

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2017

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning OCT 1, 2017 and ending OCT 31, 2017

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NORTHWEST FOLKLIFE</b>		<b>D</b> Employer identification number <b>91-1311548</b>
	Doing business as		<b>E</b> Telephone number <b>206 684 7300</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>54,516.</b>
	<b>305 HARRISON ST</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>SEATTLE, WA 98109</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer <b>MARISSA A. TANIMURA</b> <b>SAME AS C ABOVE</b>			If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>HTTP://WWW.NWFOLKLIFE.ORG/</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1984</b>
<b>M</b> State of legal domicile: <b>WA</b>			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>SEE SCHEDULE O</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operation used of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	16
	4	Number of independent voting members of the governing body (Part V)	16
	5	Total number of individuals employed in calendar year 2017 (Part V, line 5)	128
	6	Total number of volunteers (estimate if necessary)	6753
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,132,151. Current Year: 51,615.
	9	Program service revenue (Part VIII, line 2g)	547,437. 2,899.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,557. 2.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,682,145. 54,516.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	766,778. 57,514.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
16b		Total fundraising expenses (Part IX, column (D), line 25) <b>4,657.</b>	
17		Other expenses (Part IX, column (A), lines 11a-d, 11-24e)	729,585. 70,483.
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1,496,363. 127,997.	
19	Revenue less expenses - Subtract line 18 from line 12	185,782. -73,481.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 313,217. End of Year: 245,387.
	21	Total liabilities (Part X, line 26)	31,945. 37,596.
	22	Net assets or fund balances - Subtract line 21 from line 20	281,272. 207,791.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer		Date
	<b>MARISSA A. TANIMURA, MANAGING DIRECTOR</b> Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<b>MARK T. LONG, CPA</b>	<i>Mark T Long</i>	<b>05/22/18</b>
Preparer Use Only	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed PTIN
	<b>THE MYERS ASSOCIATES, P.C.</b>	<b>91-1123435</b>	<b>P00047630</b>
Firm's address		Phone no. (206) 623-6116	
<b>520 PIKE ST, STE 1040 SEATTLE, WA 98101-2397</b>			

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

SCANNED MAR 20 2019

