

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FOOD LIFELINE</b>		<b>D</b> Employer identification number <b>91-1090450</b>
	Doing business as		<b>E</b> Telephone number <b>(206) 545-6600</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>815 S 96TH ST</b>		<b>G</b> Gross receipts \$ <b>155,632,490.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SEATTLE, WA 98108</b>		
<b>F</b> Name and address of principal officer: <b>LINDA NAGEOTTE</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

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

**J** Website: ▶ **WWW.FOODLIFELINE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1991** **M** State of legal domicile: **WA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FOUNDED IN 1979, FOOD LIFELINE'S MISSION IS TO FEED PEOPLE EXPERIENCING HUNGER TODAY WHILE WORKING TO</b>		
	<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>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>116</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>11355</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</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)	<b>146,813,619.</b>	<b>153,114,397.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>935,812.</b>	<b>869,268.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>45,604.</b>	<b>99,993.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>24,047.</b>	<b>-45,947.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>147,819,082.</b>	<b>154,037,711.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>114,614,958.</b>	<b>119,710,176.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>6,892,887.</b>	<b>7,753,974.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,376,983.</b>	<b>40,000.</b>	<b>40,000.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>10,976,898.</b>	<b>15,575,537.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>132,524,743.</b>	<b>143,079,687.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>15,294,339.</b>	<b>10,958,024.</b>	
<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)	<b>56,881,557.</b>	<b>44,381,022.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>24,257,959.</b>	<b>21,257,525.</b>
		<b>32,623,598.</b>	<b>23,123,497.</b>

**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	Date			
	<b>SAMANTHA FRANKLIN, CFO</b> Type or print name and title	<b>COPY</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MATTHEW FRERKER</b>	Preparer's signature <b>MATTHEW FRERKER</b>	Date <b>05/13/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01677675</b>
	Firm's name ▶ <b>BDO USA, LLP</b>	Firm's address ▶ <b>601 UNION ST, STE 2300 SEATTLE, WA 98101-2345</b>	Firm's EIN ▶ <b>13-5381590</b>	Phone no. <b>(206) 382-7777</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO FEED PEOPLE WHO ARE EXPERIENCING HUNGER TODAY AND, AT THE SAME TIME, SOLVE THE ISSUE OF HUNGER FOR TOMORROW. WE COLLECT AND DISTRIBUTE FOOD TO OUR NETWORK OF FOOD PROGRAMS THAT FEED HUNGRY PEOPLE THROUGHOUT WESTERN WASHINGTON. OUR PROGRAMS FIND CREATIVE WAYS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] 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 \$ 138,506,708. including grants of \$ 119,710,176. ) (Revenue \$ 481,636. ) FOOD LIFELINE SOURCED AND DISTRIBUTED OVER 88 MILLION POUNDS OF FOOD IN 2021, WHICH IS ENOUGH FOOD TO CREATE 74 MILLION MEALS, THE EQUIVALENT OF MORE THAN 282,000 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 138,506,708.

**Part IV Checklist of Required Schedules**

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

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 45	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 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 **▶**  
**JOHN HRIBERNICK - (206) 545-6600**  
**815 SOUTH 96TH STREET, SEATTLE, WA 98101**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA NAGEOTTE PRESIDENT & CEO	40.00 1.00			X				200,538.	0.	17,574.
(2) TIFFANI E KAECH CPO	40.00			X				143,248.	0.	14,905.
(3) MEGAN BERGMAN CHRO	40.00			X				145,123.	0.	9,207.
(4) GEOFFREY SCOTT CDO	40.00			X				130,173.	0.	6,984.
(5) MARTINEZ, JOSHUA SHANE DIRECTOR OF AR	40.00					X		111,277.	0.	13,155.
(6) SHIPMAN, AMYTHST SPECIAL PROJECTS	40.00					X		101,803.	0.	13,246.
(7) HRIBERNICK, JOHN DIRECTOR OF FINANCE & ACCOUNTING	40.00					X		101,352.	0.	13,137.
(8) CZYZEWSKI, AARON DIRECTOR OF ADVOCACY	40.00					X		101,882.	0.	10,459.
(9) VIVIAN DELA ROSA COO	40.00			X				100,281.	0.	6,217.
(10) HENRY ALTSCHULER CFO	40.00 1.00			X				74,130.	0.	375.
(11) SAMANTHA FRANKLIN CFO	40.00 1.00			X				0.	0.	0.
(12) CHRIS BLANTON CHAIR	5.00	X		X				0.	0.	0.
(13) AFSANEH RAHIMIAN CHAIR ELECT	2.00	X		X				0.	0.	0.
(14) ROY BREIMAN BOARD MEMBER	5.00	X						0.	0.	0.
(15) JOSH HEDRICK BOARD MEMBER	5.00	X						0.	0.	0.
(16) ANNA LE WEBER BOARD MEMBER	5.00	X						0.	0.	0.
(17) CARA PETERMAN BOARD MEMBER	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AFSANEH RAHIMIAN BOARD MEMBER	5.00	X						0.	0.	0.
(19) LINDSEY SCHWARTZ BOARD MEMBER	5.00	X						0.	0.	0.
(20) LARA UNDERHILL BOARD MEMBER	5.00	X						0.	0.	0.
(21) KYANA WHEELER BOARD MEMBER	5.00	X						0.	0.	0.
(22) ANA WHITFIELD BOARD MEMBER	5.00	X						0.	0.	0.
(23) BENJAMIN HILL BOARD MEMBER	5.00	X						0.	0.	0.
(24) DEREK CHAVES BOARD MEMBER	5.00	X						0.	0.	0.
(25) STUART HOLMES BOARD MEMBER	2.00	X						0.	0.	0.
(26) MARK KAMMERER BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,209,807.	0.	105,259.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,209,807.	0.	105,259.

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 **9**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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>	X	
5 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>		X

**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
ANGELA MEROLA / CONTA CONSULTING 302 N 48TH ST, SEATTLE, WA 98103	CONSULTANT	100,330.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 line)	(C) Position (check all that apply)						(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			
(27) MAZEN YACOUN BOARD MEMBER	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	99,641.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	14,196,377.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	138,818,379.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 112,246,405.				
	<b>h Total.</b> Add lines 1a-1f .....		153,114,397.				
<b>Program Service Revenue</b>	<b>2 a</b> RENTAL INCOME	<b>Business Code</b>					
		900099	823,378.	823,378.			
	<b>b</b> FOOD SALES & DELIVERY	900099	45,890.	45,890.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		869,268.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		93,277.			93,277.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</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>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				1,350,632.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	1,343,916.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	6,716.				
	<b>d</b> Net gain or (loss) .....		6,716.			6,716.	
<b>8 a</b> Gross income from fundraising events (not including \$ 99,641. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		7,956.				
		<b>8b</b>	42,991.				
<b>c</b> Net income or (loss) from fundraising events .....			-35,035.		-35,035.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		196,960.				
		<b>10b</b>	207,872.				
		<b>c</b> Net income or (loss) from sales of inventory .....		-10,912.	-10,912.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			154,037,711.	858,356.	0.	64,958.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	115,408,059.	115,408,059.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	4,302,117.	4,302,117.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	903,271.	605,837.	152,865.	144,569.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,475,101.	3,668,318.	930,767.	876,016.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	95,556.	64,970.	15,230.	15,356.
<b>9</b> Other employee benefits	737,152.	501,199.	117,490.	118,463.
<b>10</b> Payroll taxes	542,894.	369,120.	86,529.	87,245.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	79,500.	9,000.	70,500.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	40,000.			40,000.
<b>f</b> Investment management fees	16,589.		16,589.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,347,342.	776,216.	188,395.	382,731.
<b>12</b> Advertising and promotion	179,995.	457.	11,099.	168,439.
<b>13</b> Office expenses	406,379.	285,600.	73,519.	47,260.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	417,380.	265,554.	146,292.	5,534.
<b>17</b> Travel	6,691.	4,204.	1,683.	804.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	44,480.	27,950.	11,187.	5,343.
<b>20</b> Interest	530,790.	447,854.	40,038.	42,898.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,221,208.	840,401.	183,838.	196,969.
<b>23</b> Insurance	125,085.	105,541.	9,435.	10,109.
<b>24</b> 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.)				
<b>a</b> <b>FOOD PROCURE &amp; DISTRIB</b>	10,420,706.	10,420,706.		
<b>b</b> <b>MISCELLANEOUS</b>	672,165.	296,378.	140,540.	235,247.
<b>c</b> <b>REPAIR AND MAINTENANCE</b>	107,227.	107,227.		
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	143,079,687.	138,506,708.	2,195,996.	2,376,983.
<b>26</b> <b>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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	14,178,080.	<b>1</b>	3,327,413.
	<b>2</b> Savings and temporary cash investments .....	772,721.	<b>2</b>	317,629.
	<b>3</b> Pledges and grants receivable, net .....	7,812,331.	<b>3</b>	1,131,059.
	<b>4</b> Accounts receivable, net .....	134,824.	<b>4</b>	22,069.
	<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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	4,610,014.	<b>8</b>	9,597,190.
	<b>9</b> Prepaid expenses and deferred charges .....	251,561.	<b>9</b>	354,580.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 33,938,470.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,556,598.	<b>10c</b>	26,381,872.
	<b>11</b> Investments - publicly traded securities .....	1,766,209.	<b>11</b>	3,249,210.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	56,881,557.	<b>16</b>	44,381,022.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,191,843.	<b>17</b>	1,762,347.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	12,587,388.	<b>20</b>	11,779,452.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	7,239,629.	<b>23</b>	7,665,932.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,239,099.	<b>25</b>	49,794.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	24,257,959.	<b>26</b>	21,257,525.
<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 .....	32,594,415.	<b>27</b>	23,123,497.
	<b>28</b> Net assets with donor restrictions .....	29,183.	<b>28</b>	0.
	<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 .....	32,623,598.	<b>32</b>	23,123,497.
	<b>33</b> Total liabilities and net assets/fund balances .....	56,881,557.	<b>33</b>	44,381,022.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	154,037,711.
2	Total expenses (must equal Part IX, column (A), line 25)	2	143,079,687.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,958,024.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,623,598.
5	Net unrealized gains (losses) on investments	5	360,875.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-20,819,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,123,497.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	82225639.	97157878.	111800780	146813619	153114397	591112313
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	82225639.	97157878.	111800780	146813619	153114397	591112313
<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) .....						139625758
<b>6 Public support.</b> Subtract line 5 from line 4.						451486555

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	82225639.	97157878.	111800780	146813619	153114397	591112313
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	501,687.	59,569.	85,333.	73,788.	93,277.	813,654.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	24,768.	375.				25,143.
<b>11 Total support.</b> Add lines 7 through 10						591951110
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	8,406,900.
<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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	76.27 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	74.08 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> 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>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> 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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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, LINE 10, EXPLANATION FOR OTHER INCOME:**

**REIMBURSEMENT**

Multiple horizontal lines for providing supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization

**FOOD LIFELINE**

Employer identification number

**91-1090450**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>FOOD LIFELINE</b>	Employer identification number <b>91-1090450</b>
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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	_____ _____ _____	\$ <u>7,507,232.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>4,585,827.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>4,567,046.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>3,373,766.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>5,569,683.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>7,950,488.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>12,515,401.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>8,071,569.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>7,967,984.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>8,455,597.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>FOOD LIFELINE</b>	Employer identification number <b>91-1090450</b>
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**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	4,314,501 POUNDS OF FOOD VALUED AT \$1.74 PER POUND	\$ 7,507,232.	06/30/21
2	2,635,395 POUNDS OF FOOD VALUED AT \$1.74 PER POUND	\$ 4,585,827.	06/30/21
3	2,624,739 POUNDS OF FOOD VALUED AT \$1.74 PER POUND	\$ 4,567,046.	06/30/21
4	1,938,946 POUNDS OF FOOD VALUED AT \$1.74 PER POUND	\$ 3,373,766.	06/30/21
5	3,200,967 POUNDS OF FOOD VALUED AT \$1.74 PER POUND	\$ 5,569,683.	06/30/21
6	4,569,246 POUNDS OF FOOD VALUED AT \$1.74 PER POUND	\$ 7,950,488.	06/30/21

Name of organization <b>FOOD LIFELINE</b>	Employer identification number <b>91-1090450</b>
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**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	7,192,759 POUNDS OF FOOD VALUED AT \$1.74 PER POUND	\$ 12,515,401.	06/30/21
8	4,638,833 POUNDS OF FOOD VALUED AT \$1.74 PER POUND	\$ 8,071,569.	06/30/21
9	4,579,301 POUNDS OF FOOD VALUED AT \$1.74 PER POUND	\$ 7,967,984.	06/30/21
10	4,859,539 POUNDS OF FOOD VALUED AT \$1.74 PER POUND	\$ 8,455,597.	06/30/21
		\$ _____	_____
		\$ _____	_____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 <b>FOOD LIFELINE</b>	Employer identification number <b>91-1090450</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ 0.
- 3 Volunteer hours for political campaign activities ..... 0.

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

**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> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	4,010.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	76,199.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	80,209.													
<b>d</b>	Other exempt purpose expenditures .....	163818478.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	163898687.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<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- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	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)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	57,691.	89,414.	82,153.	80,209.	309,467.
<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	2,015.	4,471.	4,108.	4,010.	14,604.

Schedule C (Form 990 or 990-EZ) 2020

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

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

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

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

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

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

**Part IV Supplemental Information**

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

**PART I-A, LINE 1:**

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

**Part IV Supplemental Information** (continued)

PROGRAM, SUPPORT OF CAPITAL CAMPAIGN REQUESTS IN THE WASHINGTON STATE,  
CITY OF SEATTLE AND KING COUNTY BUDGETS, AND FUNDING IN THE SNOHMISH  
AND CLALLAM COUNTY BUDGET BUDGETS FOR FOOD BANK OPERATIONS

(This area contains multiple horizontal lines for additional information.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, completion of lines 2a-2d, number of easements modified, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020



**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:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,665,164.		4,665,164.
b Buildings				
c Leasehold improvements		24,020,653.	4,033,160.	19,987,493.
d Equipment		3,744,625.	2,477,683.	1,266,942.
e Other		1,508,028.	1,045,755.	462,273.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,381,872.

**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> (Col. (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> (Col. (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.) ▶	49,794.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TRUE SENSE MARKETING - PO BOX 641114, PITTSBURGH, PA 15264	DIRECT MAIL		X	1,397,110.	40,000.	1,357,110.
<b>Total</b>				1,397,110.	40,000.	1,357,110.

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

WA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DRESS DOWN HUNGER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	107,597.		107,597.
	2	Less: Contributions	99,641.		99,641.
	3	Gross income (line 1 minus line 2)	7,956.		7,956.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	7,656.		7,656.
	8	Entertainment			
	9	Other direct expenses	35,335.		35,335.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-35,035.

**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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

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

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

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

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

a The organization's facility .....	<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 ► \_\_\_\_\_

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
PRAISEALUJAH 17800 DES MOINES MEMORIAL DR, STE G BURIEN, WA 98148	01-0964541	501(C)(3)	0.	5,974,781.	COST PER POUND	FOOD	FOOD
THURSTON COUNTY FOOD BANK 220 THURSTON AVE. NE OLYMPIA, WA 98501	23-7297837	501(C)(3)	250,000.	3,207,613.	COST PER POUND	FOOD	FOOD
WEST SEATTLE FOOD BANK 3419 SW MORGAN ST SEATTLE, WA 98126	91-1464412	501(C)(3)	0.	2,594,317.	COST PER POUND	FOOD	FOOD
TUKWILA PANTRY 3118 S 140TH ST TUKWILA, WA 98168	75-2974441	501(C)(3)	389.	2,591,001.	COST PER POUND	FOOD	FOOD
AUBURN FOOD BANK 930 18TH PL NE AUBURN, WA 98002	91-1215485	501(C)(3)	6,417.	2,585,363.	COST PER POUND	FOOD	FOOD
THE FOOD BANK AT ST. MARY'S 611 20TH AVE S SEATTLE, WA 98144	91-1989445	501(C)(3)	0.	2,316,996.	COST PER POUND	FOOD	FOOD

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **326.**

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

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

Schedule I (Form 990) 2020



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE CENTER FOOD BANK 10829 8TH AVE SW SEATTLE, WA 98146	91-1167830	501(C)(3)	0.	2,204,841.	COST PER POUND	FOOD	FOOD
UNIVERSITY DISTRICT FOOD BANK 4731 15TH AVE NE SEATTLE, WA 98105	91-1585652	501(C)(3)	0.	2,041,384.	COST PER POUND	FOOD	FOOD
FEDERAL WAY FOOD BANK - MULTI SERVICE CENTER - 1200 S. 336TH - FEDERAL WAY, WA 98093	23-7120815	501(C)(3)	1,350.	1,973,379.	COST PER POUND	FOOD	FOOD
C/O SKAGIT COUNTY COMMUNITY ACTION AGENCY - 330 PACIFIC PL - MOUNT VERNON, WA 98273	91-1140086	501(C)(3)	0.	1,958,302.	COST PER POUND	FOOD	FOOD
COMMUNITY RESOURCE NETWORK PO BOX 13202 BOTHELL, WA 98082	04-3655932	501(C)(3)	0.	1,950,733.	COST PER POUND	FOOD	FOOD
BLAINE FOOD BANK PO BOX 472 BLAINE, WA 98231	91-1160595	501(C)(3)	0.	1,719,854.	COST PER POUND	FOOD	FOOD
OPERATION SACK LUNCH 77 S WASHINGTON ST SEATTLE, WA 98194	91-1658187	501(C)(3)	149,955.	1,675,611.	COST PER POUND	FOOD	FOOD
ELOISE'S COOKING POT FOOD BANK 4218 STEEL ST SUITE 215 TACOMA, WA 98409	54-2092145	501(C)(3)	0.	1,629,150.	COST PER POUND	FOOD	FOOD
HELPING HANDS FOOD BANK 420 WASHINGTON ST. SEDRO WOOLLEY, WA 98284	91-1203572	501(C)(3)	0.	1,597,995.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKLAND FIRST BAPTIST CHURCH 3318 S 92ND STREET TACOMA, WA 98409	91-0971257	501(C)(3)	0.	1,574,914.	COST PER POUND	FOOD	FOOD
BALLARD FOOD BANK 7005 24TH AVE NW SEATTLE, WA 98117	91-1428805	501(C)(3)	0.	1,515,624.	COST PER POUND	FOOD	FOOD
MARYSVILLE FOOD BANK PO BOX 917 MARYSVILLE, WA 98270	91-1347507	501(C)(3)	0.	1,461,992.	COST PER POUND	FOOD	FOOD
DES MOINES AREA FOOD BANK 22225 9TH SOUTH DES MOINES, WA 98198	91-1183154	501(C)(3)	0.	1,355,888.	COST PER POUND	FOOD	FOOD
HOPELINK WAREHOUSE 11011 120TH AVE NE KIRKLAND, WA 98033	91-0982116	501(C)(3)	0.	1,346,461.	COST PER POUND	FOOD	FOOD
KENT FOOD BANK 515 W HARRISON ST, SUITE 107 KENT, WA 98032	91-0881434	501(C)(3)	950.	1,321,285.	COST PER POUND	FOOD	FOOD
STOREHOUSE FOOD BANK 26201 180TH AVE SE COVINGTON, WA 98042	02-0551015	501(C)(3)	0.	1,288,101.	COST PER POUND	FOOD	FOOD
ADRA P. BERRY MEMORIAL FOOD BANK 210 S HANSFORD ST, SUITE 100 A SEATTLE, WA 98134	91-0982213	501(C)(3)	0.	1,254,303.	COST PER POUND	FOOD	FOOD
THURSDAY'S TABLE 3118 S 140TH ST TUKWILA, WA 98168	75-2974441	501(C)(3)	0.	1,250,331.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICA EVERETT FOOD BANK - 1230 BROADWAY AVE. - EVERETT, WA 98206	91-0577129	501(C)(3)	0.	1,242,638.	COST PER POUND	FOOD	FOOD
ISSAQUAH FOOD AND CLOTHING BANK 179 1ST AVE. SE ISSAQUAH, WA 98027	91-1245499	501(C)(3)	0.	1,232,254.	COST PER POUND	FOOD	FOOD
HOPELINK BELLEVUE PO BOX 3577 REDMOND, WA 98033	91-0982116	501(C)(3)	0.	1,211,828.	COST PER POUND	FOOD	FOOD
HOPELINK KIRKLAND/NORTHSHORE 14812 MAIN ST. BELLEVUE, WA 98007	91-0982116	501(C)(3)	0.	1,185,791.	COST PER POUND	FOOD	FOOD
PORT ANGELES FOOD BANK 402 S VALLEY STR PORT ANGELES, WA 98362	91-1192596	501(C)(3)	0.	1,164,093.	COST PER POUND	FOOD	FOOD
RAINIER VALLEY FOOD BANK 4205 RAINIER AVENUE S SEATTLE, WA 98118	91-1500768	501(C)(3)	11,262.	1,112,687.	COST PER POUND	FOOD	FOOD
LYNNWOOD FOOD BANK 5320 176TH SW LYNNWOOD, WA 98087	84-1642388	501(C)(3)	0.	1,040,496.	COST PER POUND	FOOD	FOOD
SUMNER COMMUNITY FOOD BANK PO BOX 475 SUMNER, WA 98390	91-2061833	501(C)(3)	0.	1,011,079.	COST PER POUND	FOOD	FOOD
C/O BELLINGHAM FOOD BANK 1824 ELLIS ST BELLINGHAM, WA 98225	91-0918619	501(C)(3)	446,000.	983,069.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL GEORGETOWN FOOD BANK - 5950 4TH AVE S - SEATTLE, WA 98108	91-0583891	501(C)(3)	0.	956,876.	COST PER POUND	FOOD	FOOD
NORTH HELPLINE PO BOX 25875, 12736 33RD AVE NE SEATTLE, WA 98125	91-1475182	501(C)(3)	0.	946,423.	COST PER POUND	FOOD	FOOD
CALIFORNIA ASSOCIATION OF FOOD BANKS - 1624 FRANKLIN ST STE 722 - OAKLAND, CA 94612	68-0392816	501(C)(3)	0.	915,762.	COST PER POUND	FOOD	FOOD
SALVATION ARMY RENTON 206 S TOBIN RENTON, WA 98055	94-1156347	501(C)(3)	0.	909,808.	COST PER POUND	FOOD	FOOD
MALTBY FOOD BANK PO BOX 1256 SNOHOMISH, WA 98291	91-1607217	501(C)(3)	0.	888,778.	COST PER POUND	FOOD	FOOD
YELM COMMUNITY SERVICES 624 CRYSTAL SPRINGS ROAD YELM, WA 98597	23-7226534	501(C)(3)	0.	810,504.	COST PER POUND	FOOD	FOOD
HIGHLINE AREA FOOD BANK 18300 4TH AVE SOUTH SEATTLE, WA 98166	91-0982116	501(C)(3)	1,765.	806,878.	COST PER POUND	FOOD	FOOD
SKAGIT VALLEY NEIGHBORS IN NEED 1615 SOUTH 2ND ST MT VERONON, WA 98273	91-0951646	501(C)(3)	0.	805,730.	COST PER POUND	FOOD	FOOD
C/O LOWER COLUMBIA CAC - HELP WAREHOUSE - 1526 COMMERCE AVE. - LONGVIEW, WA 98632	91-0814141	501(C)(3)	0.	804,494.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARLINGTON COMMUNITY FOOD BANK 19118 63RD AVE NE ARLINGTON, WA 98223	91-1445025	501(C)(3)	0.	803,229.	COST PER POUND	FOOD	FOOD
C/O OLYMPIC COMMUNITY ACTION PROGRAM - 803 WEST PARK - PORT TOWNSEND, WA 98368	91-0814319	501(C)(3)	0.	786,675.	COST PER POUND	FOOD	FOOD
EDMONDS FOOD BANK 828 CASPERS STREET EDMONDS, WA 98020	91-0652053	501(C)(3)	0.	785,043.	COST PER POUND	FOOD	FOOD
PIKE MARKET FOOD BANK 85 PIKE ST SUITE 200 SEATTLE, WA 98101	91-1034838	501(C)(3)	0.	771,283.	COST PER POUND	FOOD	FOOD
SNOQUALMIE VALLEY FOOD BANK 122 E. 3RD ST. NORTH BEND, WA 98045	46-4388454	501(C)(3)	1,019.	771,062.	COST PER POUND	FOOD	FOOD
STANWOOD CAMANO FOOD BANK PO BOX 1285 STANWOOD, WA 98292	91-1155426	501(C)(3)	0.	724,800.	COST PER POUND	FOOD	FOOD
SALVATION ARMY TACOMA FOOD BANK 1501 6TH AVENUE TACOMA, WA 98405	94-1156347	501(C)(3)	0.	719,020.	COST PER POUND	FOOD	FOOD
CEDARWOOD INTERNATIONAL FOOD BANK 11700 MUKILTEO SPDWY STE 201-1177 MUKILTEO, WA 98043	94-2902936	501(C)(3)	0.	717,259.	COST PER POUND	FOOD	FOOD
CENTRAL KITSAP FOOD BANK 3790 ANDERSON HILL ROAD SILVERDALE, WA 98383	91-1425561	501(C)(3)	0.	708,761.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACRS FOOD BANK 919 S. KING ST. SEATTLE, WA 98144	91-0916176	501(C)(3)	0.	696,305.	COST PER POUND	FOOD	FOOD
PUYALLUP FOOD BANK PO BOX 202 PUYALLUP, WA 98371	23-7259739	501(C)(3)	0.	691,464.	COST PER POUND	FOOD	FOOD
ST VINCENT DE PAUL LONGVIEW FOOD BANK - PO BOX 2957 - LONGVIEW, WA 92526	13-5562362	501(C)(3)	0.	674,769.	COST PER POUND	FOOD	FOOD
SOUTH KITSAP HELPLINE 1351 BAY STREET PORT ORCHARD, WA 98366	91-1117868	501(C)(3)	0.	674,325.	COST PER POUND	FOOD	FOOD
SNOHOMISH COMMUNITY FOOD BANK PO BOX 1364 SNOHOMISH, WA 98291	91-1334772	501(C)(3)	0.	643,645.	COST PER POUND	FOOD	FOOD
GATHER CHURCH 408 W MAIN ST CENTRALIA, WA 98531	27-3731709	501(C)(3)	0.	637,875.	COST PER POUND	FOOD	FOOD
BYRD BARR PLACE 722 18TH AVE SEATTLE, WA 98122	91-0786727	501(C)(3)	0.	607,150.	COST PER POUND	FOOD	FOOD
LAKE STEVENS COMMUNITY FOOD BANK P.O. BOX 1031 LAKE STEVENS, WA 98258	91-1215080	501(C)(3)	0.	585,388.	COST PER POUND	FOOD	FOOD
SALVATION ARMY EVERETT PO BOX 1184 EVERETT, WA 98206	94-1156347	501(C)(3)	0.	577,151.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C/O HOQUIAM COASTAL HARVEST PROGRAM - 117 EAST 3RD STREET - ABERDEEN, WA 98520	94-3252669	501(C)(3)	0.	564,324.	COST PER POUND	FOOD	FOOD
FEDERAL WAY SENIOR CENTER 4016 S 352ND ST AUBURN, WA 98001	91-0936089	501(C)(3)	0.	558,154.	COST PER POUND	FOOD	FOOD
FERNDALE FOOD BANK PO BOX 1593 FERNDALE, WA 98248	91-1166240	501(C)(3)	0.	548,185.	COST PER POUND	FOOD	FOOD
ST LEO FOOD CONNECTION 1323 S YAKIMA AVE TACOMA, WA 98405	91-0622353	501(C)(3)	0.	532,407.	COST PER POUND	FOOD	FOOD
HOPELINK REDMOND 31957 E COMMERCIAL ST CARNATION, WA 98014	91-0982116	501(C)(3)	0.	524,029.	COST PER POUND	FOOD	FOOD
PORT TOWNSEND FOOD BANK 2137 KINGSLEY PL PORT TOWNSEND, WA 98368	91-1377493	501(C)(3)	0.	512,418.	COST PER POUND	FOOD	FOOD
GRAHAM SOUTH HILL NOURISH FOOD BANK - 10425 187TH ST E - PUYALLUP, WA 98374	91-1198391	501(C)(3)	0.	510,010.	COST PER POUND	FOOD	FOOD
HOPELINK SHORELINE 15809 WESTMINISTER WAY N SHORELINE, WA 98133	91-0982116	501(C)(3)	0.	506,959.	COST PER POUND	FOOD	FOOD
KEY PENINSULA COMMUNITY SERVICES FB/SENIOR CENTER - PO BOX 395 - LAKEBAY, WA 98349	91-1188981	501(C)(3)	0.	506,199.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY BELLINGHAM 2919 NW AVE BELLINGHAM, WA 98227	94-1156347	501(C)(3)	0.	502,884.	COST PER POUND	FOOD	FOOD
PUGET SOUND LABOR AGENCY 2800 1ST AVE, #115 SEATTLE, WA 98121	91-0927902	501(C)(3)	252.	497,764.	COST PER POUND	FOOD	FOOD
MAPLE VALLEY FOOD BANK PO BOX 322 MAPLE VALLEY, WA 98038	91-6057006	501(C)(3)	1,490.	487,739.	COST PER POUND	FOOD	FOOD
SALT OF THE EARTH FOOD BANK 210 AVENUE B SNOHOMISH, WA 98290	91-1680147	501(C)(3)	0.	485,825.	COST PER POUND	FOOD	FOOD
CATHOLIC COMMUNITY SERVICES - NATIVITY HOUSE - 702 S 14TH ST - TACOMA, WA 98405	53-0196617	501(C)(3)	0.	459,289.	COST PER POUND	FOOD	FOOD
VASHON MAURY COMMUNITY FOOD BANK 10030 210 ST SW VASHON, WA 98070	94-3165664	501(C)(3)	0.	455,758.	COST PER POUND	FOOD	FOOD
BELLINGHAM FOOD BANK (ALTERNATIVES TO HUNGER) - 1824 ELLIS ST. - BELLINGHAM, WA 98225	91-0918619	501(C)(3)	0.	439,594.	COST PER POUND	FOOD	FOOD
LEWIS COUNTY FOOD BANK COALITION 1709 SEMINARY HILL CENTRALIA, WA 98531	91-1391826	501(C)(3)	0.	439,574.	COST PER POUND	FOOD	FOOD
UNION GOSPEL MISSION OLYMPIA PO BOX 7668 OLYMPIA, WA 98507	91-1680748	501(C)(3)	0.	432,602.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD OF LIFE MISSION 97 S MAIN ST SEATTLE, WA 98104	91-6057907	501(C)(3)	0.	424,955.	COST PER POUND	FOOD	FOOD
FAMILYWORKS 1501 N. 45TH ST. SEATTLE, WA 98103	91-1757277	501(C)(3)	0.	417,363.	COST PER POUND	FOOD	FOOD
GIG HARBOR FISH FOOD BANK P. O. BOX 154 GIG HARBOR, WA 98335	91-1307991	501(C)(3)	0.	413,323.	COST PER POUND	FOOD	FOOD
SE TACOMA NOURISH FOOD BANK 1704 E 85TH ST TACOMA, WA 98445	91-1198391	501(C)(3)	0.	405,650.	COST PER POUND	FOOD	FOOD
SKY VALLEY FOOD BANK 784 VILLAGE WAY MONROE, WA 98272	91-1186822	501(C)(3)	0.	402,015.	COST PER POUND	FOOD	FOOD
FAITH CENTER FOOD BANK 1209 MINOR RD KELSO, WA 98626	91-0916177	501(C)(3)	0.	388,521.	COST PER POUND	FOOD	FOOD
LOWER COLUMBIA CAP-HELP WAREHOUSE 1526 COMMERCE AVE. LONGVIEW, WA 98632	91-0814141	501(C)(3)	298,000.	381,514.	COST PER POUND	FOOD	FOOD
ALGONA PACIFIC FOOD PANTRY (NEW HOPE LUTHERAN) - 603 3RD AVE SE - PACIFIC, WA 98047	91-1498750	501(C)(3)	0.	380,380.	COST PER POUND	FOOD	FOOD
PROVIDENCE REGINA HOUSE FOOD BANK 8201 10TH AVE S #6 SEATTLE, WA 98108	91-1996732	501(C)(3)	0.	379,750.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

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

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COMPASS CENTER 77 S WASHINGTON ST SEATTLE, WA 98104	91-0578229	501(C)(3)	0.	378,581.	COST PER POUND	FOOD	FOOD
VASHON MAURY COMMUNITY FB - SUMMER MEALS - PO BOX 1205 - VASHON, WA 98070	94-3165664	501(C)(3)	0.	373,406.	COST PER POUND	FOOD	FOOD
SALVATION ARMY WHITE CENTER FOOD BANK - 9050 16TH AVE SW - SEATTLE, WA 98146	94-1156347	501(C)(3)	0.	368,106.	COST PER POUND	FOOD	FOOD
EL CENTRO DE LA RAZA FOOD BANK 2524 16TH AVE S SEATTLE, WA 98144	91-0899927	501(C)(3)	0.	365,612.	COST PER POUND	FOOD	FOOD
SEQUIM FOOD BANK PO BOX 1453 SEQUIM, WA 98382	91-1215709	501(C)(3)	0.	362,753.	COST PER POUND	FOOD	FOOD
MILL CREEK COMMUNITY FOOD BANK 1419 TRILLIUM BLVD SE, #9 MILL CREEK, WA 98012	91-0577129	501(C)(3)	0.	352,425.	COST PER POUND	FOOD	FOOD
ENUMCLAW FOOD BANK 1350 COLE ST ENUMCLAW, WA 98022	91-1503603	501(C)(3)	655.	350,942.	COST PER POUND	FOOD	FOOD
THE SAINTS' PANTRY FOOD BANK P.O. BOX 1064 SHELTON, WA 98584	27-0386653	501(C)(3)	0.	349,392.	COST PER POUND	FOOD	FOOD
CONCERN FOR NEIGHBORS FOOD BANK 4700 228TH ST. SW MOUNTLAKE TERRACE, WA 98043	91-2027084	501(C)(3)	0.	348,299.	COST PER POUND	FOOD	FOOD

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BUCKLEY KIWANIS FOOD BANK 127 N RIVER RD BUCKLEY, WA 98321	91-1761645	501(C)(3)	0.	340,111.	COST PER POUND	FOOD	FOOD
IMMANUEL COMMUNITY SERVICES FOOD BANK - 1215 THOMAS ST - SEATTLE, WA 98109	26-0881300	501(C)(3)	1,888.	322,589.	COST PER POUND	FOOD	FOOD
MILLIONAIRE CLUB 2515 WESTERN AVE SEATTLE, WA 98121	91-0607513	501(C)(3)	0.	320,202.	COST PER POUND	FOOD	FOOD
TRI-PARISH FOOD BANK 935 PETERSON RD BURLINGTON, WA 98223	91-0778147	501(C)(3)	152,700.	316,753.	COST PER POUND	FOOD	FOOD
EDGEWOOD COMMUNITY NOURISH FOOD BANK - 3505 122ND AVE E - EDGEWOOD, WA 98372	91-1198391	501(C)(3)	0.	300,615.	COST PER POUND	FOOD	FOOD
NOURISH FOOD BANKS OF PIERCE COUNTY - 1702 S 72ND ST SUITE E - TACOMA, WA 98408	91-1198391	501(C)(3)	0.	293,449.	COST PER POUND	FOOD	FOOD
COMMUNITY FOOD PANTRY 140 NE ST RTE 300 BELFAIR, WA 98528	45-5576783	501(C)(3)	0.	292,565.	COST PER POUND	FOOD	FOOD
LAKE SAMMAMISH FOURSQUARE CHURCH 14434 NE 8TH ST, UNIT 2002 BELLEVUE, WA 98007	95-1684062	501(C)(3)	0.	282,472.	COST PER POUND	FOOD	FOOD
YWCA CENTRAL AREA FOOD BANK 2820 E CHERRY SEATTLE, WA 98122	91-0482890	501(C)(3)	0.	266,852.	COST PER POUND	FOOD	FOOD

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

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SALVATION ARMY CAPITOL HILL PO BOX 20128, 1101 PIKE STREET SEATTLE, WA 98102	94-1156347	501(C)(3)	0.	256,460.	COST PER POUND	FOOD	FOOD
TRI AREA FOOD PANTRY PO BOX 124 PORT HADLOCK, WA 98339	91-1377493	501(C)(3)	0.	254,987.	COST PER POUND	FOOD	FOOD
RESTORE AND REPAIR OUTREACH 12629 RENTON AVE S SUITE F SEATTLE, WA 98178	11-3840738	501(C)(3)	0.	250,579.	COST PER POUND	FOOD	FOOD
HOPELINK SNO-VALLEY 16225 NE 87TH ST. REDMOND, WA 98073	91-0982116	501(C)(3)	0.	248,742.	COST PER POUND	FOOD	FOOD
SACRED HEART FOOD PANTRY PO BOX 3805, 812 BOWKER ST SE LACEY, WA 98509	91-0908997	501(C)(3)	0.	248,627.	COST PER POUND	FOOD	FOOD
EATONVILLE FAMILY AGENCY PO BOX 1764 EATONVILLE, WA 98328	91-1059530	501(C)(3)	0.	247,103.	COST PER POUND	FOOD	FOOD
NORTH WHIDBEY HELP HOUSE 1091 SE HATHAWAY ST OAK HARBOR, WA 98277	91-1003975	501(C)(3)	0.	246,422.	COST PER POUND	FOOD	FOOD
TACS FOOD BANK P.O. BOX 11291 TACOMA, WA 98411	72-1547205	501(C)(3)	0.	245,620.	COST PER POUND	FOOD	FOOD
LIFELONG FOOD BANK 1002 E SENECA SEATTLE, WA 98122	91-1215715	501(C)(3)	119,959.	242,746.	COST PER POUND	FOOD	FOOD

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ST VINCENT DE PAUL BREMERTON 1137 N CALLOW BREMERTON, WA 98312	91-0635027	501(C)(3)	0.	239,419.	COST PER POUND	FOOD	FOOD
ANNIE'S COMMUNITY KITCHEN (EDMONDS LUTHERAN) - 23525 84TH AVE. W. - EDMONDS, WA 98026	20-2007731	501(C)(3)	0.	226,969.	COST PER POUND	FOOD	FOOD
PACIFIC ISLANDER COMMUNITY ASSOCIATION WA (KING) - 643 S 150TH ST - BURIEN, WA 98148	84-2470123	501(C)(3)	0.	221,281.	COST PER POUND	FOOD	FOOD
NORTH KITSAP FISHLINE P.O. BOX 250 KINGSTON, WA 98346	91-1244431	501(C)(3)	0.	220,601.	COST PER POUND	FOOD	FOOD
LAKES AREA NOURISH FOOD BANK 6900 STEILACOOM BLVD SW LAKEWOOD, WA 98499	91-1198391	501(C)(3)	0.	219,197.	COST PER POUND	FOOD	FOOD
COMMUNITY CARE MINISTRIES/HARVEST HOUSE FOOD PANTR - P. O. BOX 434 - KAPOWSIN, WA 98344	75-3158092	501(C)(3)	0.	219,120.	COST PER POUND	FOOD	FOOD
WOODLAND ACTION 736 DAVIDSON WOODLAND, WA 98674	91-2105285	501(C)(3)	0.	214,815.	COST PER POUND	FOOD	FOOD
FAITHHOUSE MINISTRIES 911 ALDER ST HOQUIAM, WA 98550	20-3348807	501(C)(3)	0.	209,802.	COST PER POUND	FOOD	FOOD
ST ANDREW EMMANUEL FOOD PANTRY 1401 VALLEY AVE E SUMNER, WA 98390	53-0196617	501(C)(3)	0.	203,834.	COST PER POUND	FOOD	FOOD

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RENEWAL FOOD BANK 15022 BEL-RED ROAD BELLEVUE, WA 98006	46-1502418	501(C)(3)	0.	203,670.	COST PER POUND	FOOD	FOOD
ORTING FOOD BANK PO BOX 1877 ORTING, WA 98360	20-8562623	501(C)(3)	0.	200,805.	COST PER POUND	FOOD	FOOD
BREMERTON FOODLINE P.O. BOX 824 BREMERTON, WA 98337	91-1111086	501(C)(3)	0.	197,711.	COST PER POUND	FOOD	FOOD
COMMUNITY LUNCH ON CAPITOL HILL 1710 11TH AVE SEATTLE, WA 98122	05-0566668	501(C)(3)	0.	192,628.	COST PER POUND	FOOD	FOOD
SOUND GENERATIONS 2208 2ND AVE SEATTLE, WA 98121	91-0823767	501(C)(3)	0.	191,788.	COST PER POUND	FOOD	FOOD
NORTH HELPLINE BITTER LAKE 13000 LINDEN AVE N SHORELINE, WA 98133	91-1475182	501(C)(3)	0.	184,609.	COST PER POUND	FOOD	FOOD
VOLUNTEERS OF AMERICA SULTAN FOOD BANK - PO BOX 268 - SULTAN, WA 98294	91-0577129	501(C)(3)	0.	183,986.	COST PER POUND	FOOD	FOOD
FIFE MILTON FOOD BANK 2303 54TH AVE E FIFE, WA 98424	91-0784431	501(C)(3)	0.	177,870.	COST PER POUND	FOOD	FOOD
GRANITE FALLS FOOD BANK PO BOX 1947, 402 S GRANITE AVE GRANITE FALLS, WA 98252	93-0710454	501(C)(3)	0.	177,778.	COST PER POUND	FOOD	FOOD

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NORTH MASON FOOD BANK 22471 HWY 3 BELFAIR, WA 98528	94-3197896	501(C)(3)	0.	173,657.	COST PER POUND	FOOD	FOOD
NORTHWEST LIFE CENTER PO BOX 849 ELMA, WA 98541	20-5965077	501(C)(3)	0.	166,135.	COST PER POUND	FOOD	FOOD
C/O VOLUNTEERS OF AMERICA EVERETT PO BOX 839, 1230 BROADWAY AVE EVERETT, WA 98206	91-0577129	501(C)(3)	350,000.	164,279.	COST PER POUND	FOOD	FOOD
QUEEN ANNE FOOD PROGRAM AT SACRED HEART FB - 232 WARREN AVE N - SEATTLE, WA 98109	53-0196617	501(C)(3)	0.	157,359.	COST PER POUND	FOOD	FOOD
FOOTHILLS FOOD BANK 5568 MT. BAKER HWY DEMING, WA 98244	91-1347974	501(C)(3)	0.	157,357.	COST PER POUND	FOOD	FOOD
MARY'S PLACE 1830 9TH AVE SEATTLE, WA 98111	27-2087950	501(C)(3)	0.	152,741.	COST PER POUND	FOOD	FOOD
BRINNON FOOD BANK PO BOX 10 BRINNON, WA 98320	91-1377493	501(C)(3)	0.	149,289.	COST PER POUND	FOOD	FOOD
HAMILTON COMMUNITY FOOD BANK PO BOX 75 HAMILTON, WA 98255	91-1351355	501(C)(3)	0.	148,669.	COST PER POUND	FOOD	FOOD
BREAD OF LIFE FOOD BANK MINISTRIES OF LAKE CITY - 8810 LAWDALE AVENUE SW - LAKEWOOD, WA 98498	91-0684801	501(C)(3)	0.	147,785.	COST PER POUND	FOOD	FOOD

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CATHEDRAL KITCHEN 804 9TH AVE SEATTLE, WA 98104	91-0567738	501(C)(3)	0.	146,214.	COST PER POUND	FOOD	FOOD
THE GIVING ROOM 10510 STONE AVE N SEATTLE, WA 98133	26-3059629	501(C)(3)	0.	145,459.	COST PER POUND	FOOD	FOOD
LIFELONG MEAL PROGRAM 1002 E SENECA SEATTLE, WA 98122	91-1215715	501(C)(3)	0.	144,072.	COST PER POUND	FOOD	FOOD
SHARENET FOOD BANK 26061 UNITED RD. NE, STE. A KINGSTON, WA 98346	91-1229210	501(C)(3)	0.	142,861.	COST PER POUND	FOOD	FOOD
BLESSED SACRAMENT FOOD BANK 5050 8TH AVE NE SEATTLE, WA 98105	91-0570857	501(C)(3)	0.	139,202.	COST PER POUND	FOOD	FOOD
SECOND HARVEST OF SILICON VALLEY 4001 N 1ST ST SAN JOSE, CA 95134	94-2614101	501(C)(3)	0.	138,241.	COST PER POUND	FOOD	FOOD
EDMONDS WESTGATE FOOD BANK 22901 EDMONDS WAY EDMONDS, WA 98020	91-0774622	501(C)(3)	0.	121,931.	COST PER POUND	FOOD	FOOD
SALVATION ARMY CENTRALIA PO BOX 488, 303 GOLD ST CENTRALIA, WA 98531	94-1156347	501(C)(3)	0.	121,882.	COST PER POUND	FOOD	FOOD
VICTORY OUTREACH SEATTLE 2035 NW 58TH ST SEATTLE, WA 98107	95-0583891	501(C)(3)	0.	121,636.	COST PER POUND	FOOD	FOOD

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PARADISE OF PRAISE FOOD BANK 1316 SW HOLDEN ST SEATTLE, WA 98106	30-0116000	501(C)(3)	0.	119,054.	COST PER POUND	FOOD	FOOD
WEST AFRICAN COMMUNITY COUNCIL WEST AFRICAN COMMUNITY COUNCIL SEATTLE, WA 98118	46-2838797	501(C)(3)	0.	118,778.	COST PER POUND	FOOD	FOOD
THE PRISON SCHOLAR FUND 1752 NW MARKET STREET, #953 SEATTLE, WA 98107	41-2175677	501(C)(3)	0.	118,515.	COST PER POUND	FOOD	FOOD
ELOISE'S COOKING POT MOBILE FOOD PANTRY - PO BOX 94545 - SEATTLE, WA 98124	54-2092145	501(C)(3)	0.	118,313.	COST PER POUND	FOOD	FOOD
SEATTLE INDIAN CENTER MEAL PROGRAM 611 12TH AVE S, SUITE 300 SEATTLE, WA 98144	91-0877683	501(C)(3)	0.	115,915.	COST PER POUND	FOOD	FOOD
PROJECT HOPE FOOD BANK 205 SOUTH BC AVE. LYNDEN, WA 98264	91-0858511	501(C)(3)	0.	113,784.	COST PER POUND	FOOD	FOOD
FARESTART 700 VIRGINIA ST SEATTLE, WA 98101	91-1546757	501(C)(3)	0.	112,989.	COST PER POUND	FOOD	FOOD
QUILCENE FOOD BANK 294952 HIGHWAY 101 QUILCENE, WA 98376	91-1377493	501(C)(3)	0.	112,830.	COST PER POUND	FOOD	FOOD
HELPLINE HOUSE FOOD BANK 282 KNECHTEL WAY NE BAINBRIDGE ISLAND, WA 98110	91-0902503	501(C)(3)	0.	108,576.	COST PER POUND	FOOD	FOOD

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ORCAS ISLAND FOOD BANK PO BOX 424 EASTSOUND, WA 98245	91-1255700	501(C)(3)	0.	105,762.	COST PER POUND	FOOD	FOOD
C/O EMERGENCY FOOD NETWORK 3318 92ND ST LAKEWOOD, WA 98499	94-3131776	501(C)(3)	0.	105,239.	COST PER POUND	FOOD	FOOD
FAITH LUTHERAN CHURCH MEAL PROGRAM 6708 CADY RD EVERETT, WA 98203	36-3513679	501(C)(3)	0.	104,597.	COST PER POUND	FOOD	FOOD
SALVATION ARMY BREMERTON P. O. BOX 886 BREMERTON, WA 98337	94-1156347	501(C)(3)	0.	101,000.	COST PER POUND	FOOD	FOOD
LUMMI FOOD BANK 2616 KWIN RD. BELLINGHAM, WA 98226	91-1836621	501(C)(3)	42,250.	98,254.	COST PER POUND	FOOD	FOOD
MFP MERCY HOUSING NW - LINCOLN WAY 2721 LINCOLN WAY LYNNWOOD, WA 98087	91-1546525	501(C)(3)	0.	97,040.	COST PER POUND	FOOD	FOOD
HUNGER INTERVENTION PROGRAM 3841 NE 123RD ST SEATTLE, WA 98125	26-3716527	501(C)(3)	0.	96,991.	COST PER POUND	FOOD	FOOD
HOQUIAM FOOD & CLOTHING BANK PO BOX 472, 720 K ST HOQUIAM, WA 98550	94-3249593	501(C)(3)	0.	96,133.	COST PER POUND	FOOD	FOOD
FOOD BANK OF ALASKA 2121 SPAR RD ANCHORAGE, AK 99501	92-0073175	501(C)(3)	0.	95,700.	COST PER POUND	FOOD	FOOD

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SEATTLE INDIAN CENTER FOOD BANK 611 12TH AVE S, SUITE 300 SEATTLE, WA 98144	91-0877683	501(C)(3)	0.	95,547.	COST PER POUND	FOOD	FOOD
BREAD OF LIFE BONNEY LAKE FOOD BANK - PO BOX 7521, 1809 OLD BUCKLY HWY - SUMNER, WA 98390	27-0270499	501(C)(3)	0.	94,807.	COST PER POUND	FOOD	FOOD
AMERICAN POLYNESIAN ORGANIZATION 1236 S DONOVAN ST SEATTLE, WA 98108	45-3827860	501(C)(3)	0.	94,358.	COST PER POUND	FOOD	FOOD
MFP GOOD SHEPHERD YOUTH OUTREACH 30815 8TH AVE S FEDERAL WAY, WA 98003	26-3713948	501(C)(3)	0.	94,247.	COST PER POUND	FOOD	FOOD
HOOD CANAL FOOD BANK P. O. BOX 995 HOODSPORT, WA 98548	91-1449048	501(C)(3)	0.	93,666.	COST PER POUND	FOOD	FOOD
NW TACOMA NOURISH FOOD BANK 2710 N MADISON ST TACOMA, WA 98407	91-1198391	501(C)(3)	0.	91,865.	COST PER POUND	FOOD	FOOD
CONCRETE FOOD BANK 112 MAIN ST CONCRETE, WA 98237	91-1643893	501(C)(3)	0.	91,186.	COST PER POUND	FOOD	FOOD
ST MARTIN DE PORRES SHELTER 1561 ALASKAN WAY S SEATTLE, WA 98134	91-1585652	501(C)(3)	63.	88,608.	COST PER POUND	FOOD	FOOD
PACIFIC NORTHWEST ADULT AND TEEN CHALLENGE - 18611 148TH AVE SE - RENTON, WA 98058	93-0844063	501(C)(3)	0.	83,129.	COST PER POUND	FOOD	FOOD

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COMMUNITY COVENANT CHURCH PO BOX 188 CLEAR LAKE, WA 98235	36-2167730	501(C)(3)	0.	81,307.	COST PER POUND	FOOD	FOOD
SALVATION ARMY ADULT REHAB CENTER 1020 4TH AVE S SEATTLE, WA 98134	13-3847940	501(C)(3)	0.	80,231.	COST PER POUND	FOOD	FOOD
LUTHERAN COMMUNITY SERVICES NW 4040 S. 188TH ST #300, SEATAC WA 98 SEATAC, WA 98188	93-0386860	501(C)(3)	0.	78,069.	COST PER POUND	FOOD	FOOD
FEEDING THE NORTHWEST 1234 E. FRONT AVE SPOKANE, WA 99202	45-1913897	501(C)(3)	0.	76,449.	COST PER POUND	FOOD	FOOD
YELM PRAIRIE CHRISTIAN CENTER MEAL PROGRAM - PO BOX 578, 501 NE 103RD AVE - YELM, WA 98597	47-0577787	501(C)(3)	0.	76,169.	COST PER POUND	FOOD	FOOD
SOUTH PARK SENIOR CITIZENS 8201 10TH AVE S, SUITE 4 SEATTLE, WA 98108	91-1317638	501(C)(3)	0.	75,532.	COST PER POUND	FOOD	FOOD
SALVATION ARMY PORT ANGELES 206 S. PEABODY PORT ANGELES, WA 98362	94-1156347	501(C)(3)	0.	72,930.	COST PER POUND	FOOD	FOOD
ST. DUNSTAN'S EPISCOPAL CHURCH 722 N 145TH ST SHORELINE, WA 98133	31-1629166	501(C)(3)	0.	72,864.	COST PER POUND	FOOD	FOOD
ALAMEDA COUNTY COMMUNITY FOOD BANK 7900 EDGEWATER DR OAKLAND, CA 94612	94-2960297	501(C)(3)	0.	72,558.	COST PER POUND	FOOD	FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOOD DEPOT 1222 SILER RD. A SANTA FE, NM 87507	85-0416803	501(C)(3)	0.	72,471.	COST PER POUND	FOOD	FOOD
REDWOOD EMPIRE FOOD BANK 3320 INDUSTRIAL DR SANTA ROSA, CA 95403	68-0121855	501(C)(3)	0.	71,340.	COST PER POUND	FOOD	FOOD
MFP CENTER FOR MULTICULTURAL HEALTH - 801 25TH AVE - SEATTLE, WA 98122	91-0983698	501(C)(3)	0.	70,775.	COST PER POUND	FOOD	FOOD
CAP OF ORANGE COUNTY FOOD BANK 11870 MONARCH STREET GARDEN GROVE, CA 92841	95-2452787	501(C)(3)	0.	69,600.	COST PER POUND	FOOD	FOOD
CENTRAL CALIFORNIA FOOD BANK 4010 E AMENDOLA DR. FRESNO, CA 93725	77-0320851	501(C)(3)	0.	69,600.	COST PER POUND	FOOD	FOOD
COMMUNITY HOUSE MEAL PROGRAM 431 BOYLSTON AVE E SEATTLE, WA 98102	91-0963226	501(C)(3)	0.	68,782.	COST PER POUND	FOOD	FOOD
SALVATION ARMY KELSO/LONGVIEW P.O. BOX 1218 LONGVIEW, WA 98632	94-1156347	501(C)(3)	0.	68,758.	COST PER POUND	FOOD	FOOD
YWCA ANGELINE'S MEAL PROGRAM 2024 3RD AVE SEATTLE, WA 98121	91-0482890	501(C)(3)	0.	68,587.	COST PER POUND	FOOD	FOOD
MUKILTEO FOOD BANK 822 3RD STREET MUKILTEO, WA 98275	91-1999844	501(C)(3)	0.	62,953.	COST PER POUND	FOOD	FOOD

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

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GREATER CHEHALIS FOOD BANK PO BOX 1311, 1914 S MARKET BLVD CHEHALIS, WA 98532	51-0180724	501(C)(3)	0.	62,593.	COST PER POUND	FOOD	FOOD
CARE FOOD PANTRY PO BOX 1073 OLALLA, WA 98359	44-0612817	501(C)(3)	0.	60,439.	COST PER POUND	FOOD	FOOD
MERCING HOUSING NORTHWEST - APPIAN WAY APARTMENTS - 25818 26TH PL S - KENT, WA 98032	91-1546525	501(C)(3)	0.	59,818.	COST PER POUND	FOOD	FOOD
ORTING VALLEY SENIOR CENTER FOOD BANK - PO BOX 104 - ORTING, WA 98360	94-3101716	501(C)(3)	0.	59,110.	COST PER POUND	FOOD	FOOD
NOOKSACK VALLEY FOOD BANK PO BOX 384 EVERSON, WA 98247	91-1339292	501(C)(3)	0.	59,042.	COST PER POUND	FOOD	FOOD
GOOD CHEER FOOD BANK AND THRIFT STORES - P. O. BOX 144 - LANGLEY, WA 98260	23-7047914	501(C)(3)	0.	57,942.	COST PER POUND	FOOD	FOOD
OLYMPIA FIRST BAPTIST CHURCH P.O.BOX 533 OLYMPIA, WA 98501	91-0584053	501(C)(3)	0.	57,582.	COST PER POUND	FOOD	FOOD
JEWISH FAMILY SERVICE 1601 16TH AVE SEATTLE, WA 98122	91-0565537	501(C)(3)	0.	55,962.	COST PER POUND	FOOD	FOOD
ST. VINCENT DE PAUL AT ST. CATHERINE'S - 1680 E STATE ROUTE 4 - CATHLAMET, WA 98612	41-2218247	501(C)(3)	0.	55,877.	COST PER POUND	FOOD	FOOD

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SALVATION ARMY WILLIAM BOOTH CENTER - 811 MAYNARD AVE S - SEATTLE, WA 98134	94-1156347	501(C)(3)	0.	55,743.	COST PER POUND	FOOD	FOOD
CHIEF SEATTLE CLUB MEAL PROGRAM 410 2ND AVE EXT S SEATTLE, WA 98104	91-0852503	501(C)(3)	0.	55,739.	COST PER POUND	FOOD	FOOD
CULTIVATE SOUTH PARK 1251 S CLOVERDALE ST UNIT B SEATTLE, WA 98108	84-4251891	501(C)(3)	0.	54,867.	COST PER POUND	FOOD	FOOD
WINLOCK FOOD BANK PO BOX 304 WINLOCK, WA 98596	46-4465558	501(C)(3)	0.	52,463.	COST PER POUND	FOOD	FOOD
MATLOCK COMMUNITY CHURCH FOOD BANK 216 W MATLOCK BRADY RD MATLOCK, WA 98560	91-1229585	501(C)(3)	0.	52,188.	COST PER POUND	FOOD	FOOD
TOLEDO FOOD BANK PO BOX 311 ETHEL, WA 98542	91-1391826	501(C)(3)	0.	51,927.	COST PER POUND	FOOD	FOOD
ST LEO FOOD CONNECTION CHILDREN'S FEEDING PROGRAM - 1323 S YAKIMA AVE - TACOMA, WA 98405	91-0622353	501(C)(3)	0.	47,942.	COST PER POUND	FOOD	FOOD
ST MARTIN'S ON WESTLAKE 2008 WESTLAKE AVENUE SEATTLE, WA 98121	91-1099134	501(C)(3)	0.	46,938.	COST PER POUND	FOOD	FOOD
PARKWAY COMMUNITY SERVICES 7808 207TH ST COURT E SPANAWAY, WA 98387	82-1318383	501(C)(3)	0.	44,770.	COST PER POUND	FOOD	FOOD

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YOUTHCARE ORION CENTER 1828 YALE AVE SEATTLE, WA 98101	91-0917079	501(C)(3)	0.	44,196.	COST PER POUND	FOOD	FOOD
HIS PANTRY FOOD BANK AT CAMANO CHAPEL - 867 SW CAMANO DR - CAMANO ISLAND, WA 98292	91-0970973	501(C)(3)	0.	42,980.	COST PER POUND	FOOD	FOOD
LA CONNER SUNRISE FOOD BANK 602 S 3RD ST LA CONNER, WA 98257	80-0866528	501(C)(3)	0.	42,388.	COST PER POUND	FOOD	FOOD
SALVATION ARMY GRAYS HARBOR PO BOX 1437, 120 W WISHKAH ST ABERDEEN, WA 98520	94-1156347	501(C)(3)	0.	41,687.	COST PER POUND	FOOD	FOOD
LEGACY COMMUNITY OUTREACH FOOD BANK - 227 S ADAMS - SOUTH BEND, WA 98586	41-1568278	501(C)(3)	0.	40,958.	COST PER POUND	FOOD	FOOD
HALLOWED GROUNDS CAFE PO BOX 1400, 9982 SILVERDALE WAY NW SILVERDALE, WA 98383	80-0184689	501(C)(3)	0.	39,940.	COST PER POUND	FOOD	FOOD
SALVATION ARMY ANACORTES 3001 R AVE STE 100 ANACORTES, WA 98221	94-1156347	501(C)(3)	0.	39,110.	COST PER POUND	FOOD	FOOD
ROOTS 1415 NE 43RD AVE SEATTLE, WA 98105	92-2110379	501(C)(3)	0.	38,866.	COST PER POUND	FOOD	FOOD
COMMUNITY ACTION OF SKAGIT COUNTY MEAL PROGRAM - 330 PACIFIC PL - MOUNT VERNON, WA 98273	91-1140086	501(C)(3)	0.	38,706.	COST PER POUND	FOOD	FOOD

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OLYCAP SENIOR NUTRITION PROGRAM 803 W PARK AVE PORT TOWNSEND, WA 98368	91-0814319	501(C)(3)	0.	38,381.	COST PER POUND	FOOD	FOOD
ROOF COMMUNITY SERVICES PO BOX 312 ROCHESTER, WA 98579	77-0620956	501(C)(3)	0.	38,191.	COST PER POUND	FOOD	FOOD
WHITE PASS FOOD BANK 116 KINDLE RD RANDLE, WA 98377	91-6054280	501(C)(3)	0.	37,610.	COST PER POUND	FOOD	FOOD
SALVATION ARMY TACOMA LODGE 1501 6TH AVE TACOMA, WA 98405	94-1156347	501(C)(3)	0.	37,441.	COST PER POUND	FOOD	FOOD
UNITED FRIENDS GROUP HOMES - CROWN HILL - PO BOX 17017 - SEATTLE, WA 98127	23-7396644	501(C)(3)	0.	37,090.	COST PER POUND	FOOD	FOOD
NEIGHBOR TO NEIGHBOR 1541 RIVERVIEW DR NE AUBURN, WA 98002	52-0643036	501(C)(3)	0.	36,949.	COST PER POUND	FOOD	FOOD
KEY PENINSULA BISCHOFF FOOD BANK 1916 KEY PENINSULA HWY N, LAKEBAY 9 VAUGHN, WA 98394	46-5405179	501(C)(3)	0.	36,463.	COST PER POUND	FOOD	FOOD
MINERAL FOOD BANK 127 MINERAL RD N MINERAL, WA 98355	44-0577787	501(C)(3)	0.	36,215.	COST PER POUND	FOOD	FOOD
FOR ALL 801 26 AVENUE EAST SEATTLE, WA 98112	91-1898574	501(C)(3)	0.	35,794.	COST PER POUND	FOOD	FOOD

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CENTRAL AREA SENIOR CENTER 500 30TH AVENUE SOUTH SEATTLE, WA 98144	91-0823767	501(C)(3)	0.	35,602.	COST PER POUND	FOOD	FOOD
TILLICUM COMMUNITY SERVICE FOOD BANK - 14916 WASHINGTON AVE SW - TACOMA, WA 98498	91-1300366	501(C)(3)	0.	34,816.	COST PER POUND	FOOD	FOOD
FISH - COWLITZ COUNTY PO BOX 135 LONGVIEW, WA 98632	23-7452250	501(C)(3)	0.	33,977.	COST PER POUND	FOOD	FOOD
OPERATION NIGHTWATCH 302 14TH AVE S SEATTLE, WA 98111	91-0964027	501(C)(3)	0.	33,667.	COST PER POUND	FOOD	FOOD
BLESSED SACRAMENT MEAL PROGRAM 5050 8TH AVE NE SEATTLE, WA 98105	91-0570857	501(C)(3)	0.	33,405.	COST PER POUND	FOOD	FOOD
FAMILIES UNLIMITED NETWORK P.O. BOX 65672 UNIVERSITY PLACE, WA 98466	20-0435496	501(C)(3)	0.	33,065.	COST PER POUND	FOOD	FOOD
HUB CITY MISSION 132 KIRKLAND RD CHEHALIS, WA 98532	91-0978022	501(C)(3)	0.	31,816.	COST PER POUND	FOOD	FOOD
ELIZABETH GREGORY HOME PO BOX 45130 SEATTLE, WA 98145	91-2139335	501(C)(3)	0.	31,792.	COST PER POUND	FOOD	FOOD
ALOHA INN 1911 AURORA AVE N SEATTLE, WA 98111	91-1099134	501(C)(3)	0.	31,297.	COST PER POUND	FOOD	FOOD

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TULALIP CHURCH OF GOD FOOD BANK 1330 MARINE DR NE TULALIP, WA 98271	26-0078444	501(C)(3)	0.	31,130.	COST PER POUND	FOOD	FOOD
MEALS AT ST LUKE'S 5710 22ND AVE NW SEATTLE, WA 98107	91-0673080	501(C)(3)	0.	30,833.	COST PER POUND	FOOD	FOOD
PHINNEY RIDGE FOOD BANK 7500 GREENWOOD AVE N SEATTLE, WA 98103	91-0581656	501(C)(3)	0.	30,255.	COST PER POUND	FOOD	FOOD
RECOVERY CAFE 2022 BOREN AVENUE SEATTLE, WA 98121	91-2158547	501(C)(3)	0.	29,836.	COST PER POUND	FOOD	FOOD
COMMUNITY HOUSE - SPRING MANOR 1103 16TH AVE SEATTLE, WA 98122	91-0963226	501(C)(3)	0.	29,627.	COST PER POUND	FOOD	FOOD
OCEAN SHORES FOOD BANK PO BOX1419 OCEAN SHORES, WA 98569	46-3480003	501(C)(3)	0.	28,120.	COST PER POUND	FOOD	FOOD
COMMUNITY HOUSE - FIRWOOD 10751 2ND AVE NW SEATTLE, WA 98177	91-0963226	501(C)(3)	0.	28,113.	COST PER POUND	FOOD	FOOD
SALVATION ARMY PUYALLUP VALLEY PO BOX 73298 PUYALLUP, WA 98373	94-1156347	501(C)(3)	0.	28,064.	COST PER POUND	FOOD	FOOD
TENINO COMMUNITY SERVICE CENTER/FOOD BANK PLUS - PO BOX 1239, 224 SUSSEX AV E - TENINO, WA 98589	91-2144590	501(C)(3)	0.	27,421.	COST PER POUND	FOOD	FOOD

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QUEEN ANNE FOOD PROGRAM AT SACRED HEART MP - 232 WARREN AVE N - SEATTLE, WA 98109	53-0196617	501(C)(3)	0.	27,408.	COST PER POUND	FOOD	FOOD
SERENITY HOUSE 2321 W 18TH ST PORT ANGELES, WA 98362	91-1180069	501(C)(3)	0.	26,552.	COST PER POUND	FOOD	FOOD
COMMUNITY ACTION OF SKAGIT COUNTY PO BOX 1507 MT VERONON, WA 98273	91-1140086	501(C)(3)	234,000.	26,229.	COST PER POUND	FOOD	FOOD
NATIONS SOCIAL SERVICES PO BOX 45518, 111 112TH ST SE, STE TACOMA, WA 98448	94-3367886	501(C)(3)	0.	26,204.	COST PER POUND	FOOD	FOOD
SENIOR SERVICES OF SOUTH SOUND - OLYMPIA - 222 COLUMBIA ST - OLYMPIA, WA 98501	91-0907573	501(C)(3)	0.	25,851.	COST PER POUND	FOOD	FOOD
PNA ST. JOHN'S 6532 PHINNEY AVE N SEATTLE, WA 98103	91-1112780	501(C)(3)	0.	24,785.	COST PER POUND	FOOD	FOOD
KALAMA HELPING HANDS 191 CLOVERDALE RD KALAMA, WA 98625	91-1343233	501(C)(3)	0.	24,579.	COST PER POUND	FOOD	FOOD
DES MOINES AREA FOOD BANK - SUMMER MEALS - 22225 9TH SOUTH - DES MOINES, WA 98198	91-1183154	501(C)(3)	0.	23,777.	COST PER POUND	FOOD	FOOD
LEWIS COUNTY GOSPEL MISSION PO BOX 631, 72 SW CHEHALIS AVE CHEHALIS, WA 98532	91-2035646	501(C)(3)	0.	22,726.	COST PER POUND	FOOD	FOOD

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ICNA RELIEF (HALAL FOOD PANTRY) 10610 SE KENT KANGLEY RD #203 KENT, WA 98030	04-3810161	501(C)(3)	0.	22,594.	COST PER POUND	FOOD	FOOD
GIFTS FROM THE HEART FOOD BANK 203 N MAIN ST COUPEVILLE, WA 98239	02-0549032	501(C)(3)	0.	20,610.	COST PER POUND	FOOD	FOOD
COPALIS COMMUNITY CHURCH FOOD BANK 3137 HWY 109 COPALIS BEACH, WA 98535	91-0823403	501(C)(3)	0.	20,024.	COST PER POUND	FOOD	FOOD
MFP MERCY HOUSING NW - EMERALD CITY COMMONS - 7700 RAINIER AVE S - SEATTLE, WA 98118	91-1546525	501(C)(3)	0.	19,967.	COST PER POUND	FOOD	FOOD
FRIENDS OF THE CHILDREN SEATTLE 4436 RAINIER AVE S SUITE C SEATTLE, WA 98118	91-2047030	501(C)(3)	0.	19,509.	COST PER POUND	FOOD	FOOD
ACRS MEAL PROGRAM 3639 MLK JR. WAY S SEATTLE, WA 98144	91-0916176	501(C)(3)	0.	19,406.	COST PER POUND	FOOD	FOOD
JOHN VOLKEN ACADEMY 921 CENTRAL AVE N KENT, WA 98032	91-2061674	501(C)(3)	0.	18,865.	COST PER POUND	FOOD	FOOD
PACIFIC ISLANDER COMMUNITY ASSOCIATION (SNOHOMISH) - 643 S 150TH ST - BURIEN, WA 98148	84-2470123	501(C)(3)	0.	18,531.	COST PER POUND	FOOD	FOOD
DESC DROP-IN CENTER 216 JAMES ST SEATTLE, WA 98104	91-1275815	501(C)(3)	0.	17,745.	COST PER POUND	FOOD	FOOD

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CHILDHAVEN 316 BROADWAY SEATTLE, WA 98121	91-0402430	501(C)(3)	0.	17,052.	COST PER POUND	FOOD	FOOD
ADVENTIST COMMUNITY SERVICES OF GRAYS HARBOR - 3101 CHERRY ST - HOQUIAM, WA 98550	45-4208191	501(C)(3)	0.	17,017.	COST PER POUND	FOOD	FOOD
MFP MERCY HOUSING NW - WOODLAKE MANOR - 1018 13TH ST - SNOHOMISH, WA 98290	91-1546525	501(C)(3)	0.	16,817.	COST PER POUND	FOOD	FOOD
MFP MERCY HOUSING NW - COLUMBIA CITY STATION APTS - 4484 MARTIN LUTHER KING JR WAY S - SEATTLE, WA 98108	91-1546525	501(C)(3)	0.	15,310.	COST PER POUND	FOOD	FOOD
NOEL HOUSE 2301 2ND AVE SEATTLE, WA 98121	91-1585652	501(C)(3)	0.	15,155.	COST PER POUND	FOOD	FOOD
MALONE FOOD BANK PO BOX 983 MALONE, WA 98559	44-0577787	501(C)(3)	0.	14,901.	COST PER POUND	FOOD	FOOD
MFP MERCY HOUSING NW - OTHELLO PLAZA - 6940 MARTIN LUTHER KING JR WAY S - SEATTLE, WA 98118	91-1546525	501(C)(3)	0.	14,381.	COST PER POUND	FOOD	FOOD
PIKE MARKET SENIOR CENTER 85 PIKE ST SUITE 200 SEATTLE, WA 98101	91-1034838	501(C)(3)	0.	13,990.	COST PER POUND	FOOD	FOOD
SACRED HEART SHELTER 232 WARREN AVE N SEATTLE, WA 98109	53-0196617	501(C)(3)	0.	13,901.	COST PER POUND	FOOD	FOOD

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IMMANUEL COMMUNITY SERVICES MEAL PROGRAM - 1215 THOMAS ST - SEATTLE, WA 98109	26-0881300	501(C)(3)	0.	13,041.	COST PER POUND	FOOD	FOOD
POINT ROBERTS FOOD BANK 323 EVERGREEN WAY POINT ROBERTS, WA 98281	36-3513679	501(C)(3)	0.	12,683.	COST PER POUND	FOOD	FOOD
GRIFFIN HOME FOR BOYS 2500 LAKE WASHINGTON BLVD RENTON, WA 98056	91-0672501	501(C)(3)	0.	11,402.	COST PER POUND	FOOD	FOOD
CALVARY SUPPER OF FEDERAL WAY 2441 SW 316TH ST FEDERAL WAY, WA 98023	94-3105476	501(C)(3)	0.	11,099.	COST PER POUND	FOOD	FOOD
AUBURN COMMUNITY SUPPER 930 18TH PL NE AUBURN, WA 98071	91-1215485	501(C)(3)	0.	10,590.	COST PER POUND	FOOD	FOOD
MFP MERCY HOUSING NW - LAKE VILLAGE EAST - 416 97TH DR NE - LAKE STEVENS, WA 98258	91-1546525	501(C)(3)	0.	10,125.	COST PER POUND	FOOD	FOOD
HUNGRY SOUL CAFE - TRINITY COMMUNITY CHURCH - 3807 REITH ROAD - KENT, WA 98032	23-7424506	501(C)(3)	0.	9,815.	COST PER POUND	FOOD	FOOD
FORKS FOOD BANK PO BOX 270 FORKS, WA 98331	91-1102628	501(C)(3)	0.	9,088.	COST PER POUND	FOOD	FOOD
C/O CLARK COUNTY FOOD BANK 6502 NE 47TH AVE VANCOUVER, WA 98661	94-1156347	501(C)(3)	0.	8,978.	COST PER POUND	FOOD	FOOD

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LOWER ELWHA KLALLAM TRIBE FOOD BANK - 3080 LOWER ELWHA RD - PORT ANGELES, WA 98363	91-0838085	501(C)(3)	0.	8,893.	COST PER POUND	FOOD	FOOD
MONDAY NIGHT COMMUNITY SUPPER 30105 2ND PL SW FEDERAL WAY, WA 98023	94-3105476	501(C)(3)	0.	8,418.	COST PER POUND	FOOD	FOOD
ANACORTES 100 FOOD BANK 512 4TH ST ANACORTES, WA 98221	94-3142388	501(C)(3)	0.	7,726.	COST PER POUND	FOOD	FOOD
RAINIER VISTA BOYS & GIRLS CLUB 603 STEWART ST #300 SEATTLE, WA 98101	91-0532600	501(C)(3)	0.	7,654.	COST PER POUND	FOOD	FOOD
NORTH MASON CCC 111 NE OLD BELFAIR HIGHWAY BELFAIR, WA 98528	20-5496121	501(C)(3)	0.	7,578.	COST PER POUND	FOOD	FOOD
DAWN P. O. BOX 88007 TUKWILA, WA 98138	91-1176122	501(C)(3)	0.	7,296.	COST PER POUND	FOOD	FOOD
SACRED HEART PASTORS PANTRY PO BOX 880 MORTON, WA 98356	94-2712386	501(C)(3)	0.	7,291.	COST PER POUND	FOOD	FOOD
ACT - A COMMON THREAD 2914 21ST AVE CT SE EDGEWOOD, WA 98372	85-1799580	501(C)(3)	0.	6,776.	COST PER POUND	FOOD	FOOD
JAMESTOWN S'KLALLAM TRIBE FOOD BANK - 1033 OLD BLYN HWY - SEQUIM, WA 98382	91-1215709	501(C)(3)	0.	6,589.	COST PER POUND	FOOD	FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSE OF LIMA 120 BELL STREET SEATTLE, WA 98121	91-1585652	501(C)(3)	0.	6,575.	COST PER POUND	FOOD	FOOD
ALLIANCE/COMMUNITY SUPPORT COMMITTEE - 1528 VALENTINE PL - SEATTLE, WA 98144	91-1703201	501(C)(3)	0.	6,090.	COST PER POUND	FOOD	FOOD
PROVIDE HOPE 16891 146TH AVE SE, STE 145 MONROE, WA 98272	20-8462171	501(C)(3)	0.	5,960.	COST PER POUND	FOOD	FOOD
CATHOLIC COMMUNITY SERVICES PO BOX 1104, 808 5TH AVE SE OLYMPIA, WA 98501	53-0196617	501(C)(3)	0.	5,528.	COST PER POUND	FOOD	FOOD
EL CENTRO DE LA RAZA MEAL PROGRAM 2524 16TH AVE S SEATTLE, WA 98144	91-0899927	501(C)(3)	0.	4,830.	COST PER POUND	FOOD	FOOD
ST. MARK'S EPISCOPAL CATHEDRAL 1245 10TH AVE E SEATTLE, WA 98102	31-1629166	501(C)(3)	0.	4,775.	COST PER POUND	FOOD	FOOD
TEEN FEED 4740 B UNIVERSITY WAY NE SEATTLE, WA 98105	94-3034862	501(C)(3)	0.	4,446.	COST PER POUND	FOOD	FOOD
VISITATION FOOD BANK 3314 S 59TH STREET TACOMA, WA 98409	53-0196617	501(C)(3)	0.	4,046.	COST PER POUND	FOOD	FOOD
MAKAH FOOD BANK 90 RESORT DR NEAH BAY, WA 98357	91-1215709	501(C)(3)	0.	3,804.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	20-4541819	501(C)(3)	0.	3,097.	COST PER POUND	FOOD	FOOD
CAPITAL CLUBHOUSE RECOVERY CENTER 1000 CHERRY ST SE OLYMPIA, WA 98501	91-1465297	501(C)(3)	0.	3,024.	COST PER POUND	FOOD	FOOD
FALL CITY COMMUNITY FOOD PANTRY 4326 337TH PLACE SE FALL CITY, WA 98024	45-5189885	501(C)(3)	0.	2,991.	COST PER POUND	FOOD	FOOD
DAMASCUS HOMES COMMUNITY CENTER 22608 MARINE VIEW DRIVE S DES MOINES, WA 98198	82-1002487	501(C)(3)	0.	2,906.	COST PER POUND	FOOD	FOOD
FAMILYWORKS GREENWOOD 1501 N 45TH ST SEATTLE, WA 98103	91-1757277	501(C)(3)	0.	2,828.	COST PER POUND	FOOD	FOOD
UNION CHURCH SEATTLE 415 WESTLAKE AVE N SEATTLE, WA 98109	82-2866517	501(C)(3)	0.	2,775.	COST PER POUND	FOOD	FOOD
BAY CENTER FOOD BANK 231 BAY CENTER RD BAY CENTER, WA 98586	46-1095437	501(C)(3)	0.	2,058.	COST PER POUND	FOOD	FOOD
GOOD SHEPHERD COMMUNITY SUPPER 345 S 312TH ST FEDERAL WAY, WA 98003	94-3105476	501(C)(3)	0.	1,867.	COST PER POUND	FOOD	FOOD
COMMUNITY HOUSE FOOD BANK 2212 S JACKSON ST SEATTLE, WA 98144	91-0963226	501(C)(3)	0.	1,168.	COST PER POUND	FOOD	FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERALD CITY CHURCH 801 25TH AVE SEATTLE, WA 98122	91-1100752	501(C)(3)	0.	1,047.	COST PER POUND	FOOD	FOOD
GREEN LANTERN LUNCH PROGRAM PO BOX 443, 23 COLE ST COPALIS, WA 98535	81-2990918	501(C)(3)	0.	1,025.	COST PER POUND	FOOD	FOOD
NW LIFE FOUNDATION 13120 SE 192ND ST RENTON, WA 98058	46-2265261	501(C)(3)	0.	974.	COST PER POUND	FOOD	FOOD
SQUAXIN ISLAND TRIBE FOOD BANK 90 SE KLAH-CHE-MIN DRIVE SHELTON, WA 98584	91-0922254	501(C)(3)	0.	915.	COST PER POUND	FOOD	FOOD
SHORELINE SENIOR CENTER 107 CHERRY STREET SEATTLE, WA 98104	91-1870393	501(C)(3)	0.	914.	COST PER POUND	FOOD	FOOD
SOJOURNER PLACE 5071 8TH AVE NE SEATTLE, WA 98105	91-1289932	501(C)(3)	0.	780.	COST PER POUND	FOOD	FOOD
UNITED FRIENDS GROUP HOMES - BEVERLY PARK - PO BOX 17017 - SEATTLE, WA 98127	23-7396644	501(C)(3)	0.	379.	COST PER POUND	FOOD	FOOD
GOOD SHEPHERD YOUTH OUTREACH 720 SOUTH 333RD ST. #100 FEDERAL WAY, WA 98003	26-3713948	501(C)(3)	0.	223.	COST PER POUND	FOOD	FOOD
SEA MAR CHC 1040 S HENDERSON ST SEATTLE, WA 98108	91-1020139	501(C)(3)	10,000.	0.			FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWINOMISH TRIBAL FOOD BANK 17337 RESERVATION RD LA CONNER, WA 98257	91-0434170	501(C)(3)	12,000.	0.			FOOD
NOOKSACK TRIBAL FOOD BANK 5061 DEMING RD BLDG B DEMING, WA 98244	91-1339292	501(C)(3)	7,000.	0.			FOOD
MERCY HOUSING NW 6930 MARTING LUTHER KING JR WAY S SEAATLE, WA 98118	91-1546525	501(C)(3)	47,836.	0.			FOOD
CATHOLIC HOUSING SERVICES 100 23RD AVENUE S SEATTLE, WA 98144	91-1099134	501(C)(3)	20,500.	0.			FOOD
EPISCOPAL CHURCH HOLY CROSS 11526 162ND AVE NE REDMOND, WA 98052	91-1554454	501(C)(3)	20,946.	0.			FOOD

**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 noncash assistance
GROCERY GIFT CARDS	24580	24,580.	0.		
FOOD	698000	0.	4,277,537.	COST PER POUND	FOOD

**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)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FOOD LIFELINE**

Employer identification number

**91-1090450**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2020

**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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA NAGEOTTE PRESIDENT & CEO	(i)	198,538.	2,000.	0.	8,300.	9,274.	218,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIFFANI E KAECH CPO	(i)	141,248.	2,000.	0.	5,705.	9,200.	158,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MEGAN BERGMAN CHRO	(i)	143,123.	2,000.	0.	0.	9,207.	154,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**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.**

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

Part I	Bond Issues	SEE PART VI FOR COLUMN (F) CONTINUATIONS											
		(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
	<b>A</b>	WASHINGTON STATE HOUSING FINANCE COMMISSION	91-1874730	NONE	08/03/17	17650000.	FOR THE PURCHASE PRICE OF ALL OR A		X		X		X
	<b>B</b>												
	<b>C</b>												
	<b>D</b>												

Part II	Proceeds									
		A		B		C		D		
	<b>1</b>	Amount of bonds retired	5,870,548.							
	<b>2</b>	Amount of bonds legally defeased								
	<b>3</b>	Total proceeds of issue	17,650,000.							
	<b>4</b>	Gross proceeds in reserve funds								
	<b>5</b>	Capitalized interest from proceeds								
	<b>6</b>	Proceeds in refunding escrows	17,361,573.							
	<b>7</b>	Issuance costs from proceeds	160,000.							
	<b>8</b>	Credit enhancement from proceeds								
	<b>9</b>	Working capital expenditures from proceeds								
	<b>10</b>	Capital expenditures from proceeds	128,437.							
	<b>11</b>	Other spent proceeds								
	<b>12</b>	Other unspent proceeds								
	<b>13</b>	Year of substantial completion	2017							
			Yes	No	Yes	No	Yes	No	Yes	No
	<b>14</b>	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							
	<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
	<b>16</b>	Has the final allocation of proceeds been made?	X							
	<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2020

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<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 .....		3.95 %		%		%		%
<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 .....		.00 %		%		%		%
<b>6</b> Total of lines 4 and 5 .....		3.95 %		%		%		%
<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 non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X						

**Part IV Arbitrage**

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

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		X						

**Part V Procedures To Undertake Corrective Action**

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

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

**SCHEDULE K, PART I, BOND ISSUES:**

**(A) ISSUER NAME: WASHINGTON STATE HOUSING FINANCE COMMISSION**

**(F) DESCRIPTION OF PURPOSE:**

**FOR THE PURCHASE PRICE OF ALL OR A PORTION OF LAND AND TWO BUILDINGS.**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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 **FOOD LIFELINE** Employer identification number **91-1090450**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	48	442,982.	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	64254667	111,803,121.	\$1.74 PER POUND
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( SUPPLIES )	X	1	302.	FMV
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

FOOD LIFELINE

Employer identification number

91-1090450

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

END HUNGER TOMORROW. FOOD LIFELINE IS COMMITTED TO INCREASING ACCESS TO  
HEALTHY FOOD, BUILDING A MOVEMENT TO END HUNGER, STRENGTHEN THE PUBLIC  
SAFETY NET, AND IMPROVING CLIENT HOUSEHOLD STABILITY. FOOD LIFELINE  
SOURCED AND DISTRIBUTED OVER 88 MILLION POUNDS OF FOOD IN 2021, WHICH  
IS ENOUGH FOOD TO CREATE 74 MILLION MEALS, THE EQUIVALENT OF MORE THAN  
282,000 MEALS A DAY TO OUR 350 FOOD PANTRY, MEAL PROGRAM, AND SHELTER  
PARTNERS THROUGHOUT WESTERN WASHINGTON.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

(CONTINUED FROM PAGE 2) TO FEED MORE FAMILIES. OUR POLICY WORK DEFENDS  
THE COMMUNITY'S SAFETY NET AND REDUCES BARRIERS TO PEOPLE GETTING THE  
HEALTHY, NUTRITIOUS FOOD THEY NEED.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

CONTINUING OUR COVID-19 PANDEMIC EMERGENCY RESPONSE THAT BEGAN IN MARCH  
OF 2020, FOOD LIFELINE, IN PARTNERSHIP WITH WASHNGINGTON DEPARTMENT OF  
AGRICULTURE AND VARIOUS COMMUNITY ORGANIZATIONS, UNDERTOOK PROGRAMS TO  
IDENTIFY THOSE COMMUNITIES MOST SEVERELY IMPACTED BY THE PANDEMIC, AND  
FOOD INSECURITY GENERALLY, THE PROGRAMS FOCUSED ON PROVIDING THOSE  
COMMUNITIES NUTRITIOUS AND CULTURALLY APPROPRIATE FOOD ASSISTANCE.

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

BOARD MEMBERS WILL BE EMAILED A DRAFT VERSION OF THE 990. THE AUDIT  
COMMITTEE OF THE BOARD WILL REVIEW THE 990 IN DETAIL WITH THE CFO PRIOR THE  
THE GENERAL BOARD DISTRIBUTION.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization <b>FOOD LIFELINE</b>	Employer identification number <b>91-1090450</b>
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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 IS 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 IS IN CHARGE OF DETERMINING COMPENSATION FOR ALL OTHER TOP MANAGEMENT, USING THE SAME CRITERIA AS ABOVE.

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

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

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

TRANSFER OF NET ASSETS	-20,819,000.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2020**

Open to Public Inspection

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS



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

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

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

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

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

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

**1** 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?

	Yes	No
<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) <b>FOOD LIFELINE FOUNDATION</b>	R	20,819,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

FOOD LIFELINE FOUNDATION

**PRIMARY ACTIVITY: TO SUPPORT AND BENEFIT, FINANCIALLY AND/OR  
OPERATIONALLY, FOOD LIFELINE**