

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning** 07/01/2021 **and ending** 06/30/2022

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> FOOD LIFELINE			<b>D Employer identification number</b> 91-1090450		
	Doing Business As			<b>E Telephone number</b> (206) 545-6600		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 815 S 96TH ST					
	City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98108			<b>G Gross receipts \$</b> 129,778,801.		
<b>F Name and address of principal officer:</b> LINDA NAGEOTTE 815 S 96TH ST, SEATTLE, WA 98108			<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
<b>I Tax-exempt status:</b> <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			<b>J Website:</b> WWW.FOODLIFELINE.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1991 <b>M State of legal domicile:</b> WA			

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>FOUNDED IN 1979, FOOD LIFELINE'S MISSION IS TO FEED PEOPLE EXPERIENCING HUNGER TODAY WHILE WORKING TO END HUNGER TOMORROW. FOOD LIFELINE IS COMMITTED TO INCREASING ACCESS TO</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	127
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	12,410
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	153,114,397.	128,753,068.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	869,268.	593,800.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,993.	193,894.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-45,947.	-113,605.
		154,037,711.	129,427,157.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	119,710,176.	105,412,965.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,753,974.	9,008,478.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	40,000.	242,378.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,532,134.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,575,537.	18,810,516.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	143,079,687.	133,474,337.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	10,958,024.	-4,047,180.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	44,381,022.	33,157,057.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	21,257,525.	22,398,288.
		23,123,497.	10,758,769.

## 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.

<b>Sign Here</b>	Signature of officer	05/15/2023		
	SAMANTHA FRANKLIN Type or print name and title	CFO Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	MATTHEW FRERKER	MATTHEW FRERKER	05/15/2023	P01677675
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶	13-5381590	
	Firm's address ▶ 601 UNION STREET SUITE 2300 SEATTLE, WA 98101	Phone no.	206-382-7777	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

**Part III Statement of Program Service Accomplishments**

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

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

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 128,429,524. including grants of \$ 105,412,965. ) (Revenue \$ 594,932. )

FOOD LIFELINE SOURCED AND DISTRIBUTED OVER 66 MILLION POUNDS OF FOOD IN 2022, WHICH IS ENOUGH FOOD TO CREATE OVER 55 MILLION MEALS, THE EQUIVALENT OF MORE THAN 213,065 MEALS A DAY TO OUR 350 FOOD PANTRY, MEAL PROGRAM, AND SHELTER PARTNERS THROUGHOUT WESTERN WASHINGTON.

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

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

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 128,429,524.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2a 127</span>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O . . . . .</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
b	If "Yes," enter the name of the foreign country <span style="float:right">▶ _____</span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
d	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <span style="float:right">13a</span> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <span style="float:right">13b</span>		
c	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O . . . . .</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

LYNN MORRIS 815 SOUTH 96TH STREET SEATTLE, WA 98101 2065456600

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) LINDA NAGEOTTE PRESIDENT & CEO	40.00 1.00			X				211,132.	NONE	18,083.
(2) GEOFFREY SCOTT CDO	40.00 NONE			X				161,707.	NONE	15,136.
(3) VIVIAN DELA ROSA COO	40.00 NONE			X				154,761.	NONE	11,712.
(4) TIFFANI E KAECH CPO	40.00 NONE			X				142,328.	NONE	15,240.
(5) MEGAN BERGMAN CHRO	40.00 NONE			X				146,350.	NONE	9,581.
(6) SHIPMAN, AMYTHST SPECIAL PROJECTS	40.00 NONE					X		111,658.	NONE	13,955.
(7) HRIBERNICK, JOHN DIRECTOR OF FINANCE & ACCOUNTI	40.00 NONE					X		107,869.	NONE	13,788.
(8) SAMANTHA FRANKLIN CFO	40.00 1.00			X				111,530.	NONE	7,224.
(9) THOMPSON, MAURICE BRUCE DIRECTOR OF TECHNOLOGY	40.00 NONE					X		101,716.	NONE	13,539.
(10) CZYZEWSKI, AARON DIRECTOR OF ADVOCACY	40.00 NONE					X		103,916.	NONE	10,789.
(11) MARTSOLF, SHANNON GRADY DIRECTOR OF MARKETING & COMM	40.00 NONE					X		100,600.	NONE	9,571.
(12) AFSANEH RAHIMIAN CHAIR	5.00 NONE	X		X				NONE	NONE	NONE
(13) JOSH HEDRICK CHAIR-ELECT	5.00 NONE	X		X				NONE	NONE	NONE
(14) ANITA WHITFIELD BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) ANNA LE WEBER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 16 ) BENJAMIN HILL BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 17 ) CARA PETERMAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 18 ) DEREK CHAVES BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 19 ) CHRIS BLANTON BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 20 ) LARA UNDERHILL BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 21 ) KYANA WHEELER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 22 ) LINCON KEMP BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 23 ) LINDSEY SCHWARTZ BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 24 ) ROY BREIMAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
( 25 ) MADELINE HAYDON BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .							1,453,567.	NONE	138,618.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,453,567.	NONE	138,618.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 12

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	563,713.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	8,206,730.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	119,982,625.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 103,309,466.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		128,753,068.				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b>		FOOD SALES & DELIVERY		900099	58,588.	58,588.		
<b>b</b>		RENTAL INCOME		900099	535,212.	535,212.		
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶			593,800.				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			155,677.		155,677.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			NONE			
	<b>5</b>	Royalties . . . . . ▶			NONE			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE			
	<b>d</b>	Net rental income or (loss) . . . . . ▶				NONE		
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
						209,542.	28,601.	
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	192,705.	7,221.			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	16,837.	21,380.			
<b>d</b>	Net gain or (loss) . . . . . ▶				38,217.	38,217.		
<b>8a</b>	Gross income from fundraising events (not including \$ 563,713. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
					19,781.			
					134,518.			
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶				-114,737.	-114,737.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
				NONE				
				NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶				NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
					18,332.			
					17,200.			
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶				1,132.	1,132.		
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>							
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶				NONE			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶				129,427,157.	594,932.	79,157.	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	104,370,063.	104,370,063.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,042,902.	1,042,902.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,069,628.	730,227.	164,558.	174,843.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	6,240,027.	4,260,019.	960,004.	1,020,004.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	222,417.	151,842.	34,218.	36,357.
9 Other employee benefits . . . . .	848,375.	579,179.	130,520.	138,676.
10 Payroll taxes . . . . .	628,031.	428,752.	96,620.	102,659.
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	NONE			
c Accounting . . . . .	107,423.		107,423.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17 . . . . .	242,378.			242,378.
f Investment management fees . . . . .	16,293.		16,293.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	912,804.	676,956.	193,935.	41,913.
12 Advertising and promotion . . . . .	401,728.	119.	3,711.	397,898.
13 Office expenses . . . . .	460,188.	293,152.	75,329.	91,707.
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	128,283.	117,566.	8,469.	2,248.
17 Travel . . . . .	17,209.	3,495.	13,068.	646.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	58,154.	11,812.	44,161.	2,181.
20 Interest . . . . .	507,745.	428,410.	38,300.	41,035.
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	1,272,009.	875,361.	191,485.	205,163.
23 Insurance . . . . .	162,865.	137,417.	12,285.	13,163.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD PROCURE & DISTRIB	14,147,500.	14,147,500.		
b MISCELLANEOUS	462,623.	19,060.	422,300.	21,263.
c REPAIR AND MAINTENANCE	155,692.	155,692.		
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	133,474,337.	128,429,524.	2,512,679.	2,532,134.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	3,327,413.	<b>1</b>	1,463,216.
	<b>2</b> Savings and temporary cash investments . . . . .	317,629.	<b>2</b>	231,847.
	<b>3</b> Pledges and grants receivable, net . . . . .	1,131,059.	<b>3</b>	979,168.
	<b>4</b> Accounts receivable, net . . . . .	22,069.	<b>4</b>	39,720.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	9,597,190.	<b>8</b>	2,494,011.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	354,580.	<b>9</b>	412,343.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 36,309,023.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 8,772,271.		
		26,381,872.	<b>10c</b>	27,536,752.
	<b>11</b> Investments - publicly traded securities . . . . .	3,249,210.	<b>11</b>	NONE
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>15</b>	NONE	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	44,381,022.	<b>16</b>	33,157,057.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,762,347.	<b>17</b>	2,581,299.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	1,911,110.
	<b>20</b> Tax-exempt bond liabilities . . . . .	11,779,452.	<b>20</b>	10,122,331.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	7,665,932.	<b>23</b>	7,733,754.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	49,794.	<b>25</b>	49,794.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	21,257,525.	<b>26</b>	22,398,288.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	23,123,497.	<b>27</b>	10,484,478.
	<b>28</b> Net assets with donor restrictions . . . . .	NONE	<b>28</b>	274,291.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	23,123,497.	<b>32</b>	10,758,769.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	44,381,022.	<b>33</b>	33,157,057.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	129,427,157.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	133,474,337.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-4,047,180.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	23,123,497.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-256,255.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-8,061,293.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	10,758,769.

**Part XII Financial Statements and Reporting**

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

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

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

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

FOOD LIFELINE

Employer identification number

91-1090450

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

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

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

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

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

Schedule A (Form 990) 2021

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	97,157,878.	111,800,780.	146,813,619.	153,114,397.	128,753,068.	637,639,742.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	97,157,878.	111,800,780.	146,813,619.	153,114,397.	128,753,068.	637,639,742.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						140,976,726.
<b>6 Public support.</b> Subtract line 5 from line 4						496,663,016.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	97,157,878.	111,800,780.	146,813,619.	153,114,397.	128,753,068.	637,639,742.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	59,569.	85,333.	73,788.	93,277.	155,677.	467,644.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						NONE
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	375.					375.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						638,107,761.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	7,870,754.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	77.83 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	76.27 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2021.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test - 2020.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .  ►

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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 on 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016 . . . . .			
b	From 2017 . . . . .			
c	From 2018 . . . . .			
d	From 2019 . . . . .			
e	From 2020 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017 . . . .			
b	Excess from 2018 . . . .			
c	Excess from 2019 . . . .			
d	Excess from 2020 . . . .			
e	Excess from 2021 . . . .			

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
REIMBURSEMENT	375.					375.
TOTALS	375.					375.

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

Name of the organization

Employer identification number

FOOD LIFELINE

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <p style="text-align: center;">FOOD LIFELINE</p>	Employer identification number <p style="text-align: center;">91-1090450</p>
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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						
1	N/A <hr/> <hr/>	\$ 10,503,294.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Person</td><td style="width:50%; text-align: right;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
2	N/A <hr/> <hr/>	\$ 10,338,999.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Person</td><td style="width:50%; text-align: right;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
3	N/A <hr/> <hr/>	\$ 9,891,215.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Person</td><td style="width:50%; text-align: right;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
4	N/A <hr/> <hr/>	\$ 7,390,452.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Person</td><td style="width:50%; text-align: right;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
5	N/A <hr/> <hr/>	\$ 4,686,304.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Person</td><td style="width:50%; text-align: right;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
6	N/A <hr/> <hr/>	\$ 4,585,468.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Person</td><td style="width:50%; text-align: right;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								

Name of organization <p style="text-align: center;">FOOD LIFELINE</p>	Employer identification number <p style="text-align: center;">91-1090450</p>
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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	N/A <hr/> <hr/> <hr/>	\$ 3,932,906.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 3,381,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A <hr/> <hr/> <hr/>	\$ 3,246,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A <hr/> <hr/> <hr/>	\$ 2,773,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A <hr/> <hr/> <hr/>	\$ 2,736,810.	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.)

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
1	5,867,762 POUNDS OF FOOD VALUED AT \$1.79 PER POUND	\$ 10,503,294.	06/30/2022
2	5,775,977 POUNDS OF FOOD VALUED AT \$1.79 PER POUND	\$ 10,338,999.	06/30/2022
3	5,525,819 POUNDS OF FOOD VALUED AT \$1.79 PER POUND	\$ 9,891,215.	06/30/2022
4	4,128,744 POUNDS OF FOOD VALUED AT \$1.79 PER POUND	\$ 7,390,452.	06/30/2022
5	2,618,047 POUNDS OF FOOD VALUED AT \$1.79 PER POUND	\$ 4,686,304.	06/30/2022
6	2,561,714 POUNDS OF FOOD VALUED AT \$1.79 PER POUND	\$ 4,585,468.	06/30/2022

Name of organization <p style="text-align: center;">FOOD LIFELINE</p>	Employer identification number <p style="text-align: center;">91-1090450</p>
--	---

**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	2,197,154 POUNDS OF FOOD VALUED AT \$1.79 PER POUND	\$ 3,932,906.	06/30/2022
8	1,888,854 POUNDS OF FOOD VALUED AT \$1.79 PER POUND	\$ 3,381,049.	06/30/2022
9	1,813,443 POUNDS OF FOOD VALUED AT \$1.79 PER POUND	\$ 3,246,063.	06/30/2022
10	1,549,417 POUNDS OF FOOD VALUED AT \$1.79 PER POUND	\$ 2,773,456.	06/30/2022
11	1,528,944 POUNDS OF FOOD VALUED AT \$1.79 PER POUND	\$ 2,736,810.	06/30/2022
		\$	

Name of organization <p style="text-align:center;">FOOD LIFELINE</p>	Employer identification number <p style="text-align:center;">91-1090450</p>
---	--

**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 information once. See instructions.) ► \$ \_\_\_\_\_  
 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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

**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.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .		4,159.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		79,024.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		83,183.													
<b>d</b> Other exempt purpose expenditures . . . . .		133,391,154.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		133,474,337.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	89,414.	82,153.	80,209.	83,183.	334,959.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	4,471.	4,108.	4,010.	4,159.	16,748.

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 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).

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

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."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

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.

SEE PAGE 4

Blank lines for supplemental information.

**Part IV** Supplemental Information (continued)

## POLITICAL ACTIVITIES

IN PERSON MEETINGS WITH LAWMAKERS AND STAFF, EMAIL AND PHONE CALLS.  
ADVOCACY ALERTS, EMAIL CALLS TO ACTION. NEWSLETTER, SOCIAL MEDIA AND BLOG  
ACTIONS. ADVOCACY TRAINING AND GRASSROOTS/GRASSTOPS ENGAGEMENT.  
INVOLVEMENT WITH LOCAL, STATE AND FEDERAL BUDGET ISSUES AND FUNDING TO  
SUPPORT ANTI-HUNGER AND NUTRITION PROGRAMS AND OTHER PROGRAMS THAT WORK  
TO LIFT PEOPLE OUT OF POVERTY.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

FOOD LIFELINE

91-1090450

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and Yes/No questions.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for art/historical treasures held for public service and those received for financial gain.

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

Schedule D (Form 990) 2021

**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 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 on Part XIII . . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
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 Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations . . . . .
- (ii) Related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		4,665,164.		4,665,164.
b Buildings . . . . .				
c Leasehold improvements . . . . .		24,020,653.	4,895,118.	19,125,535.
d Equipment . . . . .		6,031,532.	2,728,209.	3,303,323.
e Other . . . . .		1,591,674.	1,148,944.	442,730.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				27,536,752.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SAVOR (event type)	DRESSDOWNHUNGER (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	508,510.	74,984.	583,494.
	2	Less: Contributions . . . . .	496,524.	67,189.	563,713.
	3	Gross income (line 1 minus line 2) . . . . .	11,986.	7,795.	19,781.
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .	11,986.	7,795.	19,781.
	8	Entertainment . . . . .		537.	537.
	9	Other direct expenses . . . . .	68,467.	45,733.	114,200.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			134,518.
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶			-114,737.	

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

		(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 . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 explanation 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).

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FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

TRUE SENSE MARKETING

ADDRESS:

PO BOX 641114  
PITTSBURGH, PA 15264

ACTIVITY :

DIRECT MAIL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	159,990.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	13,333.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	146,657.

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OMB No. 1545-0047

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Name of the organization

Employer identification number

FOOD LIFELINE

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> AUBURN FOOD BANK 930 18TH PL NE AUBURN, WA 98002	91-1215485	501(C)(3)	3,716.	2,301,596.	COST PER POUND	FOOD	FOOD
<b>(2)</b> BALLARD FOOD BANK 7005 24TH AVE NW SEATTLE, WA 98117	91-1428805	501(C)(3)		1,517,519.	COST PER POUND	FOOD	FOOD
<b>(3)</b> HOPELINK BELLEVUE PO BOX 3577 REDMOND, WA 98033	91-0982116	501(C)(3)		880,959.	COST PER POUND	FOOD	FOOD
<b>(4)</b> HIGHLINE AREA FOOD BANK 18300 4TH AVE SOUTH SEATTLE, WA 98166	91-0982116	501(C)(3)	940.	793,559.	COST PER POUND	FOOD	FOOD
<b>(5)</b> IMMANUEL COMMUNITY SERVICES FOOD BANK 1215 THOMAS ST SEATTLE, WA 98109	26-0881300	501(C)(3)	68.	279,478.	COST PER POUND	FOOD	FOOD
<b>(6)</b> DES MOINES AREA FOOD BANK 22225 9TH SOUTH DES MOINES, WA 98198	91-1183154	501(C)(3)		1,287,977.	COST PER POUND	FOOD	FOOD
<b>(7)</b> PIKE MARKET FOOD BANK 85 PIKE ST SUITE 200 SEATTLE, WA 98101	91-1034838	501(C)(3)		780,247.	COST PER POUND	FOOD	FOOD
<b>(8)</b> EL CENTRO DE LA RAZA FOOD BANK 2524 16TH AVE S SEATTLE, WA 98144	91-0899927	501(C)(3)		412,951.	COST PER POUND	FOOD	FOOD
<b>(9)</b> ENUMCLAW FOOD BANK 1350 COLE ST ENUMCLAW, WA 98022	91-1503603	501(C)(3)	393.	305,534.	COST PER POUND	FOOD	FOOD
<b>(10)</b> FEDERAL WAY FOOD BANK - MULTI SERVICE CENTE 1200 S. 336TH FEDERAL WAY, WA 98093	23-7120815	501(C)(3)	1,395.	1,808,637.	COST PER POUND	FOOD	FOOD
<b>(11)</b> FAMILYWORKS 1501 N. 45TH ST. SEATTLE, WA 98103	91-1757277	501(C)(3)		473,906.	COST PER POUND	FOOD	FOOD
<b>(12)</b> ST VINCENT DE PAUL GEORGETOWN FOOD BANK 5950 4TH AVE S SEATTLE, WA 98108	91-0583891	501(C)(3)		801,468.	COST PER POUND	FOOD	FOOD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 302

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

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Schedule I (Form 990) 2021

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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Name of the organization

Employer identification number

FOOD LIFELINE

91-1090450

**Part I General Information on Grants and Assistance**

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

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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BYRD BARR PLACE 722 18TH AVE SEATTLE, WA 98122	91-0786727	501(C)(3)		325,150.	COST PER POUND	FOOD	FOOD
<b>(2)</b> ACRS FOOD BANK 919 S. KING ST. SEATTLE, WA 98144	91-0916176	501(C)(3)		511,833.	COST PER POUND	FOOD	FOOD
<b>(3)</b> ISSAQUAH FOOD AND CLOTHING BANK 179 1ST AVE. SE ISSAQUAH, WA 98027	91-1245499	501(C)(3)		1,430,461.	COST PER POUND	FOOD	FOOD
<b>(4)</b> WEST SEATTLE FOOD BANK 3419 SW MORGAN ST SEATTLE, WA 98126	91-1464412	501(C)(3)		1,680,286.	COST PER POUND	FOOD	FOOD
<b>(5)</b> KENT FOOD BANK 515 W HARRISON ST, SUITE 107 KENT, WA 98032	91-0881434	501(C)(3)	3,276.	1,157,819.	COST PER POUND	FOOD	FOOD
<b>(6)</b> HOPELINK KIRKLAND/NORTHSHORE 14812 MAIN ST. BELLEVUE, WA 98007	91-0982116	501(C)(3)		1,209,414.	COST PER POUND	FOOD	FOOD
<b>(7)</b> PUGET SOUND LABOR AGENCY 2800 1ST AVE, #115 SEATTLE, WA 98121	91-0927902	501(C)(3)		376,397.	COST PER POUND	FOOD	FOOD
<b>(8)</b> MAPLE VALLEY FOOD BANK PO BOX 322 MAPLE VALLEY, WA 98038	91-6057006	501(C)(3)	1,497.	488,425.	COST PER POUND	FOOD	FOOD
<b>(9)</b> STOREHOUSE FOOD BANK 26201 180TH AVE SE COVINGTON, WA 98042	02-0551015	501(C)(3)		1,284,283.	COST PER POUND	FOOD	FOOD
<b>(10)</b> HOPELINK SHORELINE 15809 WESTMINISTER WAY N	91-0982116	501(C)(3)		347,903.	COST PER POUND	FOOD	FOOD
<b>(11)</b> PHINNEY RIDGE FOOD BANK 7500 GREENWOOD AVE N SEATTLE, WA 98103	91-0581656	501(C)(3)		17,488.	COST PER POUND	FOOD	FOOD
<b>(12)</b> HOPELINK REDMOND 31957 E COMMERCIAL ST CARNATION, WA 98014	91-0982116	501(C)(3)		562,309.	COST PER POUND	FOOD	FOOD

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Schedule I (Form 990) 2021

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Employer identification number

FOOD LIFELINE

91-1090450

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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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE FOOD BANK AT ST. MARY'S 611 20TH AVE S SEATTLE, WA 98144	91-1989445	501(C)(3)		2,636,645.	COST PER POUND	FOOD	FOOD
<b>(2)</b> SALVATION ARMY RENTON 206 S TOBIN RENTON, WA 98055	94-1156347	501(C)(3)	586.	634,031.	COST PER POUND	FOOD	FOOD
<b>(3)</b> YWCA CENTRAL AREA FOOD BANK 2820 E CHERRY SEATTLE, WA 98122	91-0482890	501(C)(3)		372,952.	COST PER POUND	FOOD	FOOD
<b>(4)</b> SEATTLE INDIAN CENTER FOOD BANK 611 12TH AVE S, SUITE 300 SEATTLE, WA 98144	91-0877683	501(C)(3)	5,000.	118,985.	COST PER POUND	FOOD	FOOD
<b>(5)</b> HOPELINK SNO-VALLEY 16225 NE 87TH ST. REDMOND, WA 98073	91-0982116	501(C)(3)		246,678.	COST PER POUND	FOOD	FOOD
<b>(6)</b> UNIVERSITY DISTRICT FOOD BANK 4731 15TH AVE NE SEATTLE, WA 98105	91-1585652	501(C)(3)		2,077,479.	COST PER POUND	FOOD	FOOD
<b>(7)</b> VASHON MAURY COMMUNITY FOOD BANK 10030 210 ST SW VASHON, WA 98070	94-3165664	501(C)(3)		412,516.	COST PER POUND	FOOD	FOOD
<b>(8)</b> WHITE CENTER FOOD BANK 10829 8TH AVE SW SEATTLE, WA 98146	91-1167830	501(C)(3)	620.	1,509,148.	COST PER POUND	FOOD	FOOD
<b>(9)</b> LIFELONG FOOD BANK 1002 E SENECA SEATTLE, WA 98122	91-1215715	501(C)(3)		214,999.	COST PER POUND	FOOD	FOOD
<b>(10)</b> JEWISH FAMILY SERVICE 1601 16TH AVE SEATTLE, WA 98122	91-0565537	501(C)(3)		69,194.	COST PER POUND	FOOD	FOOD
<b>(11)</b> BLESSED SACRAMENT FOOD BANK 5050 8TH AVE NE SEATTLE, WA 98105	91-0570857	501(C)(3)		153,043.	COST PER POUND	FOOD	FOOD
<b>(12)</b> PARADISE OF PRAISE FOOD BANK 1316 SW HOLDEN ST SEATTLE, WA 98106	30-0116000	501(C)(3)		44,671.	COST PER POUND	FOOD	FOOD

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Schedule I (Form 990) 2021

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**Grants and Other Assistance to Organizations,  
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FOOD LIFELINE

91-1090450

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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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> SALVATION ARMY CAPITOL HILL PO BOX 20128, 1101 PIKE STREET	94-1156347	501(C)(3)		152,680.	COST PER POUND	FOOD	FOOD
<b>(2)</b> RAINIER VALLEY FOOD BANK 4205 RAINIER AVENUE S SEATTLE, WA 98118	91-1500768	501(C)(3)		736,678.	COST PER POUND	FOOD	FOOD
<b>(3)</b> ALGONA PACIFIC FOOD PANTRY (NEW HOPE LUTHER 603 3RD AVE SE PACIFIC, WA 98047	91-1498750	501(C)(3)		22,918.	COST PER POUND	FOOD	FOOD
<b>(4)</b> PROVIDENCE REGINA HOUSE FOOD BANK 8201 10TH AVE S #6 SEATTLE, WA 98108	91-1996732	501(C)(3)		466,821.	COST PER POUND	FOOD	FOOD
<b>(5)</b> COMMUNITY HOUSE FOOD BANK 2212 S JACKSON ST SEATTLE, WA 98144	91-0963226	501(C)(3)		8,622.	COST PER POUND	FOOD	FOOD
<b>(6)</b> YELM COMMUNITY SERVICES 624 CRYSTAL SPRINGS ROAD YELM, WA 98597	23-7226534	501(C)(3)		1,368,126.	COST PER POUND	FOOD	FOOD
<b>(7)</b> TUKWILA PANTRY 3118 S 140TH ST TUKWILA, WA 98168	75-2974441	501(C)(3)	644.	1,732,113.	COST PER POUND	FOOD	FOOD
<b>(8)</b> SALVATION ARMY WHITE CENTER FOOD BANK 9050 16TH AVE SW SEATTLE, WA 98146	94-1156347	501(C)(3)		336,035.	COST PER POUND	FOOD	FOOD
<b>(9)</b> NORTH HELPLINE PO BOX 25875, 12736 33RD AVE NE	91-1475182	501(C)(3)		1,169,470.	COST PER POUND	FOOD	FOOD
<b>(10)</b> BLESSED SACRAMENT MEAL PROGRAM 5050 8TH AVE NE SEATTLE, WA 98105	91-0570857	501(C)(3)		31,610.	COST PER POUND	FOOD	FOOD
<b>(11)</b> BREAD OF LIFE MISSION 97 S MAIN ST SEATTLE, WA 98104	91-6057907	501(C)(3)		438,064.	COST PER POUND	FOOD	FOOD
<b>(12)</b> DESC 515 3RD AVE SEATTLE, WA 98104	91-1275815	501(C)(3)		14,459.	COST PER POUND	FOOD	FOOD

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<b>(1)</b> EL CENTRO DE LA RAZA MEAL PROGRAM 2524 16TH AVE S SEATTLE, WA 98144	91-0899927	501(C)(3)		21,097.	COST PER POUND	FOOD	FOOD
<b>(2)</b> YWCA ANGELINE'S MEAL PROGRAM 2024 3RD AVE SEATTLE, WA 98121	91-0482890	501(C)(3)		58,177.	COST PER POUND	FOOD	FOOD
<b>(3)</b> IMMANUEL COMMUNITY SERVICES MEAL PROGRAM 1215 THOMAS ST SEATTLE, WA 98109	26-0881300	501(C)(3)		13,262.	COST PER POUND	FOOD	FOOD
<b>(4)</b> OPERATION NIGHTWATCH 302 14TH AVE S SEATTLE, WA 98111	91-0964027	501(C)(3)		48,213.	COST PER POUND	FOOD	FOOD
<b>(5)</b> SACRED HEART SHELTER 232 WARREN AVE N SEATTLE, WA 98109	53-0196617	501(C)(3)		12,990.	COST PER POUND	FOOD	FOOD
<b>(6)</b> COMPASS CENTER 77 S WASHINGTON ST SEATTLE, WA 98104	91-0578229	501(C)(3)		259,650.	COST PER POUND	FOOD	FOOD
<b>(7)</b> SALVATION ARMY WILLIAM BOOTH CENTER 811 MAYNARD AVE S SEATTLE, WA 98134	94-1156347	501(C)(3)		52,529.	COST PER POUND	FOOD	FOOD
<b>(8)</b> SEATTLE INDIAN CENTER MEAL PROGRAM 611 12TH AVE S, SUITE 300 SEATTLE, WA 98144	91-0877683	501(C)(3)		43,060.	COST PER POUND	FOOD	FOOD
<b>(9)</b> ACRS MEAL PROGRAM 3639 MLK JR. WAY S SEATTLE, WA 98144	91-0916176	501(C)(3)		17,773.	COST PER POUND	FOOD	FOOD
<b>(10)</b> MEALS AT ST LUKE'S 5710 22ND AVE NW SEATTLE, WA 98107	91-0673080	501(C)(3)		20,945.	COST PER POUND	FOOD	FOOD
<b>(11)</b> PIKE MARKET SENIOR CENTER 85 PIKE ST SUITE 200 SEATTLE, WA 98101	91-1034838	501(C)(3)		18,133.	COST PER POUND	FOOD	FOOD
<b>(12)</b> MONDAY NIGHT COMMUNITY SUPPER 30105 2ND PL SW FEDERAL WAY, WA 98023	94-3105476	501(C)(3)		10,695.	COST PER POUND	FOOD	FOOD

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<b>(1)</b> VICTORY OUTREACH SEATTLE 2035 NW 58TH ST SEATTLE, WA 98107	95-0583891	501(C)(3)		122,823.	COST PER POUND	FOOD	FOOD
<b>(2)</b> ALOHA INN 1911 AURORA AVE N SEATTLE, WA 98111	91-1099134	501(C)(3)		65,032.	COST PER POUND	FOOD	FOOD
<b>(3)</b> MILLIONAIR CLUB 2515 WESTERN AVE SEATTLE, WA 98121	91-0607513	501(C)(3)		221,862.	COST PER POUND	FOOD	FOOD
<b>(4)</b> LIFELONG MEAL PROGRAM 1002 E SENECA SEATTLE, WA 98122	91-1215715	501(C)(3)		130,051.	COST PER POUND	FOOD	FOOD
<b>(5)</b> NOEL HOUSE 2301 2ND AVE SEATTLE, WA 98121	91-1585652	501(C)(3)		15,872.	COST PER POUND	FOOD	FOOD
<b>(6)</b> NEIGHBOR TO NEIGHBOR 1541 RIVERVIEW DR NE AUBURN, WA 98002	52-0643036	501(C)(3)		19,606.	COST PER POUND	FOOD	FOOD
<b>(7)</b> GOOD SHEPHERD COMMUNITY SUPPER 345 S 312TH ST FEDERAL WAY, WA 98003	94-3105476	501(C)(3)		7,548.	COST PER POUND	FOOD	FOOD
<b>(8)</b> ROOTS 1415 NE 43RD AVE SEATTLE, WA 98105	92-2110379	501(C)(3)		39,894.	COST PER POUND	FOOD	FOOD
<b>(9)</b> ST MARTIN DE PORRES SHELTER 1561 ALASKAN WAY S SEATTLE, WA 98134	91-1585652	501(C)(3)		69,482.	COST PER POUND	FOOD	FOOD
<b>(10)</b> THURSDAY'S TABLE 3118 S 140TH ST TUKWILA, WA 98168	75-2974441	501(C)(3)		821,438.	COST PER POUND	FOOD	FOOD
<b>(11)</b> AUBURN COMMUNITY SUPPER 930 18TH PL NE AUBURN, WA 98071	91-1215485	501(C)(3)		50,274.	COST PER POUND	FOOD	FOOD
<b>(12)</b> CHIEF SEATTLE CLUB MEAL PROGRAM 410 2ND AVE EXT S SEATTLE, WA 98104	91-0852503	501(C)(3)		48,548.	COST PER POUND	FOOD	FOOD

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

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Department of the Treasury  
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Name of the organization

Employer identification number

FOOD LIFELINE

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> PNA ST. JOHN'S 6532 PHINNEY AVE N SEATTLE, WA 98103	91-1112780	501(C)(3)		24,127.	COST PER POUND	FOOD	FOOD
<b>(2)</b> OPERATION SACK LUNCH 77 S WASHINGTON ST SEATTLE, WA 98194	91-1658187	501(C)(3)		819,911.	COST PER POUND	FOOD	FOOD
<b>(3)</b> HUNGRY SOUL CAFE - TRINITY COMMUNITY CHURCH 3807 REITH ROAD KENT, WA 98032	23-7424506	501(C)(3)		7,190.	COST PER POUND	FOOD	FOOD
<b>(4)</b> RECOVERY CAFE 2022 BOREN AVENUE SEATTLE, WA 98121	91-2158547	501(C)(3)		47,143.	COST PER POUND	FOOD	FOOD
<b>(5)</b> COMMUNITY HOUSE - FIRWOOD 10751 2ND AVE NW SEATTLE, WA 98177	91-0963226	501(C)(3)		26,870.	COST PER POUND	FOOD	FOOD
<b>(6)</b> COMMUNITY HOUSE MEAL PROGRAM 431 BOYLSTON AVE E SEATTLE, WA 98102	91-0963226	501(C)(3)		63,319.	COST PER POUND	FOOD	FOOD
<b>(7)</b> UNITED FRIENDS GROUP HOMES - CROWN HILL PO BOX 17017 SEATTLE, WA 98127	23-7396644	501(C)(3)		31,207.	COST PER POUND	FOOD	FOOD
<b>(8)</b> SALVATION ARMY ADULT REHAB CENTER 1020 4TH AVE S SEATTLE, WA 98134	13-3847940	501(C)(3)		10,062.	COST PER POUND	FOOD	FOOD
<b>(9)</b> COMMUNITY HOUSE - SPRING MANOR 1103 16TH AVE SEATTLE, WA 98122	91-0963226	501(C)(3)		33,077.	COST PER POUND	FOOD	FOOD
<b>(10)</b> ST MARTIN'S ON WESTLAKE 2008 WESTLAKE AVENUE SEATTLE, WA 98121	91-1099134	501(C)(3)		55,050.	COST PER POUND	FOOD	FOOD
<b>(11)</b> GRIFFIN HOME FOR BOYS 2500 LAKE WASHINGTON BLVD RENTON, WA 98056	91-0672501	501(C)(3)		29,719.	COST PER POUND	FOOD	FOOD
<b>(12)</b> TEEN FEED 4740 B UNIVERSITY WAY NE SEATTLE, WA 98105	94-3034862	501(C)(3)		14,161.	COST PER POUND	FOOD	FOOD

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FOOD LIFELINE

91-1090450

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<b>(1)</b> COMMUNITY LUNCH ON CAPITOL HILL 1710 11TH AVE SEATTLE, WA 98122	05-0566668	501(C)(3)		210,384.	COST PER POUND	FOOD	FOOD
<b>(2)</b> HUNGER INTERVENTION PROGRAM 3841 NE 123RD ST SEATTLE, WA 98125	26-3716527	501(C)(3)		13,024.	COST PER POUND	FOOD	FOOD
<b>(3)</b> ELIZABETH GREGORY HOME PO BOX 45130 SEATTLE, WA 98145	91-2139335	501(C)(3)		23,841.	COST PER POUND	FOOD	FOOD
<b>(4)</b> PORT ANGELES FOOD BANK 402 S VALLEY STR PORT ANGELES, WA 98362	91-1192596	501(C)(3)	47,900.	723,338.	COST PER POUND	FOOD	FOOD
<b>(5)</b> SERENITY HOUSE 2321 W 18TH ST PORT ANGELES, WA 98362	91-1180069	501(C)(3)		63,096.	COST PER POUND	FOOD	FOOD
<b>(6)</b> SEQUIM FOOD BANK PO BOX 1453 SEQUIM, WA 98382	91-1215709	501(C)(3)		469,333.	COST PER POUND	FOOD	FOOD
<b>(7)</b> OLYCAP SENIOR NUTRITION PROGRAM 803 W PARK AVE PORT TOWNSEND, WA 98368	91-0814319	501(C)(3)		142,257.	COST PER POUND	FOOD	FOOD
<b>(8)</b> UNION GOSPEL MISSION OLYMPIA PO BOX 7668 OLYMPIA, WA 98507	91-1680748	501(C)(3)		350,810.	COST PER POUND	FOOD	FOOD
<b>(9)</b> TENINO COMMUNITY SERVICE CENTER/FOOD BANK P PO BOX 1239, 224 SUSSEX AV E	91-2144590	501(C)(3)		73,614.	COST PER POUND	FOOD	FOOD
<b>(10)</b> OLYMPIA FIRST BAPTIST CHURCH P.O.BOX 533 OLYMPIA, WA 98501	91-0584053	501(C)(3)		50,721.	COST PER POUND	FOOD	FOOD
<b>(11)</b> HIS PANTRY FOOD BANK AT CAMANO CHAPEL 867 SW CAMANO DR CAMANO ISLAND, WA 98292	91-0970973	501(C)(3)		41,313.	COST PER POUND	FOOD	FOOD
<b>(12)</b> NOOKSACK VALLEY FOOD BANK PO BOX 384 EVERSON, WA 98247	91-1339292	501(C)(3)		84,916.	COST PER POUND	FOOD	FOOD

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<b>(1)</b> FAITHHOUSE MINISTRIES 911 ALDER ST HOQUIAM, WA 98550	20-3348807	501(C)(3)		169,671.	COST PER POUND	FOOD	FOOD
<b>(2)</b> BUCKLEY KIWANIS FOOD BANK 127 N RIVER RD BUCKLEY, WA 98321	91-1761645	501(C)(3)		367,664.	COST PER POUND	FOOD	FOOD
<b>(3)</b> C/O HOQUIAM COASTAL HARVEST PROGRAM 117 EAST 3RD STREET ABERDEEN, WA 98520	94-3252669	501(C)(3)		277,609.	COST PER POUND	FOOD	FOOD
<b>(4)</b> CENTRAL KITSAP FOOD BANK 3790 ANDERSON HILL ROAD	91-1425561	501(C)(3)		753,168.	COST PER POUND	FOOD	FOOD
<b>(5)</b> CONCERN FOR NEIGHBORS FOOD BANK 4700 228TH ST. SW	91-2027084	501(C)(3)		328,830.	COST PER POUND	FOOD	FOOD
<b>(6)</b> SKAGIT VALLEY NEIGHBORS IN NEED 1615 SOUTH 2ND ST MT VERONON, WA 98273	91-0951646	501(C)(3)		880,290.	COST PER POUND	FOOD	FOOD
<b>(7)</b> C/O VOLUNTEERS OF AMERICA EVERETT PO BOX 839, 1230 BROADWAY AVE	91-0577129	501(C)(3)		82,526.	COST PER POUND	FOOD	FOOD
<b>(8)</b> SALVATION ARMY PORT ANGELES 206 S. PEABODY PORT ANGELES, WA 98362	94-1156347	501(C)(3)		60,788.	COST PER POUND	FOOD	FOOD
<b>(9)</b> HAMILTON COMMUNITY FOOD BANK PO BOX 75 HAMILTON, WA 98255	91-1351355	501(C)(3)		117,052.	COST PER POUND	FOOD	FOOD
<b>(10)</b> SALVATION ARMY BELLINGHAM 2919 NW AVE BELLINGHAM, WA 98227	94-1156347	501(C)(3)		428,548.	COST PER POUND	FOOD	FOOD
<b>(11)</b> C/O EMERGENCY FOOD NETWORK 3318 92ND ST LAKEWOOD, WA 98499	94-3131776	501(C)(3)		38,306.	COST PER POUND	FOOD	FOOD
<b>(12)</b> C/O OLYMPIC COMMUNITY ACTION PROGRAM 803 WEST PARK PORT TOWNSEND, WA 98368	91-0814319	501(C)(3)		279,408.	COST PER POUND	FOOD	FOOD

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91-1090450

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<b>(1)</b> EDMONDS WESTGATE FOOD BANK 22901 EDMONDS WAY EDMONDS, WA 98020	91-0774622	501(C)(3)		103,213.	COST PER POUND	FOOD	FOOD
<b>(2)</b> LOWER COLUMBIA CAP-HELP WAREHOUSE 1526 COMMERCE AVE. LONGVIEW, WA 98632	91-0814141	501(C)(3)		306,672.	COST PER POUND	FOOD	FOOD
<b>(3)</b> SALVATION ARMY TACOMA FOOD BANK 1501 6TH AVENUE TACOMA, WA 98405	94-1156347	501(C)(3)		447,992.	COST PER POUND	FOOD	FOOD
<b>(4)</b> FERNDALE FOOD BANK PO BOX 1593 FERNDALE, WA 98248	91-1166240	501(C)(3)		820,958.	COST PER POUND	FOOD	FOOD
<b>(5)</b> LUMMI FOOD BANK 2616 KWIN RD. BELLINGHAM, WA 98226	91-1836621	501(C)(3)	42,500.	139,364.	COST PER POUND	FOOD	FOOD
<b>(6)</b> BLAINE FOOD BANK PO BOX 472 BLAINE, WA 98231	91-1160595	501(C)(3)		1,913,521.	COST PER POUND	FOOD	FOOD
<b>(7)</b> POINT ROBERTS FOOD BANK 323 EVERGREEN WAY POINT ROBERTS, WA 98281	36-3513679	501(C)(3)		16,271.	COST PER POUND	FOOD	FOOD
<b>(8)</b> PROJECT HOPE FOOD BANK 205 SOUTH BC AVE. LYNDEN, WA 98264	91-0858511	501(C)(3)		143,123.	COST PER POUND	FOOD	FOOD
<b>(9)</b> SHARENET FOOD BANK 26061 UNITED RD. NE, STE. A	91-1229210	501(C)(3)		151,379.	COST PER POUND	FOOD	FOOD
<b>(10)</b> NORTH KITSAP FISHLINE P.O. BOX 250 KINGSTON, WA 98346	91-1244431	501(C)(3)		212,724.	COST PER POUND	FOOD	FOOD
<b>(11)</b> FAMILIES UNLIMITED NETWORK P.O. BOX 65672 UNIVERSITY PLACE, WA 98466	20-0435496	501(C)(3)		24,079.	COST PER POUND	FOOD	FOOD
<b>(12)</b> WHITE PASS FOOD BANK 116 KINDLE RD RANDLE, WA 98377	91-6054280	501(C)(3)		43,595.	COST PER POUND	FOOD	FOOD

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(1) ANNIE'S COMMUNITY KITCHEN (EDMONDS LUTHERAN 23525 84TH AVE. W. EDMONDS, WA 98026	20-2007731	501(C)(3)		233,079.	COST PER POUND	FOOD	FOOD
(2) STILLAGUAMISH SENIOR CENTER 18308 SMOKEY POINT BLVD.	23-7087247	501(C)(3)		56,313.	COST PER POUND	FOOD	FOOD
(3) SACRED HEART PASTORS PANTRY PO BOX 880 MORTON, WA 98356	94-2712386	501(C)(3)		11,177.	COST PER POUND	FOOD	FOOD
(4) FISH - EMMANUEL LUTHERAN CHURCH PO BOX 68 KELSO, WA 98626	23-7452250	501(C)(3)		10,636.	COST PER POUND	FOOD	FOOD
(5) KEY PENINSULA COMMUNITY SERVICES FB/SENIOR PO BOX 395 LAKEBAY, WA 98349	91-1188981	501(C)(3)		521,666.	COST PER POUND	FOOD	FOOD
(6) BREAD OF LIFE FOOD BANK MINISTRIES OF LAKE 8810 LAWDALE AVENUE SW LAKEWOOD, WA 98498	91-0684801	501(C)(3)		139,489.	COST PER POUND	FOOD	FOOD
(7) BREAD OF LIFE BONNEY LAKE FOOD BANK PO BOX 7521, 1809 OLD BUCKLY HWY	27-0270499	501(C)(3)		158,096.	COST PER POUND	FOOD	FOOD
(8) EDMONDS FOOD BANK 828 CASPERS STREET EDMONDS, WA 98020	91-0652053	501(C)(3)		616,875.	COST PER POUND	FOOD	FOOD
(9) THURSTON COUNTY FOOD BANK 220 THURSTON AVE. NE OLYMPIA, WA 98501	23-7297837	501(C)(3)		2,866,681.	COST PER POUND	FOOD	FOOD
(10) ST VINCENT DE PAUL BREMERTON 1137 N CALLOW BREMERTON, WA 98312	91-0635027	501(C)(3)		184,424.	COST PER POUND	FOOD	FOOD
(11) BREMERTON FOODLINE P.O. BOX 824 BREMERTON, WA 98337	91-1111086	501(C)(3)		163,490.	COST PER POUND	FOOD	FOOD
(12) SALVATION ARMY BREMERTON P. O. BOX 886 BREMERTON, WA 98337	94-1156347	501(C)(3)		77,972.	COST PER POUND	FOOD	FOOD

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<b>(1)</b> SOUTH KITSAP HELPLINE 1351 BAY STREET PORT ORCHARD, WA 98366	91-1117868	501(C)(3)		579,321.	COST PER POUND	FOOD	FOOD
<b>(2)</b> HELPING HANDS FOOD BANK 420 WASHINGTON ST. SEDRO WOOLLEY, WA 98284	91-1203572	501(C)(3)		1,005,252.	COST PER POUND	FOOD	FOOD
<b>(3)</b> HELPLINE HOUSE FOOD BANK 282 KNECHTEL WAY NE	91-0902503	501(C)(3)		104,203.	COST PER POUND	FOOD	FOOD
<b>(4)</b> BELLINGHAM FOOD BANK (ALTERNATIVES TO HUNGE) 1824 ELLIS ST. BELLINGHAM, WA 98225	91-0918619	501(C)(3)	40,205.	811,804.	COST PER POUND	FOOD	FOOD
<b>(5)</b> GOOD CHEER FOOD BANK AND THRIFT STORES P. O. BOX 144 LANGLEY, WA 98260	23-7047914	501(C)(3)		69,767.	COST PER POUND	FOOD	FOOD
<b>(6)</b> LAKE STEVENS COMMUNITY FOOD BANK P.O. BOX 1031 LAKE STEVENS, WA 98258	91-1215080	501(C)(3)		562,647.	COST PER POUND	FOOD	FOOD
<b>(7)</b> ARLINGTON COMMUNITY FOOD BANK 19118 63RD AVE NE ARLINGTON, WA 98223	91-1445025	501(C)(3)		776,392.	COST PER POUND	FOOD	FOOD
<b>(8)</b> STANWOOD CAMANO FOOD BANK PO BOX 1285 STANWOOD, WA 98292	91-1155426	501(C)(3)		581,786.	COST PER POUND	FOOD	FOOD
<b>(9)</b> CONCRETE FOOD BANK 112 MAIN ST CONCRETE, WA 98237	91-1643893	501(C)(3)		71,394.	COST PER POUND	FOOD	FOOD
<b>(10)</b> MARYSVILLE FOOD BANK PO BOX 917 MARYSVILLE, WA 98270	91-1347507	501(C)(3)		1,411,773.	COST PER POUND	FOOD	FOOD
<b>(11)</b> COMMUNITY COVENANT CHURCH PO BOX 188 CLEAR LAKE, WA 98235	36-2167730	501(C)(3)		65,587.	COST PER POUND	FOOD	FOOD
<b>(12)</b> PORT TOWNSEND FOOD BANK 2137 KINGSLEY PL PORT TOWNSEND, WA 98368	91-1377493	501(C)(3)		554,904.	COST PER POUND	FOOD	FOOD

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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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> TRI AREA FOOD PANTRY PO BOX 124 PORT HADLOCK, WA 98339	91-1377493	501(C)(3)		300,403.	COST PER POUND	FOOD	FOOD
<b>(2)</b> QUILCENE FOOD BANK 294952 HIGHWAY 101 QUILCENE, WA 98376	91-1377493	501(C)(3)		138,449.	COST PER POUND	FOOD	FOOD
<b>(3)</b> BRINNON FOOD BANK PO BOX 10 BRINNON, WA 98320	91-1377493	501(C)(3)		182,933.	COST PER POUND	FOOD	FOOD
<b>(4)</b> VISITATION FOOD BANK 3314 S 59TH STREET TACOMA, WA 98409	53-0196617	501(C)(3)		6,499.	COST PER POUND	FOOD	FOOD
<b>(5)</b> GRANITE FALLS FOOD BANK PO BOX 1947, 402 S GRANITE AVE	93-0710454	501(C)(3)		249,459.	COST PER POUND	FOOD	FOOD
<b>(6)</b> SKY VALLEY FOOD BANK 784 VILLAGE WAY MONROE, WA 98272	91-1186822	501(C)(3)		341,709.	COST PER POUND	FOOD	FOOD
<b>(7)</b> MUKILTEO FOOD BANK 822 3RD STREET MUKILTEO, WA 98275	91-1999844	501(C)(3)		42,441.	COST PER POUND	FOOD	FOOD
<b>(8)</b> MALTBY FOOD BANK PO BOX 1256 SNOHOMISH, WA 98291	91-1607217	501(C)(3)		822,630.	COST PER POUND	FOOD	FOOD
<b>(9)</b> LYNNWOOD FOOD BANK 5320 176TH SW LYNNWOOD, WA 98087	84-1642388	501(C)(3)		903,252.	COST PER POUND	FOOD	FOOD
<b>(10)</b> TILLICUM COMMUNITY SERVICE FOOD BANK 14916 WASHINGTON AVE SW TACOMA, WA 98498	91-1300366	501(C)(3)		38,913.	COST PER POUND	FOOD	FOOD
<b>(11)</b> GIG HARBOR FISH FOOD BANK P. O. BOX 154 GIG HARBOR, WA 98335	91-1307991	501(C)(3)		423,670.	COST PER POUND	FOOD	FOOD
<b>(12)</b> HOOD CANAL FOOD BANK P. O. BOX 995 HOODSPORT, WA 98548	91-1449048	501(C)(3)		77,360.	COST PER POUND	FOOD	FOOD

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

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Name of the organization

Employer identification number

FOOD LIFELINE

91-1090450

**Part I General Information on Grants and Assistance**

- 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
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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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE SAINTS' PANTRY FOOD BANK P.O. BOX 1064 SHELTON, WA 98584	27-0386653	501(C)(3)		285,799.	COST PER POUND	FOOD	FOOD
<b>(2)</b> SUMNER COMMUNITY FOOD BANK PO BOX 475 SUMNER, WA 98390	91-2061833	501(C)(3)		977,347.	COST PER POUND	FOOD	FOOD
<b>(3)</b> COMMUNITY CARE MINISTRIES/HARVEST HOUSE FOO P. O. BOX 434 KAPOWSIN, WA 98344	75-3158092	501(C)(3)		248,407.	COST PER POUND	FOOD	FOOD
<b>(4)</b> ROOF COMMUNITY SERVICES PO BOX 312 ROCHESTER, WA 98579	77-0620956	501(C)(3)		84,261.	COST PER POUND	FOOD	FOOD
<b>(5)</b> LEWIS COUNTY FOOD BANK COALITION 1709 SEMINARY HILL CENTRALIA, WA 98531	91-1391826	501(C)(3)		210,790.	COST PER POUND	FOOD	FOOD
<b>(6)</b> HUB CITY MISSION 132 KIRKLAND RD CHEHALIS, WA 98532	91-0978022	501(C)(3)		50,983.	COST PER POUND	FOOD	FOOD
<b>(7)</b> SNOHOMISH COMMUNITY FOOD BANK PO BOX 1364 SNOHOMISH, WA 98291	91-1334772	501(C)(3)		538,557.	COST PER POUND	FOOD	FOOD
<b>(8)</b> COPALIS COMMUNITY CHURCH FOOD BANK 3137 HWY 109 COPALIS BEACH, WA 98535	91-0823403	501(C)(3)		88,632.	COST PER POUND	FOOD	FOOD
<b>(9)</b> FISH - COWLITZ COUNTY PO BOX 135 LONGVIEW, WA 98632	23-7452250	501(C)(3)		42,514.	COST PER POUND	FOOD	FOOD
<b>(10)</b> KALAMA HELPING HANDS 191 CLOVERDALE RD KALAMA, WA 98625	91-1343233	501(C)(3)		25,377.	COST PER POUND	FOOD	FOOD
<b>(11)</b> SALVATION ARMY KELSO/LONGVIEW P.O. BOX 1218 LONGVIEW, WA 98632	94-1156347	501(C)(3)		68,063.	COST PER POUND	FOOD	FOOD
<b>(12)</b> ST VINCENT DE PAUL LONGVIEW FOOD BANK PO BOX 2957 LONGVIEW, WA 92526	13-5562362	501(C)(3)		488,323.	COST PER POUND	FOOD	FOOD

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<b>(1)</b> WOODLAND ACTION 736 DAVIDSON WOODLAND, WA 98674	91-2105285	501(C)(3)		207,467.	COST PER POUND	FOOD	FOOD
<b>(2)</b> FAITH CENTER FOOD BANK 1209 MINOR RD KELSO, WA 98626	91-0916177	501(C)(3)		233,433.	COST PER POUND	FOOD	FOOD
<b>(3)</b> TACS FOOD BANK P.O. BOX 11291 TACOMA, WA 98411	72-1547205	501(C)(3)		455,254.	COST PER POUND	FOOD	FOOD
<b>(4)</b> COMMUNITY ACTION OF SKAGIT COUNTY PO BOX 1507 MT VERONON, WA 98273	91-1140086	501(C)(3)		22,959.	COST PER POUND	FOOD	FOOD
<b>(5)</b> SALVATION ARMY EVERETT PO BOX 1184 EVERETT, WA 98206	94-1156347	501(C)(3)		478,891.	COST PER POUND	FOOD	FOOD
<b>(6)</b> ST. MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 85009	23-7353532	501(C)(3)		284,610.	COST PER POUND	FOOD	FOOD
<b>(7)</b> C/O CLARK COUNTY FOOD BANK 6502 NE 47TH AVE VANCOUVER, WA 98661	94-1156347	501(C)(3)		14,377.	COST PER POUND	FOOD	FOOD
<b>(8)</b> YOUTHCARE ORION CENTER 1828 YALE AVE SEATTLE, WA 98101	91-0917079	501(C)(3)		8,608.	COST PER POUND	FOOD	FOOD
<b>(9)</b> C/O BELLINGHAM FOOD BANK 1824 ELLIS ST BELLINGHAM, WA 98225	91-0918619	501(C)(3)		261,154.	COST PER POUND	FOOD	FOOD
<b>(10)</b> VOLUNTEERS OF AMERICA EVERETT FOOD BANK 1230 BROADWAY AVE. EVERETT, WA 98206	91-0577129	501(C)(3)		1,280,867.	COST PER POUND	FOOD	FOOD
<b>(11)</b> C/O LOWER COLUMBIA CAC - HELP WAREHOUSE 1526 COMMERCE AVE. LONGVIEW, WA 98632	91-0814141	501(C)(3)		430,683.	COST PER POUND	FOOD	FOOD
<b>(12)</b> ORTING FOOD BANK PO BOX 1877 ORTING, WA 98360	20-8562623	501(C)(3)		184,302.	COST PER POUND	FOOD	FOOD

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<b>(1)</b> PUYALLUP FOOD BANK PO BOX 202 PUYALLUP, WA 98371	23-7259739	501(C)(3)		598,918.	COST PER POUND	FOOD	FOOD
<b>(2)</b> VOLUNTEERS OF AMERICA SULTAN FOOD BANK PO BOX 268 SULTAN, WA 98294	91-0577129	501(C)(3)		176,106.	COST PER POUND	FOOD	FOOD
<b>(3)</b> SE TACOMA NOURISH FOOD BANK 1704 E 85TH ST TACOMA, WA 98445	91-1198391	501(C)(3)		369,859.	COST PER POUND	FOOD	FOOD
<b>(4)</b> GRAHAM SOUTH HILL NOURISH FOOD BANK 10425 187TH ST E PUYALLUP, WA 98374	91-1198391	501(C)(3)		465,139.	COST PER POUND	FOOD	FOOD
<b>(5)</b> EDGEWOOD COMMUNITY NOURISH FOOD BANK 3505 122ND AVE E EDGEWOOD, WA 98372	91-1198391	501(C)(3)		255,365.	COST PER POUND	FOOD	FOOD
<b>(6)</b> LAKES AREA NOURISH FOOD BANK 6900 STEILACOOM BLVD SW LAKEWOOD, WA 98499	91-1198391	501(C)(3)		142,543.	COST PER POUND	FOOD	FOOD
<b>(7)</b> CATHOLIC COMMUNITY SERVICES - NATIVITY HOUS 702 S 14TH ST TACOMA, WA 98405	53-0196617	501(C)(3)		389,058.	COST PER POUND	FOOD	FOOD
<b>(8)</b> ORCAS ISLAND FOOD BANK PO BOX 424 EASTSOUND, WA 98245	91-1255700	501(C)(3)		246,768.	COST PER POUND	FOOD	FOOD
<b>(9)</b> EATONVILLE FAMILY AGENCY PO BOX 1764 EATONVILLE, WA 98328	91-1059530	501(C)(3)		186,517.	COST PER POUND	FOOD	FOOD
<b>(10)</b> FOOTHILLS FOOD BANK 5568 MT. BAKER HWY DEMING, WA 98244	91-1347974	501(C)(3)		218,962.	COST PER POUND	FOOD	FOOD
<b>(11)</b> GREATER CHEHALIS FOOD BANK PO BOX 1311, 1914 S MARKET BLVD	51-0180724	501(C)(3)		52,732.	COST PER POUND	FOOD	FOOD
<b>(12)</b> SALVATION ARMY CENTRALIA PO BOX 488, 303 GOLD ST CENTRALIA, WA 98531	94-1156347	501(C)(3)		214,379.	COST PER POUND	FOOD	FOOD

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<b>(1)</b> TOLEDO FOOD BANK PO BOX 311 ETHEL, WA 98542	91-1391826	501(C)(3)		10,282.	COST PER POUND	FOOD	FOOD
<b>(2)</b> C/O SKAGIT COUNTY COMMUNITY ACTION AGENCY 330 PACIFIC PL MOUNT VERNON, WA 98273	91-1140086	501(C)(3)		405,161.	COST PER POUND	FOOD	FOOD
<b>(3)</b> QUEEN ANNE FOOD PROGRAM AT SACRED HEART FB 232 WARREN AVE N SEATTLE, WA 98109	53-0196617	501(C)(3)		14,796.	COST PER POUND	FOOD	FOOD
<b>(4)</b> QUEEN ANNE FOOD PROGRAM AT SACRED HEART MP 232 WARREN AVE N SEATTLE, WA 98109	53-0196617	501(C)(3)		14,789.	COST PER POUND	FOOD	FOOD
<b>(5)</b> CALIFORNIA ASSOCIATION OF FOOD BANKS 1624 FRANKLIN ST STE 722 OAKLAND, CA 94612	68-0392816	501(C)(3)		650,039.	COST PER POUND	FOOD	FOOD
<b>(6)</b> TRI-PARISH FOOD BANK 935 PETERSON RD BURLINGTON, WA 98223	91-0778147	501(C)(3)	40,000.	932,266.	COST PER POUND	FOOD	FOOD
<b>(7)</b> NOURISH FOOD BANKS OF PIERCE COUNTY 1702 S 72ND ST SUITE E TACOMA, WA 98408	91-1198391	501(C)(3)	4,000.	270,147.	COST PER POUND	FOOD	FOOD
<b>(8)</b> COMMUNITY FOOD PANTRY 140 NE ST RTE 300 BELFAIR, WA 98528	45-5576783	501(C)(3)		278,236.	COST PER POUND	FOOD	FOOD
<b>(9)</b> LEGACY COMMUNITY OUTREACH FOOD BANK 227 S ADAMS SOUTH BEND, WA 98586	41-1568278	501(C)(3)		74,281.	COST PER POUND	FOOD	FOOD
<b>(10)</b> MARY'S PLACE 1830 9TH AVE SEATTLE, WA 98111	27-2087950	501(C)(3)		233,079.	COST PER POUND	FOOD	FOOD
<b>(11)</b> ST LEO FOOD CONNECTION 1323 S YAKIMA AVE TACOMA, WA 98405	91-0622353	501(C)(3)		705,024.	COST PER POUND	FOOD	FOOD
<b>(12)</b> PARKLAND FIRST BAPTIST CHURCH 3318 S 92ND STREET TACOMA, WA 98409	91-0971257	501(C)(3)		13,667.	COST PER POUND	FOOD	FOOD

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<b>(1)</b> RENEWAL FOOD BANK 15022 BEL-RED ROAD BELLEVUE, WA 98006	46-1502418	501(C)(3)		273,999.	COST PER POUND	FOOD	FOOD
<b>(2)</b> OCEAN SHORES FOOD BANK PO BOX1419 OCEAN SHORES, WA 98569	46-3480003	501(C)(3)		29,419.	COST PER POUND	FOOD	FOOD
<b>(3)</b> SNOQUALMIE VALLEY FOOD BANK 122 E. 3RD ST. NORTH BEND, WA 98045	46-4388454	501(C)(3)	514.	562,916.	COST PER POUND	FOOD	FOOD
<b>(4)</b> ST. VINCENT DE PAUL AT ST. CATHERINE'S 1680 E STATE ROUTE 4 CATHLAMET, WA 98612	41-2218247	501(C)(3)		19,978.	COST PER POUND	FOOD	FOOD
<b>(5)</b> NORTHWEST LIFE CENTER PO BOX 849 ELMA, WA 98541	20-5965077	501(C)(3)		115,591.	COST PER POUND	FOOD	FOOD
<b>(6)</b> LA CONNER SUNRISE FOOD BANK 602 S 3RD ST LA CONNER, WA 98257	80-0866528	501(C)(3)		62,426.	COST PER POUND	FOOD	FOOD
<b>(7)</b> NORTH WHIDBEY HELP HOUSE 1091 SE HATHAWAY ST OAK HARBOR, WA 98277	91-1003975	501(C)(3)		252,306.	COST PER POUND	FOOD	FOOD
<b>(8)</b> NORTH MASON FOOD BANK 22471 HWY 3 BELFAIR, WA 98528	94-3197896	501(C)(3)		195,692.	COST PER POUND	FOOD	FOOD
<b>(9)</b> FAITH LUTHERAN CHURCH MEAL PROGRAM 6708 CADY RD EVERETT, WA 98203	36-3513679	501(C)(3)		91,359.	COST PER POUND	FOOD	FOOD
<b>(10)</b> ELOISE'S COOKING POT FOOD BANK 4218 STEEL ST SUITE 215 TACOMA, WA 98409	54-2092145	501(C)(3)	2,853.	1,519,029.	COST PER POUND	FOOD	FOOD
<b>(11)</b> CEDARWOOD INTERNATIONAL FOOD BANK 11700 MUKILTEO SPDWY STE 201-1177	94-2902936	501(C)(3)		639,537.	COST PER POUND	FOOD	FOOD
<b>(12)</b> MINERAL FOOD BANK 127 MINERAL RD N MINERAL, WA 98355	44-0577787	501(C)(3)		46,309.	COST PER POUND	FOOD	FOOD

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<b>(1)</b> FIFE MILTON FOOD BANK 2303 54TH AVE E FIFE, WA 98424	91-0577129	501(C)(3)		155,308.	COST PER POUND	FOOD	FOOD
<b>(2)</b> MILL CREEK COMMUNITY FOOD BANK 1419 TRILLIUM BLVD SE, #9	91-1102628	501(C)(3)		578,967.	COST PER POUND	FOOD	FOOD
<b>(3)</b> FORKS FOOD BANK PO BOX 270 FORKS, WA 98331	53-0196617	501(C)(3)		54,208.	COST PER POUND	FOOD	FOOD
<b>(4)</b> ST ANDREW EMMANUEL FOOD PANTRY 1401 VALLEY AVE E SUMNER, WA 98390	44-0612817	501(C)(3)		164,719.	COST PER POUND	FOOD	FOOD
<b>(5)</b> CARE FOOD PANTRY PO BOX 1073 OLALLA, WA 98359	91-1198391	501(C)(3)	35,000.	56,289.	COST PER POUND	FOOD	FOOD
<b>(6)</b> NW TACOMA NOURISH FOOD BANK 2710 N MADISON ST TACOMA, WA 98407	91-1140086	501(C)(3)		107,386.	COST PER POUND	FOOD	FOOD
<b>(7)</b> COMMUNITY ACTION OF SKAGIT COUNTY MEAL PROG 330 PACIFIC PL MOUNT VERNON, WA 98273	91-0575957	501(C)(3)		36,394.	COST PER POUND	FOOD	FOOD
<b>(8)</b> PT DEFIANCE-RUSTON SENIOR CENTER 4716 N BALTIMORE TACOMA, WA 98407	91-0936089	501(C)(3)		18,494.	COST PER POUND	FOOD	FOOD
<b>(9)</b> FEDERAL WAY SENIOR CENTER 4016 S 352ND ST AUBURN, WA 98001	91-0902978	501(C)(3)		566,758.	COST PER POUND	FOOD	FOOD
<b>(10)</b> INTERNATIONAL DROP-IN CENTER 7301 BEACON AVE S SEATTLE, WA 98108	26-3059629	501(C)(3)		49,067.	COST PER POUND	FOOD	FOOD
<b>(11)</b> THE GIVING ROOM 10510 STONE AVE N SEATTLE, WA 98133	45-2893839	501(C)(3)		167,123.	COST PER POUND	FOOD	FOOD
<b>(12)</b> EL PASOANS FIGHTING HUNGER FOOD BANK 9541 PLAZA CIRCLE EL PASO, TX 79927-2005	94-3101716	501(C)(3)		51,146.	COST PER POUND	FOOD	FOOD

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Schedule I (Form 990) 2021

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

OMB No. 1545-0047

**2021**

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Name of the organization

Employer identification number

FOOD LIFELINE

91-1090450

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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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ORTING VALLEY SENIOR CENTER FOOD BANK PO BOX 104 ORTING, WA 98360	94-1156347	501(C)(3)		117,295.	COST PER POUND	FOOD	FOOD
<b>(2)</b> SALVATION ARMY PUYALLUP VALLEY PO BOX 73298 PUYALLUP, WA 98373	94-3367886	501(C)(3)		29,171.	COST PER POUND	FOOD	FOOD
<b>(3)</b> NATIONS SOCIAL SERVICES PO BOX 45518, 111 112TH ST SE, STE A117	91-1229585	501(C)(3)		16,950.	COST PER POUND	FOOD	FOOD
<b>(4)</b> MATLOCK COMMUNITY CHURCH FOOD BANK 216 W MATLOCK BRADY RD MATLOCK, WA 98560	95-1684062	501(C)(3)		63,856.	COST PER POUND	FOOD	FOOD
<b>(5)</b> LAKE SAMMAMISH FOURSQUARE CHURCH 14434 NE 8TH ST, UNIT 2002	91-1475182	501(C)(3)		344,644.	COST PER POUND	FOOD	FOOD
<b>(6)</b> NORTH HELPLINE BITTER LAKE 13000 LINDEN AVE N SHORELINE, WA 98133	91-1215709	501(C)(3)		267,397.	COST PER POUND	FOOD	FOOD
<b>(7)</b> JAMESTOWN S'KLALLAM TRIBE FOOD BANK 1033 OLD BLYN HWY SEQUIM, WA 98382	91-2035646	501(C)(3)		32,642.	COST PER POUND	FOOD	FOOD
<b>(8)</b> LEWIS COUNTY GOSPEL MISSION PO BOX 631, 72 SW CHEHALIS AVE	91-0907573	501(C)(3)		12,349.	COST PER POUND	FOOD	FOOD
<b>(9)</b> PRAISEALUJAH 17800 DES MOINES MEMORIAL DR, STE G	45-4208191	501(C)(3)		5,031,164.	COST PER POUND	FOOD	FOOD
<b>(10)</b> TULALIP CHURCH OF GOD FOOD BANK 1330 MARINE DR NE TULALIP, WA 98271	94-1156347	501(C)(3)		42,240.	COST PER POUND	FOOD	FOOD
<b>(11)</b> SALVATION ARMY GRAYS HARBOR PO BOX 1437, 120 W WISHKAH ST	94-3249593	501(C)(3)		35,629.	COST PER POUND	FOOD	FOOD
<b>(12)</b> HOQUIAM FOOD & CLOTHING BANK PO BOX 472, 720 K ST HOQUIAM, WA 98550	91-0982213	501(C)(3)		133,601.	COST PER POUND	FOOD	FOOD

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<b>(1)</b> ADRA P. BERRY MEMORIAL FOOD BANK 210 S HANSFORD ST, SUITE 100 A	91-1680147	501(C)(3)		946,199.	COST PER POUND	FOOD	FOOD
<b>(2)</b> SALT OF THE EARTH FOOD BANK 210 AVENUE B SNOHOMISH, WA 98290	80-0184689	501(C)(3)		436,756.	COST PER POUND	FOOD	FOOD
<b>(3)</b> HALLOWED GROUNDS CAFE PO BOX 1400, 9982 SILVERDALE WAY NW	91-0908997	501(C)(3)		41,662.	COST PER POUND	FOOD	FOOD
<b>(4)</b> SACRED HEART FOOD PANTRY PO BOX 3805, 812 BOWKER ST SE	91-1870393	501(C)(3)		266,395.	COST PER POUND	FOOD	FOOD
<b>(5)</b> SHORELINE SENIOR CENTER 107 CHERRY STREET SEATTLE, WA 98104	91-1546525	501(C)(3)		5,569.	COST PER POUND	FOOD	FOOD
<b>(6)</b> MERCING HOUSING NORTHWEST - APPIAN WAY APAR 25818 26TH PL S KENT, WA 98032	91-1546525	501(C)(3)		43,418.	COST PER POUND	FOOD	FOOD
<b>(7)</b> MFP MERCY HOUSING NW - LINCOLN WAY 2721 LINCOLN WAY LYNNWOOD, WA 98087	53-0196617	501(C)(3)		89,838.	COST PER POUND	FOOD	FOOD
<b>(8)</b> CATHOLIC COMMUNITY SERVICES PO BOX 1104, 808 5TH AVE SE	31-1629166	501(C)(3)	14,000.	6,247.	COST PER POUND	FOOD	FOOD
<b>(9)</b> ST. DUNSTAN'S EPISCOPAL CHURCH 722 N 145TH ST SHORELINE, WA 98133	46-5405179	501(C)(3)		46,669.	COST PER POUND	FOOD	FOOD
<b>(10)</b> KEY PENINSULA BISCHOFF FOOD BANK 1916 KEY PENINSULA HWY N, LAKEBAY 98349	93-0844063	501(C)(3)		121,541.	COST PER POUND	FOOD	FOOD
<b>(11)</b> PACIFIC NORTHWEST ADULT AND TEEN CHALLENGE 18611 148TH AVE SE RENTON, WA 98058	81-2990918	501(C)(3)		52,594.	COST PER POUND	FOOD	FOOD
<b>(12)</b> GREEN LANTERN LUNCH PROGRAM PO BOX 443, 23 COLE ST COPALIS, WA 98535	47-0577787	501(C)(3)		25,355.	COST PER POUND	FOOD	FOOD

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<b>(1)</b> YELM PRAIRIE CHRISTIAN CENTER MEAL PROGRAM PO BOX 578, 501 NE 103RD AVE YELM, WA 98597	91-2061674	501(C)(3)		118,040.	COST PER POUND	FOOD	FOOD
<b>(2)</b> JOHN VOLKEN ACADEMY 921 CENTRAL AVE N KENT, WA 98032	04-3655932	501(C)(3)		19,677.	COST PER POUND	FOOD	FOOD
<b>(3)</b> COMMUNITY RESOURCE NETWORK PO BOX 13202 BOTHELL, WA 98082	82-1318383	501(C)(3)		1,415,899.	COST PER POUND	FOOD	FOOD
<b>(4)</b> PARKWAY COMMUNITY SERVICES 7808 207TH ST COURT E SPANAWAY, WA 98387	45-3827860	501(C)(3)		811,341.	COST PER POUND	FOOD	FOOD
<b>(5)</b> AMERICAN POLYNESIAN ORGANIZATION 1236 S DONOVAN ST SEATTLE, WA 98108	91-0838085	501(C)(3)		207,484.	COST PER POUND	FOOD	FOOD
<b>(6)</b> LOWER ELWHA KLALLAM TRIBE FOOD BANK 3080 LOWER ELWHA RD PORT ANGELES, WA 98363	91-0532600	501(C)(3)		18,763.	COST PER POUND	FOOD	FOOD
<b>(7)</b> RAINIER VISTA BOYS & GIRLS CLUB 603 STEWART ST #300 SEATTLE, WA 98101	91-1275815	501(C)(3)		11,407.	COST PER POUND	FOOD	FOOD
<b>(8)</b> DESC DROP-IN CENTER 216 JAMES ST SEATTLE, WA 98104	91-0567738	501(C)(3)		12,188.	COST PER POUND	FOOD	FOOD
<b>(9)</b> CATHEDRAL KITCHEN 804 9TH AVE SEATTLE, WA 98104	91-0823767	501(C)(3)		134,237.	COST PER POUND	FOOD	FOOD
<b>(10)</b> SOUND GENERATIONS 2208 2ND AVE SEATTLE, WA 98121	91-0916176	501(C)(3)		241,872.	COST PER POUND	FOOD	FOOD
<b>(11)</b> ST LEO FOOD CONNECTION CHILDREN'S FEEDING P 1323 S YAKIMA AVE TACOMA, WA 98405	91-1757277	501(C)(3)		303,903.	COST PER POUND	FOOD	FOOD
<b>(12)</b> FAMILYWORKS GREENWOOD 1501 N 45TH ST SEATTLE, WA 98103	54-2092145	501(C)(3)		89,736.	COST PER POUND	FOOD	FOOD

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(1) ELOISE'S COOKING POT MOBILE FOOD PANTRY PO BOX 94545 SEATTLE, WA 98124	27-3731709	501(C)(3)		558,704.	COST PER POUND	FOOD	FOOD
(2) GATHER CHURCH 408 W MAIN ST CENTRALIA, WA 98531	91-1546757	501(C)(3)		734,058.	COST PER POUND	FOOD	FOOD
(3) FARESTART 700 VIRGINIA ST SEATTLE, WA 98101	41-2175677	501(C)(3)		46,382.	COST PER POUND	FOOD	FOOD
(4) THE PRISON SCHOLAR FUND 1752 NW MARKET STREET, #953	91-0434170	501(C)(3)		250,453.	COST PER POUND	FOOD	FOOD
(5) SWINOMISH TRIBAL FOOD BANK 17337 RESERVATION RD LA CONNER, WA 98257	02-0549032	501(C)(3)	38,000.				FOOD
(6) GIFTS FROM THE HEART FOOD BANK 203 N MAIN ST COUPEVILLE, WA 98239	91-0982116	501(C)(3)		23,374.	COST PER POUND	FOOD	FOOD
(7) MASON COUNTY SENIOR ACTIVITIES ASSOCIATION 190 WEST SENTRY DRIVE SHELTON, WA 98584	91-1546525	501(C)(3)		11,359.	COST PER POUND	FOOD	FOOD
(8) HOPELINK WAREHOUSE 11011 120TH AVE NE KIRKLAND, WA 98033	91-1546525	501(C)(3)		920,477.	COST PER POUND	FOOD	FOOD
(9) MFP MERCY HOUSING NW - EMERALD CITY COMMONS 7700 RAINIER AVE S SEATTLE, WA 98118	91-1546525	501(C)(3)		16,912.	COST PER POUND	FOOD	FOOD
(10) MFP MERCY HOUSING NW - WOODLAKE MANOR 1018 13TH ST SNOHOMISH, WA 98290	91-1546525	501(C)(3)		7,178.	COST PER POUND	FOOD	FOOD
(11) MFP MERCY HOUSING NW - LAKE VILLAGE EAST 416 97TH DR NE LAKE STEVENS, WA 98258	91-0983698	501(C)(3)		7,667.	COST PER POUND	FOOD	FOOD
(12) MFP MERCY HOUSING NW - FAMILY TREE 10110 19TH AVE SE EVERETT, WA 98208	46-2838797	501(C)(3)		11,619.	COST PER POUND	FOOD	FOOD

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<b>(1)</b> MFP CENTER FOR MULTICULTURAL HEALTH 801 25TH AVE SEATTLE, WA 98122	11-3840738	501(C)(3)		111,132.	COST PER POUND	FOOD	FOOD
<b>(2)</b> WEST AFRICAN COMMUNITY COUNCIL WEST AFRICAN COMMUNITY COUNCIL	84-4251891	501(C)(3)		653,230.	COST PER POUND	FOOD	FOOD
<b>(3)</b> RESTORE AND REPAIR OUTREACH 12629 RENTON AVE S SUITE F	91-1317638	501(C)(3)		760,186.	COST PER POUND	FOOD	FOOD
<b>(4)</b> CULTIVATE SOUTH PARK 1251 S CLOVERDALE ST UNIT B	91-2047030	501(C)(3)		295,973.	COST PER POUND	FOOD	FOOD
<b>(5)</b> SOUTH PARK SENIOR CITIZENS 8201 10TH AVE S, SUITE 4 SEATTLE, WA 98108	04-3810161	501(C)(3)		11,379.	COST PER POUND	FOOD	FOOD
<b>(6)</b> FRIENDS OF THE CHILDREN SEATTLE 4436 RAINIER AVE S SUITE C	91-0823767	501(C)(3)		9,813.	COST PER POUND	FOOD	FOOD
<b>(7)</b> ICNA RELIEF (HALAL FOOD PANTRY) 10610 SE KENT KANGLEY RD #203	84-2470123	501(C)(3)		93,674.	COST PER POUND	FOOD	FOOD
<b>(8)</b> CENTRAL AREA SENIOR CENTER 500 30TH AVENUE SOUTH SEATTLE, WA 98144	91-1546525	501(C)(3)		33,579.	COST PER POUND	FOOD	FOOD
<b>(9)</b> PACIFIC ISLANDER COMMUNITY ASSOCIATION WA ( ) 643 S 150TH ST BURIEN, WA 98148	26-3713948	501(C)(3)		286,586.	COST PER POUND	FOOD	FOOD
<b>(10)</b> MFP MERCY HOUSING NW - OTHELLO PLAZA 6940 MARTIN LUTHER KING JR WAY S	93-0386860	501(C)(3)		27,255.	COST PER POUND	FOOD	FOOD
<b>(11)</b> MFP GOOD SHEPHERD YOUTH OUTREACH 30815 8TH AVE S FEDERAL WAY, WA 98003	85-1799580	501(C)(3)		530,715.	COST PER POUND	FOOD	FOOD
<b>(12)</b> LUTHERAN COMMUNITY SERVICES NW 4040 S. 188TH ST #300, SEATAC WA 98188	91-1703201	501(C)(3)		332,122.	COST PER POUND	FOOD	FOOD

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<b>(1)</b> ACT - A COMMON THREAD 2914 21ST AVE CT SE EDGEWOOD, WA 98372	94-3167908	501(C)(3)		771,177.	COST PER POUND	FOOD	FOOD
<b>(2)</b> ERITREAN ASSOCIATION 1528 VALENTINE PLACE S SEATTLE, WA 98144	37-1114578	501(C)(3)		154,971.	COST PER POUND	FOOD	FOOD
<b>(3)</b> GOOD NEIGHBORS SENIOR CENTER 885 OCEAN SHORES BLVD NW	46-2265261	501(C)(3)		119,561.	COST PER POUND	FOOD	FOOD
<b>(4)</b> NEW BEGINNINGS CHRISTIAN FELLOWSHIP 19300 108TH AVE SE KENT, WA 98030	91-1577460	501(C)(3)		275,835.	COST PER POUND	FOOD	FOOD
<b>(5)</b> QUILEUTE TRIBE 191 OCEAN DRIVE LA PUSH, WA 98350	91-0987890	501(C)(3)		56,688.	COST PER POUND	FOOD	FOOD
<b>(6)</b> TEAM ATTITUDE 14203 177TH SE A303 RENTON, WA 98058	72-1328890	501(C)(3)		59,401.	COST PER POUND	FOOD	FOOD
<b>(7)</b> VEDIC CULTURAL CENTER 1420 228TH AVE SE SAMMAMISH, WA 98075	13-3170676	501(C)(3)		124,350.	COST PER POUND	FOOD	FOOD
<b>(8)</b> WORD OF LIFE NW 6010 MT. TACOMA DRIVE LAKEWOOD, WA 98499	26-3713948	501(C)(3)		141,988.	COST PER POUND	FOOD	FOOD
<b>(9)</b> NW TRIBAL EMC 23210 PARADISE LAKE ROAD	23-7173826	501(C)(3)		181,907.	COST PER POUND	FOOD	FOOD
<b>(10)</b> FOOD BANK OF NW LOUISIANA 2307 TEXAS AVENUE SHREVEPORT, LA 71103	82-3015372	501(C)(3)		73,390.	COST PER POUND	FOOD	FOOD
<b>(11)</b> CITY HARVEST FOOD RESCUE FACILITY 39-34 43RD STREET SUNNYSIDE, NE 11104	91-1546525	501(C)(3)		72,495.	COST PER POUND	FOOD	FOOD
<b>(12)</b> THE SILENT TASK FORCE 5316 24TH AVE S SEATTLE, WA 98108		501(C)(3)	31,505.				FOOD

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FOOD LIFELINE

91-1090450

**Part I General Information on Grants and Assistance**

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

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) MERCY HOUSING NORTHWEST 1600 BROADWAY, STE 2000 DENVER, CO 80210		501(C)(3)	36,000.				FOOD
(2) SEA MAR CHC 1040 S HENDERSON ST SEATTLE, WA 98108		501(C)(3)	30,000.				FOOD
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CASH FOR PERSONAL NEEDS	7	2,650.			
2 FOOD	500,000		1,040,252.	COST PER POUND	FOOD
3					
4					
5					
6					
7					

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

PART I, LINE 2:

ALL TRANSACTIONS INVOLVING GRANTS ARE RECORDED IN THE BOOKS AND RECORDS OF  
FOOD LIFELINE. MONTHLY FINANCIAL STATEMENTS AND REPORTS ARE PREPARED AND  
REVIEWED BY MANAGEMENT AND THE GOVERNING BOARD.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FOOD LIFELINE

**Compensation Information**

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

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> 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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <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 on 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 on 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" on line 5a or 5b, describe in Part III.

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

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LINDA NAGEOTTE	(i)	211,132.			8,445.	9,638.	229,215.	
1 PRESIDENT & CEO	(ii)							
VIVIAN DELA ROSA	(i)	154,761.			2,106.	9,606.	166,473.	
2 COO	(ii)							
TIFFANI E KAECH	(i)	142,328.			5,669.	9,571.	157,568.	
3 CPO	(ii)							
GEOFFREY SCOTT	(i)	161,707.			5,514.	9,622.	176,843.	
4 CDO	(ii)							
MEGAN BERGMAN	(i)	146,350.				9,581.	155,931.	
5 CHRO	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

FOOD LIFELINE

Employer identification number

91-1090450

**Part I Bond Issues**

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

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .	7,527,669.			
2 Amount of bonds legally defeased . . . . .				
3 Total proceeds of issue . . . . .	17,650,000.			
4 Gross proceeds in reserve funds . . . . .				
5 Capitalized interest from proceeds . . . . .				
6 Proceeds in refunding escrows . . . . .	17,361,573.			
7 Issuance costs from proceeds . . . . .	160,000.			
8 Credit enhancement from proceeds . . . . .				
9 Working capital expenditures from proceeds . . . . .				
10 Capital expenditures from proceeds . . . . .	128,437.			
11 Other spent proceeds . . . . .				
12 Other unspent proceeds . . . . .				
13 Year of substantial completion . . . . .	2017			
	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		
16 Has the final allocation of proceeds been made? . . . . .	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			

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

Schedule K (Form 990) 2021

<b>Part III Private Business Use</b>		WASHINGTON STATE HOUSING FINANCE COMMISSION							
		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	3.9500 %							
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	NONE %							
<b>6</b>	Total of lines 4 and 5 . . . . .	3.9500 %							
<b>7</b>	Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		X						

<b>Part IV Arbitrage</b>		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .	X							
<b>2</b>	If "No" to line 1, did the following apply?								
<b>a</b>	Rebate not due yet? . . . . .								
<b>b</b>	Exception to rebate? . . . . .								
<b>c</b>	No rebate due? . . . . .								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .	X							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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

Name of the organization

Employer identification number

FOOD LIFELINE

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	40	509,843.	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	57,429,957	102,799,623.	\$1.79 PER POUND
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

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

Schedule M (Form 990) 2021

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

FOOD LIFELINE

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

91-1090450

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

HEALTHY FOOD, BUILDING A MOVEMENT TO END HUNGER, STRENGTHEN THE PUBLIC SAFETY NET, AND IMPROVING CLIENT HOUSEHOLD STABILITY. FOOD LIFELINE SOURCED AND DISTRIBUTED OVER 66 MILLION POUNDS OF FOOD IN 2022, WHICH IS ENOUGH FOOD TO CREATE OVER 55 MILLION MEALS, THE EQUIVALENT OF MORE THAN 213,065 MEALS A DAY TO OUR 350 FOOD PANTRY, MEAL PROGRAM, AND SHELTER PARTNERS THROUGHOUT WESTERN WASHINGTON.

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

BOARD MEMBERS WILL BE EMAILED A DRAFT VERSION OF THE 990. THE FINANCE AND 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 TOP

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

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

Employer identification number

FOOD LIFELINE

91-1090450

MANAGEMENT, USING THE SAME CRITERIA AS ABOVE.

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

OUR ANNUAL AUDIT REPORT IS AVAILABLE TO THE PUBLIC ON OUR WEBSITE OR UPON  
REQUEST.

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

TRANSFER OF NET ASSETS: -8,061,293

Name of the organization

Employer identification number

**FOOD LIFELINE**

**91-1090450**

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FOOD LIFELINE

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

91-1090450

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FOOD LIFELINE FOUNDATION 815 S. 96TH ST SEATTLE, WA 98108 47-5201113	SUPPORT FLL	WA	501(C)(3)	LINE 12C	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FOOD LIFELINE FOUNDATION	R	8,061,293.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													