Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal	year beginning	, 2023, and ending

olding ______, 20______**21212**

EIN or SSN

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

U

c ir

o e fii

p p Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY

Name and title of officer or person subject to tax M

Y 94-3131776 MICHELLE DOUGLAS

CEO

Part I	Type of	Return	and I	Return	Informa	tion
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Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

	ver is applicable, blank (do not one line in Part I.	enter -0-). E	But, if you entered -0- on the return, then enter -0- on the applicable line below.	•
1a	Form 990 check here	X b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	_{1ь} 3 <u>3,371,881</u>
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b
За	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and S	ignatur	e Authorization of Officer or Person Subject to Tax	
nder	penalties of perjury, I declare that	at 🛚 XIIa	ım an officer of the above entity or 🔲 I am a person subject to tax with resp	ect to (name
f entit	y)		, (EIN) and that I have	examined a copy of the
omple terme cknow f any ntry to nancia ter the ayme	ete. I further declare that the amediate service provider, transmit viedgement of receipt or reason refund. If applicable, I authorize the financial institution account institution to debit the entry to an 2 business days prior to the entry of the transcript of the confidential institution to depit the entry to an 2 business days prior to the entry of taxes to receive confidential.	ount in Pa ter, or elect for rejection the U.S. To it indicated this acco payment (sal informat	ules and statements, and, to the best of my knowledge and belief, they are true it I above is the amount shown on the copy of the electronic return. I consent is tronic return originator (ERO) to send the return to the IRS and to receive from on of the transmission, (b) the reason for any delay in processing the return or reasury and its designated Financial Agent to initiate an electronic funds without in the tax preparation software for payment of the federal taxes owed on this unt. To revoke a payment, I must contact the U.S. Treasury Financial Agent at settlement) date. I also authorize the financial institutions involved in the procession necessary to answer inquiries and resolve issues related to the payment. I cure for the electronic return and, if applicable, the consent to electronic funds	to allow my the IRS (a) an refund, and (c) the dat rawal (direct debit) return, and the 1-888-353-4537 no ssing of the electronic have selected a

to enter my PIN

12345

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will entangue that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will entangue that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will entangue that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will entangue that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will entangue that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will entangue that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will entangue that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I will entangue that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program is a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program is a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program is a copy of the return is being filed with a state agency (ies) required that a copy of the return is a copy of the return is being filed with a state agency (ies) required that a copy of the return is being filed with a state agency (ies) required that a copy of the return is a copy o

Signature of officer or person subject to tax

Part III Certification

Certification and Authentication

91410941890

number (EFIN) followed by your five-digit self-selected PIN.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for

Business Returns. ERO's signature

Craig Catlin

Date

10/23/2024

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



1501 Regents Blvd., Suite 100 Fircrest, WA 98466 Phone (253) 566.7070 Fax (253) 566.7100 jspcpa.com

EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY 3318 92ND ST S LAKEWOOD, WA 98499

EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2023 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

CRAIG P. CATLIN

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY 3318 92ND ST S LAKEWOOD, WA 98499

PREPARED BY:

JOHNSON STONE & PAGANO, P.S. 1501 REGENTS BLVD., SUITE 100 FIRCREST, WA 98466

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024.

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal y	ear beginning	, 2023, and ending

2023, and ending , 20

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EMERGENCY FOOD NETWORK OF TACOMA

AND PIERCE COUNTY

94-3131776

EIN or SSN

Name and title of officer or person subject to tax MIC

MICHELLE DOUGLAS

CEO

Part I	Type of Retur	n and Return	Information
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Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

nan or	e line in Part I.			
1a	Form 990 check here	X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1ь3 <u>3,371,881.</u>
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Si	gnatu	re Authorization of Officer or Person Subject to Tax	
Jnder p	penalties of perjury, I declare that	t X I	am an officer of the above entity or I am a person subject to tax with a	espect to (name
of entity	<i>(</i>)		, (EIN) and that I h	ave examined a copy of the
			dules and statements, and, to the best of my knowledge and belief, they are	

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN:	check	one	box	only
------	-------	-----	-----	------

X I authorize	JOHNSON _	STONE	&	PAGANO,	P.S.

to enter my PIN

12345
Enter five numbers, but

Enter five numbers, b do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

ERO firm name

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91410941890

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Form **8868** (Rev. January 2024)

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Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) EMERGENCY FOOD NETWORK OF TACOMA **Print** 94-3131776 AND PIERCE COUNTY File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour C/O JSP - 1501 REGENTS BLVD, STE 100 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. FIRCREST, WA 98466 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of **EMERGENCY FOOD NETWORK** 3318 92ND STREET SOUTH - LAKEWOOD, WA 98499 Telephone No. 253-584-1040 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning _____ , 20 ____ , and ending __ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning and ending	<u> </u>		
B c	heck if	C Name of organization	D Em	ployer identific	cation number
а	pplicable	EMERGENCY FOOD NETWORK OF TACOMA			
	Addres	AND PIERCE COUNTY			
	Name change		9	4-31317	76
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Tele	ephone number	 r
	Final return/	3318 92ND ST S		53-584-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gros	s receipts \$	33,505,885.
	Ameno return	LAKEWOOD, WA 98499	H(a) Is	this a group re	
	Application pendin	F Name and address of principal officer: MICHELLE DOGLAS		r subordinates	
		3318 92ND STREET SOUTH, LAKEWOOD, WA 9849	H(b) Ar	e all subordinates in	cluded? Yes No
<u> </u>	ax-exe		527 If	"No," attach a	list. See instructions
	Vebsit			roup exemptio	
			Year of format	ion: 1990 n	M State of legal domicile: WA
Pa		Summary			
Φ		Briefly describe the organization's mission or most significant activities: PROVIDIN			
Governance	;	A CONSISTENT NUTRITIOUS FOOD SUPPLY SO THAT 1	NO PERS	ON GOES	HUNGRY.
rns	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25	% of its net ass	
ove.		Number of voting members of the governing body (Part VI, line 1a)			14
ত		Number of independent voting members of the governing body (Part VI, line 1b)			13
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			41
Ĭŧ		Total number of volunteers (estimate if necessary)			2236
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				r Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	28,9	35,514.	33,410,672.
enc	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,056.	52,051.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		07,000.	-90,842.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,8	32,570.	33,371,881.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,5	55,605.	2,008,637.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ж	b b	Total fundraising expenses (Part IX, column (D), line 25) 446,704.	25.0		
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		98,555.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		54,160.	30,333,101.
		Revenue less expenses. Subtract line 18 from line 12		78,410.	3,038,780.
Net Assets or Fund Balances				f Current Year	End of Year
sset	20	Total assets (Part X, line 16)		20,025.	15,886,911.
at A	21	Total liabilities (Part X, line 26)		37,742.	1,065,848.
2 <u>-</u>	22	Net assets or fund balances. Subtract line 21 from line 20	11,/	82,283.	14,821,063.
	rt II				
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		•	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer nas any k	rnowieage. T	
٠.		Signature of officer		<u> Date</u>	
Sigi		•		Date	
Her	е	MICHELLE DOUGLAS, CEO Type or print name and title			
		Docusigned by:	Date	Check	PTIN
De: d		Print/Type preparer's name CRAIG P. CATLIN Preparer's signature (YM) (AU)	10/23/2	2024 # └	 '
Paid				self-employ	ed P00741890 1-1623649
	arer Only	Firm's name JOHNSON STONE & PAGANO, P. 15. Firm's address 1501 REGENTS BLVD., SUITE 100		Firm's EIN 9	1-1023043
use	Only	Firm's address 1501 REGENTS BLVD., SUITE 100 FIRCREST, WA 98466		Dhorans / 2	53) 566-7070
N /	. +1 !-			Miloile 110. \ Z	
ıvıay	une IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 (2023) AND PIERCE COUNTY 94-3131776 Page 2

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDING PIERCE COUNTY, WA WITH A CONSISTENT AND NUTRITIOUS FOOD
	SUPPLY, SO THAT NO PERSON GOES HUNGRY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? 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 N
4	If "Yes," describe these changes on Schedule O. 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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$29, 220, 923. including grants of \$) (Revenue \$)
	EMERGENCY FOOD NETWORK DISTRIBUTED 14,491,798 POUNDS OF FOOD TO MORE THAN 75 PARTNER FOOD PANTRIES, MEAL SITES, AND SHELTERS IN 2023,
	EQUIVALENT TO MORE THAN 11.5 MILLION MEALS. THIS WAS ACCOMPLISHED BY PURCHASING FOOD IN BULK, COLLECTING IN-KIND DONATIONS, AND MANAGING THE
	DISBURSEMENT OF COMMODITY FOODS FOR PIERCE COUNTY FOOD ASSISTANCE
	PROGRAMS. EFN'S NETWORK OF PARTNER PROGRAMS SERVED 2,687,953 VISITS FROM INDIVIDUALS EXPERIENCING FOOD INSECURITY IN PIERCE COUNTY IN 2023.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 29,220,923.

Form 990 (2023) AND PIERCE COUNTY 94-3131776 Page 3

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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		X
20a	complete Schedule G, Part III	20a		X
		20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		$\Gamma \nabla$

AND PIERCE COUNTY Form 990 (2023)

94-3131776 Page 4 Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			, .
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
26	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%	000		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a	Х	
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
rai				
	Check if Schedule O contains a response or note to any line in this Part V			
	5-t		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С		10	Х	
	(gambling) winnings to prize winners?	1c	-22	L

AND PIERCE COUNTY Form 990 (2023)

94-3131776 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			37
	more members of the governing body?	7a_		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	v
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed WA Continue C104 required on a copy of this Form 990 is required to be filed	I. V		-1-
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)	avallat	oie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request 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	tinand	ciai	
	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 EMERGENCY FOOD NETWORK - 253-584-1040			
	3318 92ND STREET SOUTH, LAKEWOOD, WA 98499			

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

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

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	-			l	ctor/trustee)		from the	from related	other
	(list any hours for	Individual trustee or director				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	vidua	itution	Je	Key employee	nest c	ner			organizations
	line)	lndi	Insti	Officer	Key	High	Former			
(1) MICHELLE DOUGLAS	40.00									
CEO		Х		Х				153,541.	0.	11,319.
(2) SUSAN RICHARDS	0.77									
DIRECTOR	<u> </u>	Х						0.	0.	0.
(3) ANDREA TULL DAVIS	0.65									
DIRECTOR	1 54	Х						0.	0.	0.
(4) BRIANNE TYLER	1.54	ļ		l						•
TREASURER	1 54	Х		Х				0.	0.	0.
(5) INGRID GOURLEY MUNGIA	1.54								•	•
SECRETARY	0.65	Х		Х				0.	0.	0.
(6) CHAD MAIURI	0.65	.,								0
DIRECTOR	1 54	Х						0.	0.	0.
(7) DOUG BAXTER-JENKINS	1.54	.,		,,						0
VICE CHAIR	0.65	Х		Х				0.	0.	0.
(8) BYRON ALLEN	0.65	٠,,							0	0
DIRECTOR	1 54	Х						0.	0.	0.
(9) MARK WINTER	1.54	٠,,		,,					0	0
CHAIR (10) THE POWE	0.65	Х		Х				0.	0.	0.
(10) JULIE BOYD	0.65	Х						0.	0.	0
DIRECTOR (11) PETE LANTZ	0.65	Δ						0.	0.	0.
DIRECTOR	0.05	Х						0.	0.	0.
(12) SHARON SNUFFIN	0.65	Λ						0.	0.	0.
DIRECTOR	0.65	Х						0.	0.	0.
(13) RENEE MESCHI	0.65	Λ						0.	0.	0.
DIRECTOR	0.05	Х						0.	0.	0.
(14) LISA FRUICHANTIE	0.65	Δ						0.	0.	0.
DIRECTOR	0.03	Х						0.	0.	0.
BIRLETOR	+	22							0.	0.
		1								
		1								
	1									
		1								
•		<u> </u>						<u> </u>		Form 990 (2022)

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)																
	(A) Name and title	(B) Average	(do	not cl		ition		one	(D) Reportable	(E) Reportable		Es	(F) stimate	ed			
		hours per week	box	, unles cer an	ss per	rson i	s both	an	compensation from	compensatio		ar	nount other	of			
		(list any	rector						the	organization	s	ı	pensa				
		hours for related	Individual trustee or director	stee			nsated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)		ı	om th anizat				
		organizations below	al trust	Institutional trustee		oloyee	Highest compensated employee		1099-NEC)	,		an	d relat	ed			
		line)	ndividu	nstituti	Officer	Key employee	Highest employ	Former				orga	anizati	ons			
				_													
	Subtotal								153,541.		0.	1	1,3				
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								153,541.		0.	1	1,3	<u>0.</u> 19.			
2	Total number of individuals (including but n								•	000 of reportable			,				
	compensation from the organization												Yes	No			
3	Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on			163	140			
	line 1a? If "Yes," complete Schedule J for se											3		Х			
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	· ·		4	X				
5	Did any person listed on line 1a receive or a																
Soc	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	J f	or su	ıch p	oers	on .					5		Х			
1	Complete this table for your five highest con	mpensated ind	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	3100,000 of comp	pensa	tion fro	om				
	the organization. Report compensation for t	•	•														
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	C	ompe		n			
								1									
2	Total number of independent contractors (in \$100,000 of compensation from the organize	-	ot lin	nited	l to 1	thos		ted	above) who received mo	ore than							

AND PIERCE COUNTY Form 990 (2023)

94-3131776 Page 9 Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 622,247. 1c d Related organizations 1d 5,302,021. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 27,486,404. 1f 23,392,863. g Noncash contributions included in lines 1a-1f 33,410,672 h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 52,051. 52,051 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 622,247. of contributions reported on line 1c). See 35,042. Part IV, line 18 134,004. **b** Less: direct expenses -98,962 -98,962. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 900099 8,120. 8,120, b d All other revenue 8,120. e Total. Add lines 11a-11d 33,371,881. 12 8,120. -46,911. Total revenue. See instructions

AND PIERCE COUNTY 94-3131776 Page **10** Form 990 (2023) 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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 164,860. 54,948. 54,948. 54,964. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,355,698. 943,322. 171,998. 240,378. 7 Pension plan accruals and contributions (include 88,193. 57,900. 13,163. 17,130. section 401(k) and 403(b) employer contributions) <u>32,</u>359. $42,\overline{111.}$ 142,336. 216,806. Other employee benefits 9 183,080. 120,195. 27,324. 35,561. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 32,985. 144. 364. 32,477. Advertising and promotion 12 46,412. 11,351. 31,724. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 13,315. 445. 11,894. 976. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 232,528. 232,528. Depreciation, depletion, and amortization 22 180,727. 19,007. 147,384. 14,336. 23 Other expenses. Itemize expenses not covered 24 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.) 27,075,443. 27. 075,443. FOOD EMERGENCY RESPONSE -295,893. 295,893. 196,657. 192,428. FACILITY AND EQUIPMENT 984. 3,245. 192,741. 17,220. 173,332. 2,189. CONTRACTS SERVICES 57.763. 57,763. All other expenses 30,333,101. 29,220,923. 665,474. 446,704. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

AND PIERCE COUNTY

94-3131776 Page **11**

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			408.	1	219.
	2	Savings and temporary cash investments			6,340,742.	2	5,038,881.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	858,189.	4	2,272,477.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,657,154.	8	1,351,528.
Ä	9				47,966.	9	52,565.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,269,710.			
	b	Less: accumulated depreciation		2,357,819.	3,115,566.	10c	2,911,891.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14	4 050 050		
	15	Other assets. See Part IV, line 11	0.	15	4,259,350.		
	16	Total assets. Add lines 1 through 15 (must equa			12,020,025.	16	15,886,911.
	17	Accounts payable and accrued expenses			232,189.	17	313,252.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Ħ		trustee, key employee, creator or founder, substantial and the control of the con					
Liabilities	00	controlled entity or family member of any of thes	-	·····		22	750,000.
_	23	Secured mortgages and notes payable to unrela		i F		23	730,000.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pagparties, and other liabilities not included on lines					
			-		5,553.	25	2,596.
	26	of Schedule D Total liabilities. Add lines 17 through 25			237,742.	26	1,065,848.
	20	Organizations that follow FASB ASC 958, chee			23777224	20	1,003,010
S		and complete lines 27, 28, 32, and 33.		,			
ğ	27	Net assets without donor restrictions			9,144,057.	27	12,838,042.
Sale	28	Net assets with donor restrictions			2,638,226.	28	1,983,021.
Ε		Organizations that do not follow FASB ASC 95			, , , , , , , , , , , , , , , , , , , ,		, , .
Ē		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,782,283.	32	14,821,063.
~	33	Total liabilities and net assets/fund balances			12,020,025.	33	15,886,911.
					. ,		Form 990 (2023)

Form 990 (2023) AND PIERCE COUNTY 94-3131776 Page 12

Pa	rt 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	33,37	<u>1,88</u>	<u>81.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,33	<u>3,1</u>	<u>01.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	3,03	8,78	80.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,78	2,28	83.			
5	Net unrealized gains (losses) on investments							
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			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	14,82	1,0	63.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	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?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X				

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Nam	e of t	he organization EMER	GENCY FOOD	NETWORK OF 7	ACOM	A		Employer	identification number			
			PIERCE COU						4-3131776			
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The (organ	ization is not a private found	lation because it is: (For lines 1 through 12, cl	neck only	one box.)						
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).					
	X 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). (C	•	a. part or no support n	o u go			gaa.,				
8		A community trust describe	•	(1)(Δ)(vi) (Complete Part	ш							
9		An agricultural research org			-	ed in coni	inction with a	land-grant	college			
·		or university or a non-land-				-		-	-			
		university:	grant college or agric	ulture (see instructions).	Linter tine i	name, city	, and state of	tile college	; OI			
10		An organization that norma	ully receives (1) more	than 33 1/30% of its supp	ort from o	ontribution	as momborsh	in foot and	d gross rossints from			
10												
		activities related to its exen	•	·					-			
		income and unrelated busin		(less section 511 tax) no	iii busiiles	sses acqui	red by the org	jai iizalioi i a	inter June 30, 1975.			
		See section 509(a)(2). (Co	•		-t O	! - (20/-1/41					
11		An organization organized	•	•	•							
12		An organization organized	•	•	-			•				
		more publicly supported or	-						neck the box on			
		lines 12a through 12d that	* *			-		-				
а			•		•	-						
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting			
		organization. You must o	-									
b			•				-		-			
		control or management of			me perso	ns that co	ntrol or mana	ge the supp	ported			
	_	organization(s). You mus										
С								ly integrate	ed with,			
		its supported organizatio	n(s) (see instructions). You must complete F	art IV, Se	ections A,	D, and E.					
d			y integrated. A supp	porting organization opera	ated in co	nnection w	vith its suppor	ted organiz	zation(s)			
		that is not functionally int	tegrated. The organiz	zation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	/eness			
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.					
е			anization received a	written determination from	n the IRS	that it is a	Type I, Type	II, Type III				
		functionally integrated, or	r Type III non-function	nally integrated supportir	ng organiz	ation.						
		er the number of supported o	•									
g		vide the following information		<u> </u>	(iv) le the eras	nization listed						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount or	,	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)			

332021 12-21-23

94-313<u>1776 Page 2</u> AND PIERCE COUNTY Schedule A (Form 990) 2023

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

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	23312287.	40194862.	30099216.	28935514.	33410672.	<u> 155952551</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	23312287.	<u>40194862.</u>	30099216.	28935514.	33410672.	<u> 155952551</u>
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						32227108.
6	Public support. Subtract line 5 from line 4.						123725443
Sec	ction B. Total Support	1	T			1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	23312287.	40194862.	30099216.	28935514.	33410672.	155952551
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				4 0 - 6		60 -0-
	and income from similar sources	4,505.	5,175.	2,800.	4,056.	52,051.	68,587.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1 5 6 0 0 1 1 2 0
11	Total support. Add lines 7 through 10						156021138
12	Gross receipts from related activities,	•	,			12	
13	· · · · · · · · · · · · · · · · · · ·						
Sac	organization, check this box and stoperion C. Computation of Public	o nere Der	centage				
				oolumn (fl)		14	79.30 %
14	Public support percentage for 2023 (I Public support percentage from 2022					15	79.30 % 76.95 %
15	33 1/3% support test - 2023. If the						
104	stop here. The organization qualifies	-					
h	33 1/3% support test - 2022. If the						
~	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
.,,	and if the organization meets the fact	-					
	meets the facts-and-circumstances to			=		viriow the organiz	
h	10% -facts-and-circumstances test	•	•				
	more, and if the organization meets the	-					. 5,0 0.
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization						;

Schedule A (Form 990) 2023

AND PIERCE COUNTY

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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.)

qualify under the tests listed be Section A. Public Support	elow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and			, ,		'	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	(u) 2010	(6) 2020	(0) 2021	(a) ESEE	(6) 2020	(i) rotar
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2023 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	023 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the						7 is not
more than 33 1/3%, check this box at b 33 1/3% support tests - 2022. If the	nd stop here. The	e organization quali	fies as a publicly s	supported organiza	ation	
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

Schedule A (Form 990) 2023

AND PIERCE COUNTY

94-3131776 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		3.5	
		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
			
-	5b 5c		
	30		
	6		
	7		
	8		
	J		
	9a		
	Ok		
	9b		
	9с		
	10a		
	10b		
lule <i>l</i>	\ (Forn	n 990)	2023

Schedule A (Form 990) 2023 AND PIERCE COUNTY 94-3131776 Page 5

Pa	t IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion 6. Type it oupporting organizations		Vaa	Na
4	Wars a majority of the arganization's directors or tructoes during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion D. All Type III Supporting Organizations	•		
	<i>y</i> , 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instant).	struction		NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
J	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

<u>Schedule A (Form 990) 2023</u> **AND PIERCE COUNTY** 94-3131776 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	y			
1	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 mus		•	•			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting orga	nization (see			
	instructions).	. •		•			

Schedule A (Form 990) 2023 AND PIERCE COUNTY 94-3131776 Page 7

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continu}	ıed)	
Secti	ion D - Distributions		•	-	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pi	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	ı	10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2023	is	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5					
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
_	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
	Breakdown of line 7:				
	Excess from 2019 Excess from 2020				
	Excess from 2021 Excess from 2022				
	Excess from 2023				

EMERGENCY FOOD NETWORK OF TACOMA 94-313<u>1776 Page 8</u> AND PIERCE COUNTY Schedule A (Form 990) 2023 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.)

AND PIERCE COUNTY 94-3131776

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
FRED MEYER	21,843,794.	18,723,371.
NORTHWEST HARVEST	9,269,046.	6,148,623.
PEPSI NORTHWEST	6,018,302.	2,897,879.
PEPSICO	7,577,658.	4,457,235.
Total Excess Contributions to Schedule A, Part II, Line 5		32,227,108.

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization EMERGENCY FOOD NETWORK OF TACOMA Employer identification number

AND PIERCE COUNTY

94-3131776

Organization type (check one):							
Filers of		Section:					
Form 990	or 990-EZ	X 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					
Note: Or	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	instructions.				
General	Rule						
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 one contributor. Complete Parts I and II. See instructions for determining a contributor's total of	` •				
Special l	Rules						
	sections 509(a)(1) ar contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that rethe year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 98 line 1. Complete Parts I and II.	eceived from any one				
	contributor, during t literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.	,				
	year, contributions es is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one exclusively for religious, charitable, etc., purposes, but no such contributions totaled more that ere the total contributions that were received during the year for an exclusively religious, charitable any of the parts unless the General Rule applies to this organization because it receive, etc., contributions totaling \$5,000 or more during the year	n \$1,000. If this box table, etc., d <i>nonexclusively</i>				
Caution: answer "	An organization tha	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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, requirements of Schedule B (Form 990).	0), but it must				

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

EMERGENCY FOOD NETWORK OF TACOMA
AND PIERCE COUNTY

Employer identification number

94-3131776

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRED MEYER 349 VALLEY AVE NW PUYALLUP, WA 98371	\$5,543,999.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NORTHWEST HARVEST 2820 B ST NW #109 AUBURN, WA 98001	\$ <u>1,164,641.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PEPSICO 2309 MILWAUKEE WAY TACOMA, WA 10577	\$ 4,299,837.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MOSBY FARMS 3104 SE AUBURN-BLACK DIAMOND RD AUBURN, WA 98092	\$ <u>1,534,660.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BILL AND MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102-0650	\$ <u>1,100,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ARLINGTON RESERVE (WSPA) 17212 51ST AVE NE ARLINGTON, WA 98223	\$ 787,285.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **2**

Name of organization

EMERGENCY FOOD NETWORK OF TACOMA

AND PIERCE COUNTY

Employer identification number

94-3131776

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DELMONTE 504 42ND ST NE SUITE 101 AUBURN, WA 98002	\$ <u>1,029,266.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and En TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TT	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

EMERGENCY FOOD NETWORK OF TACOMA

AND PIERCE COUNTY

Employer identification number

94-3131776

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
	FOOD	_	
1		_	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
	FOOD	_	
2		_	
(a)		(0)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
1 diti	FOOD		
3			
_		_	
		_ \$ 4,299,837.	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I	FOOD	, ,	
4	FOOD	_	
	-	_	
		\$ <u>1,534,660.</u>	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See Instructions.)	
_	FOOD	_	
6	-	_	
	-	_ _{\$} 787,285.	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
	FOOD	_	
7		_	
		- s 1,029,266.	
		1 3	

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY 94-3131776 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

2023
Open to Public Inspection

Name of the organization

EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY

Employer identification number 94-3131776

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised funds	(b) Fullus and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
3			
4	Aggregate value at end of year	Luriting that the accets hold in depart advis	ad funda
5	-	_	
6	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor act for charitable purposes and not for the benefit of the donor or		
		, , , , , ,	
Pa		ranization answered "Ves" on Form 900	
1	Purpose(s) of conservation easements held by the organization		artiv, mic r.
•	Preservation of land for public use (for example, recreat	`	a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space	i reservation of	a continua misterio ciractare
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ica conscivation contribution in the form	Held at the End of the Tax Year
а			
b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqui		
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
Ū	year	casea, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	3 , 1	,	g ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statement	ents that describes the
Da	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Transuras or Ot	har Similar Assats
Га	Complete if the organization answered "Yes" on Form		nei Siilliai Assets.
10	If the organization elected, as permitted under FASB ASC 958		nd halance sheet works
Ia		·	
	of art, historical treasures, or other similar assets held for pub		
h	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 956 art, historical treasures, or other similar assets held for public		
		exhibition, education, or research in furti	lerance of public service,
	provide the following amounts relating to these items.		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
^			
2	If the organization received or held works of art, historical treat		ı gairi, provide
_	the following amounts required to be reported under FASB AS	•	¢
a	Revenue included on Form 990, Part VIII, line 1		\$ \$
11			

Schedule D (Form 990) 2023 AND PIERCE COUNTY 94-3131776 Page 2

	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Other	Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	ollowing that	t make siç	gnificant u	se of its		
	collection items (check all that apply).									
а	Public exhibition	c	1	oan or exc	hange progr	am				
b	Scholarly research	e			0 1 0					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ev further th	ne organizatio	n's exem	not purpos	se in Part	XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	No
Pai	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Par								5, 5.	
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for c	ontribution	s or other as	sets not i	included			
	on Form 990, Part X?		-						Yes	No
b	If "Yes," explain the arrangement in Part XIII									
-	ree, explain the arrangement in rail rail	aa							Amount	
С	Beginning balance						1c			
	Additions during the year									
۵	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•			
	t V Endowment Funds Complete if									Ш
		(a) Current year		ior year	(c) Two year		(d) Three y	ears hack	(e) Four ye	are hack
10	Paginning of year balance	(a) carrone your	(2)	ioi youi	(0) 1110 300	. o buok	(4) 111100)	ouro buon	(G) rour yo	are buon
1a	Beginning of year balance									
b	Contributions									
С.	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g,	column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administe	red for the	е		_	
	organization by:								Y	es No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Scl	hedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	nds.						
Pai	t VI Land, Buildings, and Equipm	ent								
	Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990	, Part X, I	line 10.			
	Description of property	(a) Cost or o			or other (other)		ccumulate preciation	d	(d) Book v	alue
1a	Land			48	5,259.				485.	259.
b	Buildings				6,162.	1.0	144,66	50.	1,391,	
c	Leasehold improvements			, -		,	, -		, ,	
d	Equipment			1.86	6,762.	1.1	27,54	18.	739	214.
	Other				$\frac{5,7525}{1,527}$		85,61			916.
	l. Add lines 1a through 1e. (Column (d) must e		X line 10		•		•		2,911,	
. J.u		uuuli Olli 330. Pall	7. III C 10	c. colulill					, /	

Schedul	e D (Form 990) 2023 A	ND PIER	CE (COUNTY		94-3131776 Page 3
Part \		r Securities	S			
	Complete if the organizat	ion answered '	"Yes" (on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Des	scription of security or category (inc	cluding name of sec	curity)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Fina	ncial derivatives					
(2) Clos	sely held equity interests					
(3) Oth						
(A)	·					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (C	ol. (b) must equal Form 990, Part X	X, line 12, col. (E	3))			
Part \	/III Investments - Prog	ram Relate	d.			
	Complete if the organizati	ion answered '	"Yes" o	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of invest	ment		(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	ol. (b) must equal Form 990, Part X	X. line 13. col. (P	3))			
Part I	X Other Assets	.,, (2	-11			
	Complete if the organizati	ion answered '	"Yes" o	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
				Description		(b) Book value
(1)	OPERATING RIGHT	-OF-USE	ASS	SET, NET		2,596.
	CONSTRUCTION IN			, ·		4,256,754.
(3)						, , , , ,
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	Column (b) must equal Form 99	0 Part X line 1	15 col	(B))		4,259,350.
Part 2	C Other Liabilities	o, rare x, iiiic	10, 001	. (<i>D)</i> //		= / = 0 / 0 0
	Complete if the organizati	ion answered '	"Yes" o	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	e 25.
1.	(a) Descript	tion of liability		· · · · · · · · · · · · · · · · · · ·		(b) Book value
	Federal income taxes	· · · · · · · · · · · · · · · · · · ·				
	LEASE LIABILITY					2,596.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
<u>(0)</u> (9)						
	Column (b) must equal Form 99	0 Dart V !: 1	25 '	(D))		2,596.
	, ,			· //	the organization's financial statemen	•

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

94-3131776 Page 4 AND PIERCE COUNTY Schedule D (Form 990) 2023 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. 33,534,685. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 2a 28,800. 2b Donated services and use of facilities Recoveries of prior year grants 2c 134,004 Other (Describe in Part XIII.) 162,804. Add lines 2a through 2d 2e 33,371,881. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 881. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 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. 30,495,905. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 28,800. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses 134,004 Other (Describe in Part XIII.) 2d 162,804. Add lines 2a through 2d 2e 30,333,101. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 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 X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT DIRECT EXPENSE 134,004. PART XII, LINE 2D - OTHER ADJUSTMENTS: 134,004. SPECIAL EVENT DIRECT EXPENSE

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization EMERGENCY FOOD NETWORK OF TACOMA Employer identification nur							
	RCE COUNTY					94-3131	
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.							
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundraiser have custody or control of from activity			to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			<u> </u>				
Total 3 List all states in which the organization	n is registered or licensed to solicit o		 utions	or has been notified	it is e	exempt from re	gistration
or licensing.							

Schedule G (Form 990) 2023 AND PIER
Part II Fundraising Events. Complete if the

AND PIERCE COUNTY

94-3131776 Page 2

\neg		or furfalasing event contributions and gr	oss income on Form 990-	·EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ABUNDANCE			(add col. (a) through
			DINNER AND A	HUNGER WALK	1	col. (c))
a			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	464,005.	174,981.	18,303.	657,289.
	2	Less: Contributions	442,767.	161,177.	18,303.	622,247.
	3	Gross income (line 1 minus line 2)	21,238.	13,804.		35,042.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs	1,985.	2,270.		4,255.
Direct Expenses	7	Food and beverages	50,716.	40.		50,756.
의	8	Entertainment				
	9	Other direct expenses	4- 44	11,174.	2,619.	78,993.
	10			,	·	134,004.
	11	Net income summary. Subtract line 10 from I				-98,962.
Pa						-
		\$15,000 on Form 990-EZ, line 6a.				
0			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Billigo	bingo/progressive bingo	(b) Surior garring	col. (a) through col. (c))
Ş						
긕	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5					
\rightarrow		Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
			No No		No	
	7	Volunteer labor	No h 5 in column (d)	□ No	No No	
	7	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	n 5 in column (d)	□ No	No No	
	7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No No	
а	7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	No No	Yes No
а	7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	No No	☐ Yes ☐ No
a b	7 8 Entitist	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming a No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No	
a b 10a	7 8 Entitle Is to the second of the second o	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No	

Sch	nedule G (Form 990) 2023 AND PIERCE COUNTY 94-3	3131776	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
ı	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:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	. L Yes	∟ No
١	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		_	

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990) AND	PIERCE	COUNTY	94-3131776 Page 4
Part IV	(Form 990) AND Supplemental Information	(continued)		

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

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

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

n answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information. EMERGENCY FOOD NETWORK OF TACOMA

2023

Employer identification number

94-3131776

OMB No. 1545-0047

Open to Public Inspection

AND PIERCE COUNTY

Part I Questions Regarding Compensation

	act Gassasis Hogaranig Componication		V	
4.	Cheek the environment haveon if the expenientian provided any of the following to aview a person listed on Form 000		Yes	No
ia	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
		_		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	Popioval by the board of 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:			
а	Province and an arrange of a set of a s	4a		Х
b	De ticinate in a constitue of the consti	4b		X
C	Destinate in a superior payment from an acquite based assurance time amount of	4c		<u>x</u>
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The storage of lines 4a-c, list the persons and provide the applicable amounts for each item in trait in.			
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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			
		7		Х
	not described on lines 5 and 6? If "Yes," describe in Part III	1		
8	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	8		
8				

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

AND PIERCE COUNTY

94-3131776

Page 2

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	other deferred benefits	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHELLE DOUGLAS	(i)	153,541.	0.	0.	0.	11,319.	164,860.	0.
CEO	(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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

AND PIERCE COUNTY 94-3131776 Schedule J (Form 990) 2023 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY

Employer identification number 94-3131776

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No (1) (2)(3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or nittee?	(i) W agreer	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)												·	
Total						\$							

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

EMERGENCY FOOD NETWORK OF TACOMA 94-3131776 Page 2 AND PIERCE COUNTY Schedule L (Form 990) 2023 Part IV Business Transactions Involving Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (b) Relationship between interested (a) Name of interested person (d) Description of (c) Amount of organization's person and the organization transaction transaction revenues? Yes No (1)PETE LANTZ BOARD MEMBER 73,707. BOARD MEMBE X (2) (3) (4) (5) (6) (7) (8) (9) (10)Part V Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: PETE LANTZ (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER (C) AMOUNT OF TRANSACTION \$ 73,707. (D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN EMPLOYEE OF A COMPANY THAT PROVIDED SERVICES TO EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY. (E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY

 $Employer\ identification\ number \\ 94-3131776$

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det noncash contribut		+0
		applicable		Form 990, Part VIII, line 1g	Horicasii continbut	ion amoun	115
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles			00 000 000			
19	Food inventory	X		23,392,863.	FIXED AMOUNT	' PER	ЬВ
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()			<u> </u>			
29	Number of Forms 8283 received by the organization	-	•				
	for which the organization completed Form 828	3, Part V, L	onee Acknowledg	ement 29			Τ
00-	During the control did the control of the control of	4. 11 41		and a district Dental Property of House		Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of the		•	·		00-	v
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.	alias ethat ra	autica tha ravious	of any nanotandord contribut	ione?	0.1	x
31	Does the organization have a gift acceptance po				ions?	31	$+^{\Delta}$
32a	Does the organization hire or use third parties o					222	x
L	contributions?					32a	+ <u>^</u>
	If "Yes," describe in Part II.	dumn (a) fa	o tuno of property	for which column (a) is show	skod		
33	If the organization didn't report an amount in co	numn (C) foi	a type of property	rior which column (a) is ched	keu,		
	describe in Part II.						

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	AND	PIERCE	COUNTY	•		94-3131776	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Inforr I, colun	nation. Pro	vide the infor nber of contri	mation required by Part I, butions, the number of ite	lines 30b, 32b, and 33, ems received, or a combi	and whether the organization of both. Also com	ation plete

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY

Employer identification number 94-3131776

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

PRIOR TO THE FORM 990 BEING FILED, ALL BOARD MEMEBERS ARE PROVIDED WITH A COPY OF THE FORM 990 TO REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST AT THE NEXT BOARD MEETING FOLLOWING THE EVENT THAT CREATED THE POSSIBLE CONFLICT. BOARD MEMBERS WILL THEN DISCUSS AND VOTE ON A RESOLUTION TO THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE REVIEWS THE CEO'S PERFORMANCE AND USES SALARY DATA FROM SIMILAR NOT-FOR-PROFIT ORGANIZATIONS TO DETERMINE COMPENSATION FOR THE THE EXECUTIVE COMMITTEE THEN PRESENTS A SALARY RECOMMENDATION TO THE FULL BOARD. THE FULL BOARD THEN VOTES ON THE RECOMMENDATION.

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

COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST.

FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS:

FUNDRAISING OVERHEAD OF UNDER 5%.

THESE ACTIVITIES MAKE EFN UNIQUE - IT IS AN AGENCY ABLE TO TAKE FOOD STRAIGHT FROM THE LAND TO THE TABLES OF THOSE IN NEED.

Schedule O (Form 990) 2023	Page 2
Name of the organization EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY	Employer identification number 94-3131776
FORM 990, PART XII, LINE 2C:	
AUDIT OVERVIEW AND SELECTION OF ACCOUNTANT: THE FINANCE CO	MMITTEE
OVERSEES THE PREPARATION OF THE AUDIT. THE FULL BOARD VOTE	S ON THE
SELECTION OF THE ACCOUNTANT TO PERFORM THE AUDIT. THIS PRO	CEDURE HAS
NOT CHANGED FROM THE PRIOR YEAR.	