 245 S NINA DR MESA, AZ 85210	86-0505273	501(C)(3)	0.	72,240.	COST PER POUND	FOOD	FOOD
UNITED FRIENDS GROUP HOMES PO BOX 17017 SEATTLE, WA 98127	23-7396644	501(C)(3)	0.	6,104.	COST PER POUND	FOOD	FOOD
UNIV STREET MINISTRY-TEEN FEED 4740 B UNIVERSITY WAY NE SEATTLE, WA 98105	91-3034862	501(C)(3)	0.	12,991.	COST PER POUND	FOOD	FOOD
UNIVERSITY DISTRICT FOOD BANK 4731 15TH AVE NE SEATTLE, WA 98105	91-1585652	501(C)(3)	0.	730,646.	COST PER POUND	FOOD	FOOD
UNIVERSITY DISTRICT YOUTH CENTER 4516 15TH AVE NE SEATTLE, WA 98105	91-1585652	501(C)(3)	0.	31,199.	COST PER POUND	FOOD	FOOD
UNIVERSITY PLACE FOOD BANK 8101 27TH ST W UNIVERSITY PLACE, WA 98466	20-0435496	501(C)(3)	0.	50,205.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VASHON MAURY COMMUNITY FOOD BANK 10030 210 ST SW VASHON, WA 98070	91-3165664	501(C)(3)	0.	100,986.	COST PER POUND	FOOD	FOOD
VICTORY OUTREACH-SEATTLE 2035 NW 58TH ST SEATTLE, WA 98107	95-0583891	501(C)(3)	0.	174,090.	COST PER POUND	FOOD	FOOD
VISITATION FOOD BANK 3314 S. 59TH STREET TACOMA, WA 98409	53-0196617	501(C)(3)	0.	60,246.	COST PER POUND	FOOD	FOOD
VOA SULTAN FOOD BANK PO BOX 268 SULTAN, WA 98294	91-0577129	501(C)(3)	0.	38,232.	COST PER POUND	FOOD	FOOD
VOLUNTEERS OF AMERICA-EVERETT 1230 BROADWAY AVE. EVERETT, WA 98206	91-0577129	501(C)(3)	0.	856,299.	COST PER POUND	FOOD	FOOD
VOLUNTEERS OF AMERICA-EVERETT 1230 BROADWAY AVE. EVERETT, WA 98206	91-0577129	501(C)(3)	224.	974,494.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD
VOLUNTEERS OF AMERICA-GREENWOOD 9747 GREENWOOD AVE N SEATTLE, WA 98103	91-0577129	501(C)(3)	492.	509,892.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD
WEST SEATTLE FOOD BANK 3419 SW MORGAN ST SEATTLE, WA 98126	91-1464412	501(C)(3)	0.	713,582.	COST PER POUND	FOOD	FOOD
WHITE CENTER FOOD BANK 10829 8TH AVE SW SEATTLE, WA 98146	91-1167830	501(C)(3)	2,408.	1,001,396.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE PASS FOOD BANK 116 KINDLE RD RANDLE, WA 98377	91-6054280	501(C)(3)	0.	121,821.	COST PER POUND	FOOD	FOOD
WOODLAND COMMUNITY CENTER FOOD BANK - PO BOX 1475 - WOODLAND, WA 98674	91-2105285	501(C)(3)	0.	247,828.	COST PER POUND	FOOD	FOOD
YELM COMMUNITY SERVICES 624 CRYSTAL SPRINGS ROAD YELM, WA 98597	23-7226534	501(C)(3)	0.	249,228.	COST PER POUND	FOOD	FOOD
YOUTHCARE ORION CENTER 1828 YALE AVE SEATTLE, WA 98101	91-0917079	501(C)(3)	0.	26,142.	COST PER POUND	FOOD	FOOD
YWCA ANGELINE'S MEALS PROGRAM 2024 3RD AVE SEATTLE, WA 98121	91-0482890	501(C)(3)	0.	217,761.	COST PER POUND	FOOD	FOOD
YWCA CENTRAL AREA FOOD BANK 1025 E FIR SEATTLE, WA 98122	23-7299620	501(C)(3)	94.	195,222.	COST PER POUND	FOOD, TEFAP ADMIN	FOOD

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

ALL FOOD PANTRIES AND MEAL PROGRAM PLACE WEEKLY VIA "ORDER UP" SYSTEM.

THE SYSTEM TRACKS THE ORDER AND POUNDS. ALL CASH GRANTS ARE RECORDED IN

THE GENERAL LEDGER.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2014

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

FOOD LIFELINE

Employer identification number

91-1090450

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 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 type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA NAGEOTTE PRESIDENT/CEO	(i)	143,522.	0.	0.	7,230.	0.	150,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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	15	1,071,496.	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	37084978	63,786,163.	\$1.72 PER POUND
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FURNITURE)	X	3	8,870.	FMV
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**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

FOOD LIFELINE

Employer identification number

91-1090450

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

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.

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.

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 EMPLOYEES, USING THE SAME
CRITERIA AS ABOVE.

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

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.