

CliftonLarsonAllen LLP 10700 Northup Way, Suite 200 Bellevue, WA 98004 425-250-6100 | fax 425-250-6050 CLAconnect.com

ROTARY FIRST HARVEST 1201 1st Avenue S. Suite 327 SEATTLE, WA 98134

#### ROTARY FIRST HARVEST:

Enclosed are the original and one copy of the 2016 Exempt Organization return, as follows...

2016 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Steven B. Bass, CPA

### **TAX RETURN FILING INSTRUCTIONS**

FORM 990

#### FOR THE YEAR ENDING

June 30, 2017

Prepared for	ROTARY FIRST HARVEST 1201 1st Avenue S. Suite 327 SEATTLE, WA 98134
Prepared by	CliftonLarsonAllen LLP 10700 Northup Way, Suite 200 Bellevue, WA 98004 (425) 250-6100
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 qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2018.

## IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning  $\underline{JUL~1}$  , 2016, and ending  $\underline{JUN~30}$  , 20  $\underline{17}$ 

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

Internal Revenue Service	▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8	879eo.	
Name of exempt organization		Employer i	identification number
DOMADA ETDOM	IIA DVIE CIII	01 1	229941
ROTARY FIRST	UNITED I	1 31-14	<u> </u>
Name and title of officer  LISA MAYFIELD			
	m DOARD OF DIRECTORS		
	T - BOARD OF DIRECTORS  Return and Return Information (Whole Dollars Only)		
		414	
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b> a	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fr a, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicab	then leave I	line <b>1b, 2b, 3b, 4b,</b> or <b>5b,</b>
1a Form 990 check here	▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	11,157,974.
2a Form 990-EZ check he		2b	
3a Form 1120-POL check	.		
4a Form 990-PF check he		4b	
5a Form 8868 check here		5b	
	, , , , , , , , , , , , , , , , , , , ,	_	
Part II Declarat	ion and Signature Authorization of Officer		
further declare that the amintermediate service provio (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial installation 1-888-353-4537 no later the processing of the electronic payment. I have selected a	mpanying schedules and statements and to the best of my knowledge and belief, they lount in Part I above is the amount shown on the copy of the organization's electronic reder, transmitter, or electronic return originator (ERO) to send the organization's return to freceipt or reason for rejection of the transmission, (b) the reason for any delay in procepplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate and institution account indicated in the tax preparation software for payment of the organizatiution to debit the entry to this account. To revoke a payment, I must contact the U.S an 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic relectronic funds withdrawal.	eturn. I consorthe IRS and essing the received electronic fuzation's fedes. Treasury Finstitutions and resolve isse	sent to allow my d to receive from the IRS eturn or refund, and (c) unds withdrawal (direct eral taxes owed on this financial Agent at involved in the sues related to the
Officer's PIN: check one	•		
X I authorize CL	IFTONLARSONALLEN LLP	to enter my	
	ERO firm name		Enter five numbers, but do not enter all zeros
is being filed witl enter my PIN on  As an officer of t indicated within	on the organization's tax year 2016 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authe return's disclosure consent screen.  The organization, I will enter my PIN as my signature on the organization's tax year 2016 this return that a copy of the return is being filed with a state agency(ies) regulating charter my PIN on the return's disclosure consent screen.	thorize the a	aforementioned ERO to
Officer's signature	Date ▶		
Part III Certifica	tion and Authentication		
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 91690098004		
	do not enter all zeros		
	neric entry is my PIN, which is my signature on the 2016 electronically filed return for th ng this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (Mef ss Returns.		
ERO's signature	Date ▶02,	/08/18	

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

#### EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury

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

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

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30,

and ending JUN 30, 2017

6

OMB No. 1545-0047

В	Check if	C Name of organization		D Employer identific	cation number				
	∏Addres	S DOMADY ETDOM HADVEOM							
F	]chang∈ □Name	ROTARI FIRST HARVEST		01 1	220041				
F	change  Initial		. ,		229941				
F	return Final		Room/suite	E Telephone numbe	r 236-0408				
	—return/ termin	1201 1ST AVENUE S. SUITE 327							
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code  SEATTLE, WA 98134	G Gross receipts \$	11,193,049.					
F	⊥lreturn ∏Applic	SEATILE, WA 90134	H(a) Is this a group re for subordinates						
	⊥ltiön pendir	SAME AS C ABOVE	F Name and address of principal officer:LISA MAYFIELD						
_	-			H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or e; ► WWW.FIRSTHARVEST.ORG	r 527	<b>⊣</b> ′	list. (see instructions)				
_		organization: X Corporation Trust Association Other	I Vaar	H(c) Group exemptio					
		Summary	L Year	or formation: 1902 N	1 State of legal domicile: WA				
		Briefly describe the organization's mission or most significant activities: THE G	ZOAT. C	ਹੁੰਦ ਸ਼ੁਰੂ ਜਹ	REDITCE				
Activities & Governance	1	HUNGER-RELATED MALNUTRITION BY ENSURING T	HAT ]	NDIVIDUALS	AND				
i.	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispose	ed of more	e than 25% of its net as					
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	15				
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) $$		4	15				
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	5				
Ĭ	6	Total number of volunteers (estimate if necessary)		6	1126				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
e	1	Contributions and grants (Part VIII, line 1h)		14,693,687.	11,056,538.				
en.		Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,476.	0.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		62,197.	101,436.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,758,360.	11,157,974.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,298,407.	10,660,244.				
	l	Benefits paid to or for members (Part IX, column (A), line 4)		329,845.	321,725.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		329,043.	0.				
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	7 a –	0.	0.				
Ĕ	47	Other symposis (Part IX, column (D), line 25)	<del></del>	6,134,586.	191,359.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,762,838.	11,173,328.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-4,478.	-15,354.				
)r	19	nevertue less experises. Subtract line 16 front line 12		eginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		415,216.	370,181.				
Ass	21	Total liabilities (Part X, line 26)		131,605.	108,662.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		283,611.	261,519.				
P	art II	Signature Block							
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepare	has any knowledge.					
Sig	n	Signature of officer		Date					
Hei	re	LISA MAYFIELD, VICE PRESIDENT - BOARD	OF D	RECTORS					
		Type or print name and title							
Pai	Ч	Print/Type preparer's name STEVEN B. BASS, CPA Preparer's signature STEVEN B. BASS,	I	Date Check Check Color of Self-employe	PTIN P00004800				
	parer	Firm's name CLIFTONLARSONALLEN LLP	<u> </u>	Firm's EIN	41-0746749				
	Only	Firm's address 10700 NORTHUP WAY, SUITE 200		I IIIII 3 LIIV	-1 012014J				
		BELLEVUE, WA 98004		Phone no. (4	25) 250-6100				
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 110. ( =	X Yes No				
	,								

Par	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: OUR MISSION IS TO:
	-FEED THE HUNGRY WITH SURPLUS NUTRITIOUS FOOD
	-ACCESS AND IMPROVE FOOD DISTRIBUTION AND TRANSPORTATION SYSTEMS
	-DEVELOP AND SHARE INNOVATIVE HUNGER RELIEF SOLUTIONS
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 No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 11,026,138 • including grants of \$ 10,660,244 • ) (Revenue \$ )
	RFH IS AN EFFECTIVE SOLUTION TO THE PROBLEMS OF HUNGER AND AGRICULTURAL
	WASTE IN WASHINGTON STATE. WE FOCUS ON PROCURING, COLLECTING AND
	DISTRIBUTING SURPLUS PRODUCE THAT MIGHT OTHERWISE GO UNHARVESTED OR BE
	SENT TO LANDFILLS. SINCE WE BEGAN IN 1982, WE HAVE COLLECTED AND
	DISTRIBUTED MORE THAN 200 MILLION POUNDS OF PRODUCE.
	RFH IS A SEATTLE-BASED NON-PROFIT THAT FILLS THE GAP BETWEEN FARMERS,
	FOOD PACKERS AND PROCESSORS WITH SURPLUS PRODUCE AND LOCAL NON-PROFIT
	FOOD DISTRIBUTION PARTNERS. WE ACTIVELY SEEK DONATIONS OF SURPLUS
	PRODUCE DIRECTLY FROM FARMERS AND PROCESSORS. THEN, WE SOLICIT
	TRUCKING COMPANIES TO DONATE "DEADHEAD" SPACE (TRUCKS COMING BACK EMPTY
41-	FROM A DELIVERY), TO PICK UP FOOD DONATIONS AND DELIVER TO OUR PARTNERS
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program convices (Describe in Schedule O.)
40	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 11,026,138.
-10	Form 990 (2016)

#### 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?	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		Х
44	endowments, or 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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
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		X
b				
	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			٦,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	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,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
46	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,"			v
	complete Schedule G, Part III	19		X

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	Δ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		х
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		33a		
D	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?	330		$\vdash$
50	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<del></del>
50	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	1400. All 1 of 11 000 file 3 are required to complete domedule 0	- 30		

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

Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable   1a   0   0   1b   0   0   0   1c   1c   0   0   0   0   0   0   0   0   0		Check if Schedule O contains a response or note to any line in this Part V					
Enter the number of Forms W-20 included in line 1a. Enter -0- if not applicable   1b						Yes	No
Committee of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pitze winners?  Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return  I all all search or is reported on line 2, did the organization fleal are liquided federal employment tax returns?  Note. If the sum of lines 1a and 2 is ig greater than 250, you may be required to 8-fe (see instructions)  3 bill the capital control in the 2, did the organization fleal are provided for 8-fe (see instructions)  3 bill the vest, a single 1 fee for 1 feet							
Capabiling   Winnings to prize winners?   Earth the number of employees raported on Form W.3, Transmittal of Wage and Tax Statements,   La   5							
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year and ending with or within the year covered by this return.  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business pross income of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time the name of the foreign country.  5b If *Yes,* relate the name of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction?  5b If *Yes,* relatible party notify the organization file Form 8886 1?  6c If *Yes,* to line 5a or 5b, did the organization file Form 8886 1?  6c Does the organization and aural gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatable contributions?  5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions under section 170(c).  5c Did the organization receive a payment in excess of \$75 made party as a contribution of under the party for goods and services provided to the payor?  5d Did the organization receive a payment in excess of \$75 made party as a contribution of under the party of goods and services provided to the payor?  5d Did the organization receive a payment in excess of \$75 made party as a contribution of under the party or goods and s	С						
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b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 bid the organization have unrelated business gross income of \$1,000 or more during the year?  31 bid Pres, *has it filed a Form 990-Ti or this year? If *No.** to line 3b. provide an explanation in Schedule O  30 bid *No.** the utining the celarary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accounts (FBAR).  30 bid *No.** the organization aparty to a prohibited tax shelter transaction?  31 bid *No.** to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  32 bid *No.** to line 5a or 5b, did the organization file Form 8886 T?  33 cit *No.** to line 5a or 5b, did the organization file Form 8886 T?  34 bid *No.** to line 5a or 5b, did the organization file Form 8886 T?  35 cit *No.** to line 5a or 5b, did the organization file Form 8886 T?  36 cit *No.** to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  36 bid *No.** to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  36 bid the organizations that may receive deductible contributions under section 170(c).  37 bid *No.** to line 5a or 5b, did the organization holid with every solicitation an express statement that such contributions or gifts were not tax deductible?  38 cit *No.** to line 5a or 5b, did the organization sell or 5b or 5b organization and services and s	2a			_			
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3a   3b   1f "Yes," has it filed a Form 990-T for this year? If 'No," to line 3b, provide an explanation in Schedule O   3b   3b   4a   4a   4a   4a   4a   4a   4a   4	b				2b	^	
b If Yes, "has it flied a Form 990-T for this year? If Yo," to line 36, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4b If Yes," enter the name of the foreign country: ► 5e instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, "in line face 15, old the organization file form 8886 17?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If If Yes," did the organization notify the donor of the value of the goods or services provided?  9 If If Yes," did the organization seller express \$282 filed during the year  9 Did the organization seller expression or the value of the goods or services provided?  10 If Yes, "indicate the number of Forms 8282 filed during the year  10 If Yes," did the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-C?  11 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  12 If the organization received a contribution of orans, boats, airplanes, or other vehicles, did the	0-				0-		Х
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6a   6a   6a   6a   6a   6a   6a   6a					-		
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7t J  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 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?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make and distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health		to file Form 8282?			7c		X
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 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 Sponsoring organization make any taxable distributions under section 4966?  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  11c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ct?	7e		
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14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b	C		$\vdash$				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					142		X
					-	$\dashv$	
	IJ	11 100, That it filed a 1 offit 120 to report these payments: If 190, provide an explanation in schedul	J J			990	(2016

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

	· · · · · · · · · · · · · · · · · · ·					Λ
Sec	tion A. Governing Body and Management					
		1 1	1 ET		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other				
	officer, director, trustee, or key employee?		[	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?		L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	Г	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 a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		····			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?		- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real		····			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		Γ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of		····			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		г	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ly belove iming the ferm	"			
12a	51.1.1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")		····	12.0		
·	in Schedule O how this was done			12c	Х	
13			···· [	13	X	
14	Did the organization have a written whistleblower policy?  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 approv			17		
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_				15a	Х	
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization			15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		····	JUD		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
iva				16a		X
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization the organiz			IUa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization of					
				16b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed ►WA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s o	nlv) a	vailah	 le	
	for public inspection. Indicate how you made these available. Check all that apply.	. (3000.011 00 1(0)(0)3 0	y, a	·unab		
		in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		and	finan	cial	
13	statements available to the public during the tax year.	annot of interest policy	, ariu	midil	oidi	
20		oke and records:				
20	State the name, address, and telephone number of the person who possesses the organization's be DAVID BOBANICK $-206-236-0408$	ouns and records:				
	1201 1ST AVE SOUTH, SUITE 327, SEATTLE, WA 98134					
	1201 101 11VL DOULL, DOLLL SZI, DUMILLE, WA JOIST					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)  Name and Title	(B) Average hours per	(do		(C Pos	C) ition	l than	one	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee as a		irecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LISA MAYFIELD	1.30	,,		37				0	0	0
VICE PRESIDENT	1 20	Х	Ш	Х	_	_	$\vdash$	0.	0.	0.
(2) NANCY DALTON	1.30	X						0.	0.	0.
BOARD MEMBER	1.30	Δ	$\vdash$		_	_	$\vdash$	0.	0.	0.
(3) MARITE BUTNERS	1.30	X		х				0.	0.	0.
PRESIDENT (4) GEORGE FRASIER	1.30	^		Δ			H	0.	0.	0.
SECRETARY	1.30	X		Х				0.	0.	0.
(5) DAVID SCHOOLER	1.30			21				0.	0.	0.
BOARD MEMBER	1.30	х						0.	0.	0.
(6) STEN CRISSEY	1.30		Н				$\vdash$			
BOARD MEMBER		x						0.	0.	0.
(7) STAN KEHL	1.30		Н			$\vdash$		-		<u> </u>
BOARD MEMBER		Х						0.	0.	0.
(8) KENNETH PEIRCE	1.30									
BOARD MEMBER		Х						0.	0.	0.
(9) REBECCA JAY	1.30									
BOARD MEMBER		Х						0.	0.	0.
(10) DEVON HAY	1.30									
BOARD MEMBER		Х						0.	0.	0.
(11) VIJYA PATEL	1.30									
BOARD MEMBER		Х						0.	0.	0.
(12) WILLIAM MACDONALD	1.30							_	_	_
TREASURER		Х		Х				0.	0.	0.
(13) JULIE SHOTT	1.30									
BOARD MEMBER	1 22	Х	Ш					0.	0.	0.
(14) MORRIS KREMEN	1.30									
BOARD MEMBER	1 20	Х	Ш					0.	0.	0.
(15) JIM TANASSE	1.30	,,						_		0
BOARD MEMBER	E0 00	Х	Ш		_	_	$\vdash$	0.	0.	0.
(16) DAVID BOBANICK	50.00	-		х				103,826.	0.	1/ 202
EXECUTIVE DIRECTOR			$\vdash\vdash$	Λ	$\vdash$	$\vdash$	$\vdash$	103,040.	0.	14,393.
		-								
	L				<u> </u>					- 000

Form 990 (2016) ROTARY F									91-1	229	941	Pa	ıge <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	l Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Posi heck r ss per id a di	tion nore son i	than is bot	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio	n	Esti amo	(F) mateo ount o ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		orga	m the nization relate	e on ed
1b Sub-total								103,826.		0.	14	, 39	93.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)	/II, Section A						<b>&gt;</b>	0. 103,826.		0.		, 39	0.
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed ab	OOVE	e) wł	no r	eceived more than \$100	),000 of reportab	le ——		Yes	1 No
3 Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for	such individual										3		Х
<ul> <li>4 For any individual listed on line 1a, is the sand related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or</li> </ul>	50,000? If "Yes,	" co	mple	ete S	che	edule	e J t	for such individual			4		X
rendered to the organization? If "Yes," cor Section B. Independent Contractors	nplete Schedul	e J f	or s	uch p	oers	son .					5		X
Complete this table for your five highest of the organization. Report compensation for										npens	ation fro	om	
(A) Name and business	s address	NO	ONI	3				(B) Description of s	services	C	(C) compens		1
Total number of independent contractors     \$100,000 of compensation from the organ		ot li	mite	d to		se lis	stec	d above) who received n	nore than		Form 9	ΩΩ (0	04.0
											LOLLII 2	JU 1/	บเก

Ра	rt VI							
		Check if Schedule O cont	tains a response	or note to any lin		(5)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
irar our	b	Membership dues	1b					
s, G		Fundraising events		5,838.				
ar /		Related organizations						
s, G		Government grants (contribut		181,500.				
Sign		All other contributions, gifts, gran						
out		similar amounts not included abo		10,869,200.				
ÖĒ	o	Noncash contributions included in lines		10,679,105.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			11,056,538.			
		Totally led miles full		Business Code	, , ,			
ø	2 a	1						
Ž Š	b							
Sel	c							
an eve	d							
Program Service Revenue	e							
Pro		All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)	•	, I				
	4	Income from investment of ta		. [				
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b							
	С							
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)	•					
Ф		Gross income from fundraisin						
Other Revenue		including \$5	,838. of					
ev.		contributions reported on line	1c). See					
두		Part IV, line 18	а	88,261.				
Ė	b	Less: direct expenses	b	35,075.				
0	С	Net income or (loss) from fund	draising events		53,186.			53,186.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gan	ning activities	<b></b>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	ıe	Business Code				
		EXPENSE REIMBURSEMENT		900099	48,250.	48,250.		
	b							
	С							
		All other revenue			40.050			
		Total Add lines 11a-11d			48,250. 11 157 974.	48 250.	0	53 186.
	12	TOTAL TEVERINE SEE INSTRUCTIONS			11 13/ 9/4 I	ı 40 ZOUL	()	מטד ככ

632009 11-11-16

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

Secti	on 501(c)(3) and 501(c)(4) organizations must com				
- Do .	Check if Schedule O contains a respondent include amounts reported on lines 6b.	(A)	this Part IX	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	10 660 044	10 660 044		
	and domestic governments. See Part IV, line 21	10,660,244.	10,660,244.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110 010	70 021	16 551	20 727
	trustees, and key employees	118,219.	70,931.	16,551.	30,737
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 4 7 7 4 4	00 646	20 604	20 414
7	Other salaries and wages	147,744.	88,646.	20,684.	38,414.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	26 777	22 042	E 142	0 550
9	Other employee benefits	36,737.	22,042.	5,143.	9,552. 4,946.
10	Payroll taxes	19,025.	11,415.	2,664.	4,946
11	Fees for services (non-employees):				
а	Management				
b	Legal	2 700		2 700	
С	Accounting	2,780.		2,780.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	00 615	00 615		
	column (A) amount, list line 11g expenses on Sch O.)	89,615.	89,615.		
12	Advertising and promotion	14,860.	8,487.	3,665.	2,708.
13	Office expenses	3,877.	2,210.	969.	698.
14	Information technology	3,011.	2,210.	303.	030.
15	Royalties	6,541.	3,924.	916.	1 701
16	Occupancy	20,512.	18,461.	910.	1,701. 2,051.
17	Travel	20,312.	10,401.		2,031
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	458.	275.	64.	119.
19	Conferences, conventions, and meetings	400.	413.	04.	119
20	Interest  Payments to offiliates			+	
21	Payments to affiliates			+	
22	Depreciation, depletion, and amortization	1,875.		1,875.	
23	Other expenses. Itemize expenses not covered	1,015.		1,075.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOOD HANDLING	25,187.	25,187.		
b	COST OF FOOD DISTRIBUTE	13,708.	13,708.		
c	COST OF TRANSPORTATION	5,153.	5,153.		
d	ROTARY EXPENSES	4,887.	4,887.		
	All other expenses	1,906.	953.		953.
25	Total functional expenses. Add lines 1 through 24e	11,173,328.	11,026,138.	55,311.	91,879
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11-11-16				Form <b>990</b> (2016

Part.	^	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			394,911.	1	349,876.
	2	Savings and temporary cash investments	331/311	2	0 2 3 7 0 7 0 1		
				3			
	4	Pledges and grants receivable, net				4	
	5	Accounts receivable, net  Loans and other receivables from current and for				4	
	3	trustees, key employees, and highest compensations					
						5	
	6	Part II of Schedule L  Loans and other receivables from other disquali				3	
	U	section 4958(f)(1)), persons described in section		· ·			
			•	~ ~ ~ ~ ·			
ر <sub>د</sub>		employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
Assets	7	Notes and loans receivable, net		<b>—</b>		7	
Ass						8	
	9	Inventories for sale or use				9	
- 1		Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	I I			9	
'	Ua	basis. Complete Part VI of Schedule D	100	47,055.			
	h	Less: accumulated depreciation	10a	26,750.	20,305.	10c	20,305.
	1	Investments - publicly traded securities		· · ·	20,3030	11	20,3031
	2	Investments - other securities. See Part IV, line				12	
	3	Investments - other securities. See Part IV, line		<b>—</b>		13	
	4	Intangible assets		_		14	
	5	Other assets. See Part IV, line 11				15	
	6	Total assets. Add lines 1 through 15 (must equ		ı	415,216.	16	370,181.
	7	Accounts payable and accrued expenses	28,452.	17	35,509.		
- 1	8	Grants payable				18	
- 1	9	Deferred revenue			100,000.	19	70,000.
	20	Tax-exempt bond liabilities				20	,
2		Escrow or custodial account liability. Complete				21	
	2	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
lig		Complete Part II of Schedule L	,			22	
2 ا	23	Secured mortgages and notes payable to unrela			3,153.	23	3,153.
- 1	24	Unsecured notes and loans payable to unrelate		<b>—</b>	•	24	
- 1	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	,				
		Schedule D	•	·		25	
2	26	T			131,605.	26	108,662.
		Organizations that follow SFAS 117 (ASC 958					
S S		complete lines 27 through 29, and lines 33 ar	ıd 34.				
ğ 2	27	Unrestricted net assets			276,263.	27	254,171.
38 2	28	Temporarily restricted net assets			7,348.	28	7,348.
ը 2	9	Permanently restricted net assets		<u></u>		29	
표		Organizations that do not follow SFAS 117 (A	SC 958	), check here			
ō		and complete lines 30 through 34.					
9 st	80	Capital stock or trust principal, or current funds				30	
Ass 3	81	Paid-in or capital surplus, or land, building, or ed	quipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		_		32	
2 3	3	Total net assets or fund balances			283,611.	33	261,519.
3	4	Total liabilities and net assets/fund balances			415,216.	34	370,181.

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	11,15			
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,17	-	28. 54.	
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28	3,6	11.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	_	6,7	38.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	26	1,5	19.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				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 in Schedule	O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b			
			Form	990	(2016)	

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## 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.

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

OMB No. 1545-0047 16

Open to Public Inspection

Name of the organization ROTARY FIRST HARVEST Employer identification number 91-1229941

			WI LIVOI II				I -	T T T T D D A F T
Pa	rt I	Reason for Public	Charity Status (	All organizations must co	omplete th	is part.) S	ee instructions.	
The	orgar	nization is not a private found	lation because it is:	For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative					ii).	
4	$\overline{\Box}$	A medical research organiz						the hospital's name
7		city, and state:	ation operated in ee	njanotion with a noopita	1 400011000	1 II 1 000 LIO	170(b)(1)(A)(III)1 EI IIOI	the neophare name,
_			or the benefit of a co	llogo or university ewner	d or opera	tod by a a	overnmental unit describ	and in
5		An organization operated for		niege or university owner	u or opera	teu by a g	overninental unit descri	Ded III
_		section 170(b)(1)(A)(iv). (C	-					
6	$\vdash$	A federal, state, or local go	_					
7		An organization that norma	•	intial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	•					
8	$\vdash$	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research orç	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	ge or
		university:						
10	X	An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)			•		
11		An organization organized		ively to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	•	•	•			
		lines 12a through 12d that						
а		Type I. A supporting orga	* *			-		, aivina
-		the supported organization		•				
		organization. <b>You must o</b>			a majority (	or tric dire	ctors or trustees or the t	заррогинд
h		¬ ·			tion with it	o cupport	ad arganization(a) by bo	vina
b		☐ Type II. A supporting org  ☐ Type II.	•					•
		control or management o			ame perso	ons mai co	ontrol or manage the sup	oported
		organization(s). You mus	·			et a caractela	and the same after a little to the annual	1241-
С		☐ Type III functionally integrated in the second control of	-					ea witn,
		its supported organizatio						
d		☐ Type III non-functionally					• • • • • •	
		that is not functionally int	-		-			riveness
	_	_ requirement (see instruct	,	•				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ent	er the number of supported of	organizations					,
g		vide the following information			Cook la tha a rea	nination linted		1
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				-				
				-				
Tate								

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	-	s first, second, th	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	. $\square$
Sec	organization, check this box and stortion C. Computation of Publ	ic Support Pe	rcentage				<b>P</b>
	Public support percentage for 2016 (			column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2016. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
b	33 1/3% support test - 2015. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - <b>2016.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check	this box and <b>stop</b>	<b>here.</b> Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - <b>2015.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	umstances" test, o	check this box and	d <b>stop here.</b> Explai	n in Part VI how th	е
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶
					Sch	edule A (Form 990	0 or 990-EZ) 2016

#### 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.)

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	lete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(b) 2013	(6) 2014	(u) 2015	(e) 2016	(I) TOTAL
٠	membership fees received. (Do not						
	include any "unusual grants.")	13,272,928.	11,245,767.	12,992,893.	14,677,950.	11,018,449.	63,207,987.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	20,272,720.		22,552,550.	,	, ,,	
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	13,272,928.	11,245,767.	12,992,893.	14,677,950.	11,018,449.	63,207,987.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	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						0.
(	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						63,207,987.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	13,272,928.	11,245,767. 14,772.	12,992,893. 6,870.	14,677,950.	11,018,449.	63,207,987.
ł	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	11,500.	14,772.	0,070.	2,476.	0.	35,678.
	Add lines 10a and 10b	11,560.	14,772.	6,870.	2,476.		35,678.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	11/3000		0,0101	2,1700		
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.)	13,284,488.	11,260,539.	12,999,763.	14,680,426.	11,018,449.	63,243,665.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						▶∟
Se	ction C. Computation of Publi	ic Support Pei	rcentage				
15	Public support percentage for 2016 (li	ine 8, column (f) di	vided by line 13, co	olumn (f))		15	99.94 %
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	99.93 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>16</b> (line 10c, colum	nn (f) divided by line	e 13, column (f))		17	.06 %
	Investment income percentage from 2					18	.07 %
19	a 33 1/3% support tests - 2016. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	orted organization	<b>&gt;</b>
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	ı, or 19b, check th	is box and see ins	tructions	

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 2 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 (b) and (c) 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")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

Yes No 1 2 За 3b Зс 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Pa	rt IV   Supporting Organizations (continued)			
	,		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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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			
			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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? 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 yea(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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) 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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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 (a) and (b) 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? 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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	inchriptiona)			

Schedule A (Form 990 or 990-EZ) 2016

Par	I V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

D 13/1	(10111 000 01 000 LZ) Z010 110 1111 1 1 1 1 1 1 1 1 1 1 1 1 1
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
_	

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Organization type (check one):

Employer identification number

ROTARY FIRST HARVEST 91-1229941

Filers of:		Section:					
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> 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					
•	•	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General R	tule						
X F							
Special R	ules						
s a	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
у	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
y is p	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} 1						
Caution: A	An organization tha	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

#### ROTARY FIRST HARVEST

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AVEN FOUNDATION  PO BOX 465  MEDINA, WA 98039	\$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SEATTLE #4 ROTARY CLUB  1215 4TH AVENUE SUITE 1215  SEATTLE, WA 98161	\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SNOQUALMIE VALLEY ROTARY CLUB  PO BOX 1463  NORTH BEND, WA 98045	\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
4	Name, address, and ZIP + 4  T & A SHEMANSKI TESTAMENTARY TRUST AND FOUNDATION  800 5TH AVE, SUITE 3300  SEATTLE, WA 98104	\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	UNIVERSITY ROTARY CLUB  PO BOX 31125  SEATTLE, WA 98133	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	STEMILT GROWERS INC WAREHOUSE ROAD #1	\$ 1,738,633.	Person Payroll Noncash X
602450 10 1	WENATCHEE, WA 98807	Cohodulo D /Form	(Complete Part II for noncash contributions.)

#### ROTARY FIRST HARVEST

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KNUTZEN FARMS  9255 CHUCKANUT DR  BURLINGTON, WA 98223	\$ 424,238.	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
8	BORDERLAND FOOD BANK  2661 N DONNA AVE  NOGALES, AZ 85621	- - \$ 611,615.	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
9	SOCIETY OF ST. ANDREW  3383 SWEET HOLLOW ROAD  BIG ISLAND, VA 24526	\$ 401,955.	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
10	BOLTHOUSE FARMS  10 SONOVA ROAD  PROSSER, WA 99350	\$ 143,620.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	MEDINA FOUNDATION  801 SECOND AVENUE, SUITE 1300  SEATTLE, WA 98104	\$ <u>35,000</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
12	LIBERTY MUTUAL FOUNDATION  175 BERKLEY STREET  BOSTON, MA 02116	\$\$15,000.	Person X Payroll
600450 10 1	- 10	Cohodulo D /Earm	990 990-F7 or 990-PF) (2016

#### ROTARY FIRST HARVEST

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
13	NORCLIFFE FOUNDATION  999 THIRD AVENUE, SUITE 1006  SEATTLE, WA 98104	\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
14	STERLING REALTY ORGANIZATION  600 106TH AVENUE NE SUITE 200  BELLEVUE, WA 98004	\$10,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
15	NATIONAL FROZEN FOODS PO BOX 9366 SEATTLE, WA 98109	\$5,060,947.	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				
16	WALLACE FARM - MAILING  10412 CHUCKANUT DRIVE  BURLINGTON, WA 98233	\$1,836,917.	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				
17	COSTCO  999 LAKE DRIVE  ISSAQUAH, WA 98029	\$17,500 <b>.</b>	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
18	MERCER ISLAND ROTARY  PO BOX 1463  MERCER ISLAND, WA 98040	\$7,000.	Person X Payroll				
600450 10 1		Cahadula D /Farm	990 990-F7 or 990-PF) (2016)				

# Name of organization ROTARY FIRST HARVEST Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
19	THE GOTTFRIED & MARY FUCHS FOUNDATION  2825 COLBY AVE, SUITE A  EVERETT, WA 98201	\$6,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
20	SMITH-BARBIERI PROGRESSIVE FUND  820 N POST STREET #603  SPOKANE, WA 99201	\$5,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
21	MOCCASIN LAKE FOUNDATION  1405 42ND AVE E  SEATTLE, WA 98112	\$7,500.	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				
22	TREE TOP, INC  205 SOUTH RAILROAD AVE  SELAH, WA 98942	\$ 397,341.	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				
23	VALLEY PRIDE SALES  10522 CHUCKANUT DRIVE  BURLINGTON, WA 98233	\$\$	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				
<u>24</u>	BAY BABY FARM  200 . WASHINGTON AVE  BURLINGTON, WA 98233	\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)				

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

#### ROTARY FIRST HARVEST

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
25	OAK HARBOR FREIGHT LINES  PO BOX 1469  AUBURN, WA 98071	\$5,153.	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				
26	SUSAN ELIZABETH FOUNDATION  PO BOX 91302  SEATTLE, WA 98111	\$10,000.	Person X Payroll				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
27	CORPORATION FOR NATIONAL & COMMUNITY SERVICE  JACKSON FEDERAL BUILDING  SEATTLE, WA 98174	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
28	NANCY BITTNER  31 PINE STREET  EDMONDS, WA 98020	\$5,053.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
29	MUCKELSHOOT CASINO  2402 AUBURN WAY SOUTH  AUBURN, WA 98002	\$5,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
30	SAMMAMISH ROTARY CLUB  PMB 11 3020 ISSAQUAH PINE LAKE RD SE  SAMMAMISH, WA 98075	\$5,000.	Person X Payroll				
600450 10 1		Cohodulo P (Form	990 990-F7 or 990-PF) (2016)				

#### ROTARY FIRST HARVEST

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	NORMAN ARCHIBALD CHARITY FOUNDATION PO BOX 21927 SEATTLE, WA 98111	\$5,000.	Person X Payroll
(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) 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### ROTARY FIRST HARVEST

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						
6	·						
		\$1,738,633.	12/31/16				
(a) No.	(6.2)	(c)	(-1)				
from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received				
Part I		(See instructions)					
7	FOOD						
		\$424,238.	_12/31/16_				
(a) No.	(b)	(c)	(d)				
from	Description of noncash property given	FMV (or estimate) (See instructions)	Date received				
Part I		(See ilistructions)					
8	FOOD						
		\$611,615.	12/31/16				
(a) No.	(b)	(c)	(d)				
from	Description of noncash property given	FMV (or estimate) (See instructions)	Date received				
Part I	EOOD	(Geo mondonorio)					
9	FOOD						
		\$ 401,955.	12/31/16				
(a)		(c)					
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received				
Part I	Description of noncash property given	(See instructions)	Date received				
	FOOD						
10							
	-	\$ 143,620.	12/31/16				
(a)		(c)					
No. from	(b)	FMV (or estimate)	(d)				
Part I	Description of noncash property given	(See instructions)	Date received				
	FOOD						
15							
		\$ 5,060,947.	12/31/16				
600450 10 1			900 900-F7 or 990-PF\ /2016\				

#### ROTARY FIRST HARVEST

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				
16	FOOD						
		\$ 1,836,917.	12/31/16				
(a) No.	(1-)	(c)	(4)				
from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received				
Part I		(See instructions)					
22	FOOD						
		\$ 397,341.	12/31/16				
(a)		(-)					
No.	(b)	(c) FMV (or estimate)	(d)				
from Part I	Description of noncash property given	(See instructions)	Date received				
	FOOD						
23	- <u></u>						
		\$ 43,000.	12/31/16				
		<u> </u>					
(a) No.	<i>(</i> 1.)	(c)	(.0)				
from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received				
Part I		(See instructions)					
24	FOOD						
	·						
		\$ 15,686.	12/31/16				
(a)		(c)					
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received				
Part I	Description of noncastr property given	(See instructions)	Date received				
25	TRANSPORTATION						
25							
		\$5,153.	12/31/16				
(a)		(c)					
No. from	(b)	FMV (or estimate)	(d)				
Part I	Description of noncash property given	(See instructions)	Date received				
600450 10 1		\$Schodulo B (Form)	990 990-E7 or 990-PE) (2016)				

Name of organization Employer identification number 91-1229941 ROTARY FIRST HARVEST 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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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. (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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ROTARY FIRST HARVEST

**Employer identification number** 91-1229941

Par	art I Organizations Maintaining Donor Advised Fi	unds or Other Similar Fund	ds or Accounts. Complete if the
1 011	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·
2	Aggregate value of contributions to (during year)		
3	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)		
4	Aggregate value at end of year  Did the organization inform all donors and donor advisors in writin		is and formale
5	_	·	
•	are the organization's property, subject to the organization's exclu	-	
6	Did the organization inform all grantees, donors, and donor advisor		•
	for charitable purposes and not for the benefit of the donor or dor		
Dat	impermissible private benefit?  art II Conservation Easements. Complete if the organize	ation aroused IVanII as Farm 000	
			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (c		And a the form ask and have decree
	Preservation of land for public use (e.g., recreation or education of land for public use)	· —	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified c	onservation contribution in the forr	
	day of the tax year.		Held at the End of the Tax Year
	a Total number of conservation easements		a.
	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired after	*	
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by t	he organization during the tax
_	year ▶		
4	Number of states where property subject to conservation easeme		_
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	lling of violations, and enforcing co	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		70 (1) (1) (2) (2)
8	Does each conservation easement reported on line 2(d) above sat		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ea	·	
	include, if applicable, the text of the footnote to the organization's	financial statements that describe	s the organization's accounting for
Dai	conservation easements.  art III Organizations Maintaining Collections of Art	Historical Treasures or	Other Similar Assets
Fai	Complete if the organization answered "Yes" on Form 990,		Other Sillian Assets.
10	a If the organization elected, as permitted under SFAS 116 (ASC 95		amont and balance sheet works of art
Id	historical treasures, or other similar assets held for public exhibition		
	the text of the footnote to its financial statements that describes t		rance or public service, provide, in Fart XIII,
h	If the organization elected, as permitted under SFAS 116 (ASC 95		nt and halance sheet works of art historical
b	treasures, or other similar assets held for public exhibition, educate		
	relating to these items:	ion, or research in furtherance of p	dblic service, provide the following amounts
			•
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		
2	If the organization received or held works of art, historical treasure		
-	the following amounts required to be reported under SFAS 116 (A		gam, protice
а			<b>&gt;</b> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2016

Pai	t III Organizations Maintaining C	Collections of Ar	rt, Hist	orical Tr	easures, d	or Other	Simila	Asse	<b>ts</b> (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sig	nificant us	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d	l	oan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organizati	on's exem	pt purpos	e in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's c	ollection?			$\square$	Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	'Yes" on F	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contributior	ns or other as	sets not in	ncluded		_	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance									
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	unt liability	y?	L	Yes	No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo					•	
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back (d	<b>I)</b> Three yea	ırs back	(e) Four y	ears back
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 cur	rent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	and administe	red for the	e organiza	tion	_	
	by:								\	res No
	(i) unrelated organizations									-
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere				1					
	Description of property	(a) Cost or of			or other	. ,	umulated		(d) Book	value
		basis (investn	nent)	basis	(other)	depr	eciation	$\perp$		
	Land									
	Buildings				2 2			$\perp$		F02
С	Leasehold improvements			-	2,523.		26 55	$\overline{}$		,523.
d	Equipment			4	4,532.	-	26,75	U •	17	,782.
	Other	<del></del>		<b></b>				+	2.0	205
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X. colun	nn (B). line 1	1 (C.)				⊿0	,305.

Schedule D (Form 990) 2016

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2016 ROTARY FIRE	ST HARVEST		91	-1229941 Page 3
Part VII Investments - Other Securities.				<u> </u>
Complete if the organization answered "Yes	" on Form 990, Part IV,	line 11b. See Form 990	, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	/aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes		line 11c. See Form 990	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	/aluation: Cost or end	d-of-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (Col. (b) must equal Form 000. Part V. col. (P.) line 12.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	1			
Complete if the organization answered "Yes	" on Form 990 Part IV	line 11d See Form 990	Part X line 15	
	Description	III 114. 000 1 0111 000	, 1 410 75, 1110 10.	(b) Book value
(1)	, 1			. ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes	" on Form 990, Part IV,	line 11e or 11f. See For	m 990, Part X, line 25	j.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ........................▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Pai	rt XI	Reconciliation of Revenue per Audited Financial Sta	tements With Rever	iue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е	Add li	nes 2a through 2d		2e	
3	Subtra	act line <b>2e</b> from line <b>1</b>		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes <b>4a</b> and <b>4b</b>		4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial St	· · · · · · · · · · · · · · · · · · ·	nses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lir			
1		expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ted services and use of facilities			
b	Prior y	year adjustments	2b		
С		losses			
d		(Describe in Part XIII.)			
е		nes 2a through 2d			
3		act line <b>2e</b> from line <b>1</b>		3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1.1		
_	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
a			1 1		
b	Other	(Describe in Part XIII.)	4b		
b	Other Add li	nes <b>4a</b> and <b>4b</b>			
b c 5	Other Add lii Total	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1			
b c 5	Other Add lii Total o	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1  Supplemental Information.	8.)	5	ł VI
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1  Supplemental Information.	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa	Other Add li Total ort  Tt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	t XI,

#### **SCHEDULE G**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internet and email solicitations

Phone solicitations

(i) Name and address of individual

or entity (fundraiser)

#### **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.

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

OMB No. 1545-0047

**2016** 

Open to Public Inspection
Employer identification number

(vi) Amount paid

to (or retained by)

organization

(v) Amount paid

to (or retained by)

fundraiser

listed in col. (i)

# ROTARY FIRST HARVEST 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. I Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants

Solicitation of government grants

Special fundraising events

(iii) Did fundraiser have custody or control of contributions?

Yes No

(iv) Gross receipts

from activity

d In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

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

(ii) Activity

Total			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	d it is exempt from re	egistration

632081 09-12-16

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

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 ROTARY FIRST HARVEST 91-1229941 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events HEARTS AND ONLINE NONE (add col. (a) through WINE AUCTION col. (c)) (event type) (event type) (total number) Revenue 88,261 94,099. 1 Gross receipts 5,838. 5,838 5,838. 2 Less: Contributions 88,261. 88,261 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 2,400. 2,400. 7 Food and beverages 8 Entertainment 0. 9 Other direct expenses 32,675. 32,675. 35,075. 10 Direct expense summary. Add lines 4 through 9 in column (d) 53,186. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2016

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

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2016 KOTAKT FIRST HARVEST	91-1229941 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	<b>13a</b>   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amo of gaming revenue retained by the third party ▶\$	unt
c If "Yes," enter name and address of the third party:	
Name ▶	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III lines 9 9h 10h 15h
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	art III, III 163 3, 38, 168, 168,
13c, 10, and 17b, as applicable. Also provide any additional information. See instructions	

Schedule G (Forr	n 990 or 990-EZ) <b>pplemental Infor</b>	ROTARY FIR	ST HARVEST	91-1229941 Page 4
Part IV Su	pplemental Infor	mation (continued)		

# SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public OMB No. 1545-0047 Inspection **Employer identification number** 

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

% ⊠ Schedule I (Form 990) (2016) 91 - 1229941(h) Purpose of grant or assistance TO FEED THE HUNGRY FEED THE HUNGRY TO FEED THE HUNGRY TO FEED THE HUNGRY TO FEED THE HUNGRY FEED THE HUNGRY Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection <sub>E</sub> 임 (g) Description of noncash assistance 100D 100D 100D FOOD FOOD 100D (f) Method of valuation (book, FMV, appraisal, other) 4,201,742,FMV 349,014. FMV 258,000, FMV 8,600.FMV 222,224.FMV 83,248, FMV (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Ö o Ö Ö 0 0 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table ROTARY FIRST HARVEST 91-1090450 91-0577129 91-0826037 91-0918619 91-1307564 91-1140086 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? AGENCY - 330 PACIFIC PLACE - MOUNT 1(a) Name and address of organization SKAGIT COUNTY COMMUNITY ACTION or government CLARK COUNTY FOOD BANK VOLUNTEERS OF AMERICA BELLINGHAM FOOD BANK WA 98225 SHORELINE, WA 98155 VANCOUVER, WA 98661 NORTHWEST HARVEST SEATTLE, WA 98102 EVERETT, WA 98201 6502 NE 47TH AVE 1702 NE 150TH ST WA 98273 FOOD LIFELINE 1230 BROADWAY PO BOX 12272 BELLINGHAM, 1824 ELLIS VERNON, Partl Part II Q

632101 11-01-16

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Page 1

	art II.)	
	dule I (Form 990), Pa	
	he United States (Sche	
	inizations in the U	
ST	ernments and Orga	
RST HARVEST	Assistance to Gov	
ROTARY FIRST HARVEST	of Grants and Other	
le I (Form 990)	Continuation	
Schedul	Part II	

(a) Name and address of organization or government	NB ( <b>d</b> )	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL FOOD BANK OF OKLAHOMA 3355 SOUTH PURDUE OKLAHOMA CITY, OK 73127	73-1100380		.0	1,111,490.	FMV	FOOD	TO FEED THE HUNGRY
OREGON FOOD BANK 7900 NE 33RD PORTLAND, OR 97211	93-0785786		.0	1,526,715.	FMV	FOOD	TO FEED THE HUNGRY
SOCIETY OF ST. ANDREW 3383 SWEET HOLLOW ROAD BIG ISLAND, VA 24526	54-1285793		.0	701,069.	FMV	FOOD	TO FEED THE HUNGRY
TACOMA EMERGENCY FOOD NETWORK 3318 92ND ST S LAKEWOOD, WA 98499	94-3131776		.0	1,817,545,	FMV	FOOD	TO FEED THE HUNGRY
SECOND HARVEST FOOD BANK OF THE INLAND NW - 1234 E. FRONT STREET - SPOKANE, WA 99202	23-7173826		.0	71,010.	FMV	FOOD	TO FEED THE HUNGRY
CALIFORNIA ASSOCIATION OF FOOD BANKS - 1624 FRANKLIN STREET, SUITE 722 - OAKLAND, CA 94612	68-0392816		.0	21,765,	FMV	FOOD	TO FEED THE HUNGRY
SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVE SAN DIEGO, CA 92121	20-4374795		0.	203,811.	FMV	FOOD	TO FEED THE HUNGRY
LARIMER COUNTY FOOD BANK 1301 BLUE SPRUCE FORT COLLINS, CO 80522	74-2336171		.0	40,936.	FMV	FOOD	TO FEED THE HUNGRY
SECOND HARVEST HEARTLAND FOOD BANK 1140 GERVAIS AVE MAPLEWOOD, MN 55109	23-7417654		0.	31,741.	FMV	FOOD	TO FEED THE HUNGRY
							Schedule I (Form 990)

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Page 1

( <b>h</b> ) Purpose of grant or assistance	TO FEED THE HUNGRY	TO FEED THE HUNGRY			
(g) Description of non-cash assistance	FOOD	FOOD			
(f) Method of valuation (book, FMV, appraisal, other)					
(e) Amount of non-cash assistance	11,180.FMV	154.FMV			
(d) Amount of cash grant	.0	0.0			
(c) IRC section if applicable					
(b) EIN	93-1099406	62-1340755			
(a) Name and address of organization or government	LINN BENTON FOOD SHARE 33747 LOONEY LAKE CORVALLIS, OR 97333	MID-SOUTH FOOD BANK 239 S DUDLEY STREET MEMPHIS, TN 38104-3203			

Schedule I (Form 990)

91-1229941

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

ROTARY FIRST HARVEST

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

Name of the organization

Employer identification number 91-1229941

Pai	irt I Types of Property									
	•	,	a)	(b)	(c)		(d			
		l	ck if	Number of	Noncash con		Method of c		-	
		appli	cable	contributions or items contributed	amounts repo		noncash contrib	oution a	mount	S
1	Art - Works of art			Itomo continuatoa	r om ooo, r are	viii, iii lo 1g				
2	Art - Historical treasures			<del> </del>						
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 contributi									
	Historic structures									
14	Qualified conservation contributi									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18										
	Collectibles			11	10 67	9 105	\$1.72 PER	T.B O	ਸ ਸ	$\overline{\Box}$
19	Food inventory		•		10,07	J, 10J.	γ <b>1•</b> /2 ΙΔΙ .	<u> </u>		<u> </u>
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (									
26	Other (	)								
27	Other (									
28	Other (	)								
29	Number of Forms 8283 received	by the organization	durin	g the tax year for c	ontributions					
	for which the organization comp	leted Form 8283, Pa	art IV,	Donee Acknowled	gement	29				
									Yes	No
30a	During the year, did the organiza	ation receive by cont	ributio	on any property rep	oorted in Part I, li	nes 1 throu	gh 28, that it			
	must hold for at least three years									
	exempt purposes for the entire h				•			30a		Х
b	If "Yes," describe the arrangeme									
31	Does the organization have a gift		that r	equires the review	of any nonstand	ard contribu	itions?	31	х	
	Does the organization hire or use							-	<del>-                                   </del>	
oza		-						220		Х
L								32a		41
	If "Yes," describe in Part II.		. /-> *			(-) : !	alaad			
33	If the organization didn't report a	an amount in column	ı (C) 10	or a type of propert	y for which colun	nn (a) is che	скеа,			
	describe in Part II.									
LHA	For Paperwork Reduction Ac	CT Notice. see the Ir	nstruc	tions for Form 99	U.		Schedule M	/I (Form	990) (	2016)

632142 08-23-16

Schedule M (Form 990) (2016)

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

ROTARY FIRST HARVEST

Employer identification number 91-1229941

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

FAMILIES WHO VISIT FOOD BANKS OR HOT MEAL PROGRAMS HAVE THE FRUITS AND

VEGETABLES THEY NEED TO PROVIDE A HEALTHY, WELL-BALANCED DIET.

HUNGER-RELATED MALNUTRITION IS A SERIOUS ISSUE THAT CAN HAVE LONG-TERM

AND EVEN PERMANENT PHYSICAL, EMOTIONAL AND MENTAL EFFECTS. RFH PLAYS A

UNIQUE AND CRITICAL ROLE IN THE FIGHT AGAINST HUNGER IN WASHINGTON,

BEING NEITHER A FOOD BANK DISPENSING FOOD TO CLIENTS AT A SINGLE

LOCATION, NOR A DISTRIBUTION WAREHOUSE SERVING FOOD BANKS WITHIN A

DEFINED NETWORK. WE ARE AN INDEPENDENT AGENCY WHICH ACTS AS A

NON-PROFIT BROKER -- LOCATING SURPLUS FOOD, COORDINATING HARVESTING OR

PACKAGING IF REQUIRED, IDENTIFYING A PARTNER WAREHOUSE THAT NEEDS IT,

AND ARRANGING TRANSPORTATION TO MOVE THE PRODUCE TO A WAREHOUSE FOR

SORTING AND DISTRIBUTION TO AREA FOOD BANKS.

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

-ENGAGE ROTARIANS IN HUNGER RELIEF

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

OR DEEPLY DISCOUNTED TRUCKING TO DELIVER THE PRODUCE FROM THE DONOR TO

THE FOOD BANK DISTRIBUTION WAREHOUSES. WE ENDEAVOR TO WORK WITH FOOD

DONORS TO MAKE IT AS SIMPLE AS POSSIBLE TO PARTICIPATE, AND HAVE FOUND

THAT BULK-SIZED DONATIONS (IN 1,000 POUND BINS) ARE AN EFFECTIVE WAY TO

COLLECT PRODUCE. IF NEEDED, DONATIONS OF BULK PRODUCE ARE PACKED BY

VOLUNTEERS INTO FAMILY-SIZED PORTIONS AND SENT ON TO LOCAL FOOD BANKS

FOR DISTRIBUTION. THESE DONATIONS CREATE AN EFFECTIVE AND VERY

TANGIBLE VOLUNTEER EXPERIENCE-PARTICULARLY FOR YOUNGER VOLUNTEERS WHO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization ROTARY FIRST HARVEST

Employer identification number 91-1229941

ARE INCREASINGLY INTERESTED IN SEEING FRESH, WHOLESOME PRODUCE DIVERTED FROM FOOD WASTE TO HELP THOSE IN NEED.

TO ENGAGE THE SMALL AND MID-LEVEL FARMERS, RFH USES OUR HARVEST AGAINST
HUNGER (HAH) PROGRAM. THROUGH HAH, WE PLACE DEDICATED, FULL-TIME

AMERICORPS VISTA MEMBERS AROUND THE STATE AT LOCAL FOOD BANKS TO START

PRODUCE GLEANING PROGRAMS. THESE VISTA PARTNER WITH FARMERS IN THEIR

AREAS TO SEND IN TEAMS OF VOLUNTEERS TO GLEAN REMAINING CROPS, PLANT

AND MAINTAIN FOOD BANK GARDENS, CAPTURE LEFTOVER PRODUCE AT FARMERS'

MARKETS AND MORE, ALL TO FEED HUNGRY PEOPLE WITHOUT NEEDING TO

TRANSPORT THE FOOD LONG DISTANCES NOR TAKE AWAY FROM ANYONE ELSE. THE

CONCEPT AND THE PROCESS OF WHAT WE DO AT RFH ARE SIMPLE: REDUCE FOOD

WASTE AND FEED HUNGRY PEOPLE BY CAPTURING SURPLUS PRODUCE AND MOVING IT

AS EFFICIENTLY AS POSSIBLE TO HUNGER RELIEF PARTNERS.

OUR HARVEST AGAINST HUNGER PROGRAM HAS PARTNERED WITH OVER 50

HUNGER-RELIEF AGENCIES IN WASHINGTON. WHEN WE RECEIVE DONATIONS THAT

ARE LARGER THAN OUR STATEWIDE PARTNERSHIPS CAN EFFECTIVELY HANDLE, WE

WORK THROUGH OUT-OF-STATE PARTNERS TO TRADE FOR PRODUCE THAT IS EXCESS

IN NEIGHBORING REGIONS.

WE ARE CAREFUL STEWARDS OF DONATED FUNDING. BY LEVERAGING OUR

PARTNERSHIPS AND THE SUPPORT OF HUNDREDS OF ROTARIANS THROUGHOUT THE

REGION, WE WERE ABLE TO COLLECT (EITHER DIRECTLY OR THROUGH OUR PARTNER

ORGANIZATIONS) 10 MILLION POUNDS OF PRODUCE LAST YEAR WITH AN OVERALL

BUDGET OF LESS THAN \$500,000.

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

A COPY OF THE FORM 990 WILL BE PROVIDED TO THE EXECUTIVE AUDIT COMMITTEE

ROTARY FIRST HARVEST	91-1229941
AND SIGNED BY THE OF DIRECTOR'S PRESIDENT.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUAL BOARD MEMBER INFORMATION FORM	
FORM 990, PART VI, SECTION B, LINE 15:	
REVIEW/COMPARISON TO LOCAL AND REGIONAL NON-PROFIT EMPLOY	ZEE COMPENSATION
SURVEYS (UPDATED ANNUALLY).	
FORM 990, PART VI, SECTION C, LINE 19:	
FORM 990 IS MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQ	QUEST AND POSSIBLY
THROUGH OTHER ORGANIZATIONS WEBSITES SUCH AS GUIDESTAR, N	IETWORK FOR GOOD
AND SEATTLE FOUNDATION.	

## Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

### Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

	te Form 7004 to request air extension of time to life incom			Enter file	er's identifying	g number	
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employer identification number (EIN)		number (EIN) or	
print					91-122	0041	
File by the	ROTARY FIRST HARVEST	<u> </u>		0			
due date for filing your return. See	1201 1ST AVENUE S. SUITE 32		tions.	Social se	curity number	(SSN)	
nstruction		oreign add	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applica	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	00 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	90-BL	02	Form 1041-A			08	
Form 47	720 (individual)	03	Form 4720 (other than individual)			09	
Form 99	90-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	Form 6069			11		
Form 990-T (trust other than above) 06 Form 8870  DAVID BOBANICK						12	
Telep If the If this box If this box	request an automatic 6-month extension of time until or the organization named above. The extension is for the organization named above. The extension of time until or or or or at ax year beginning JUL1, 2016 the tax year entered in line 1 is for less than 12 months, continuous con	s in the Ur Group Exe and atta MA organizatio	Fax No.   inted States, check this box	f this is fo	r the whole groers the extens	oup, check this sion is for.	
L	Change in accounting period				<del> </del>		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any			0	
_	onrefundable credits. See instructions.			3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0	
_	stimated tax payments made. Include any prior year overp			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa v using EFTPS (Electronic Federal Tax Pavment System). \$	,	, , ,	3c	\$	0.	
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c   \$ U •						

instructions.

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

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045