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Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

r tax year beginning	January 1	, 2018, and ending	Decembe	er 31						
► Go to www.irs.gov/	Form990 for instru	ctions and the latest info	rmation.	181						
 Do not enter social security numbers on this form as it may be made public. 										

Ā	For the	2018 cale	ndar year, or tax year beginning January 1 , 2018, and endi	ng Decer	nber 31	, 20 18
В	Check if	f applicable:	C Name of organization Northwest SHARE		D Employ	er identification number
		change	Doing business as Kalaksetra	,		91-1918588
$\overline{\sqcap}$	Name c	•	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite	E Telepho	ne number
$\overline{\Box}$	Initial re	_	1455 11th Ave., NW			425 208 5036
$\overline{\Box}$		m/terminated	City or town, state or province, country, and ZIP or foreign postal code			100
$\overline{\Box}$			ssaquah, WA 98027		G Gross re	eceipts \$ \$1,051,561.16
Ħ			F Name and address of principal officer: Harry Terhanian	M(a) le thus a c		subordinates? Yes No
	гфрисси	- 1	12040, Avondale Place, Redmond, WA 98052			s included? Yes No
	Tay-aya	mpt status:	✓ 501(c)(3)	, 		a list. (see instructions)
<u> </u>	Website	•	2/nwshare.org	-/ -	•	number ▶
<u>K</u>			✓ Corporation Trust Association Other L Year of forms			of legal domicile: WA
Ë	art l	Summ		2001	W State	or legal dorrilone. VVA
	1		scribe the organization's mission or most significant activities: Provide	de education	to genera	I public based on
•	ì •	-	-			
2UZU Governance			ues. Provide free food via the Free food truck. To Share Arts and Cultural	programs wi	ui Greate	r Seatue Communices
٦Ĕ	9		e animal shelter and sustainable farming at Goloka Farm, Redmond, WA is box ▶ ☐ if the organization discontinued its operations or disposed	of more than	25% of	ite not accote
3₹	3			Of HIOTE UTAL	3	its liet assets.
70	4		of voting members of the governing body (Part VI, line 1a)	 \	4	8
, J = 0	5			,	5	8
	!		nber of individuals employed in calendar year 2018 (Part V, line 2a)		6	10
Activities &	6		nber of volunteers (estimate if necessary)	/FD	7a	20
_ ~	7a		elated business revenue from Part VIII, column (C), line 12RECEIV	/ <u>EU</u>	7b	
-	b	Net unrei	ated business taxable income from Form 990-T, line 38————————————————————————————————————	O 40 ProfY		Current Year
i i		O	ions and grants (Part VIII, line 1h)	/1114 Y 1		
SIN SA	8		10.71		69,422.88	
7 5	9	_	service revenue (Part VIII, line 2g)		97,305.11	\$777,820.45
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	, UT	0	<u> </u>
つ [_]	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		66,727.99	\$1,051,561.16
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	\$	15,113.86	0
	14		paid to or for members (Part IX, column (A), line 4)			
S Q	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	\$3	98,260.26	\$576,808.13
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)			
Š	b		draising expenses (Part IX, column (D), line 25) ▶			
ш	17		penses (Part IX, column (A), lines 11a-Recalive on Corres	\$2	10,742.14	\$377,286.36
	18	-	enses. Add lines 13–17 (must equal Part IXR Soluto 69, fine 25) .	\$8	30,914.41	\$954,094.49
	19	Revenue	less expenses. Subtract line 18 from line 12		33,434.21	\$97,466.67
ets or lances	1		DEC 11 2013	Beginning of Cu		End of Year
See	20		ets (Part X, line 16)	\$3	67,267.34	\$356,252.40
Net Asse Fund Bak	21		lities (Part X, line 26) Ogden, Utah		\$4,494.26	\$4,428.06
			s or fund balances. Subtract line 21 from line 20	\$3	62,773.08	\$351,824.34
Pa	art II	Signat	ure Block			
			y, I declare that I have examined this return, including accompanying schedules and state			my knowledge and belief, it is
	e, correc	t, and comple	ete. Declaration of preparer (other than officer) is based on all information of which prepare	er nas any know	euge.	
			1			
Sig		Signa	ture of hofficer	Da	te #-(1 ·	Linkanio
He	re		100000 (1) Chourdon		17/	10/2019
		17	orprint name and title Harry Terhanian			·
Pa	id	Print/Typ	pe preparer's name Preparer's signature D	ate	Check [
	epare	r			self-em	oloyed
	e Onl		ame ►	Firm	n's EIN ▶	<u>.</u>
		Firm's ac	ldress ▶	Pho	ne no.	
Ma	y the IF	RS discuss	this return with the preparer shown above? (see instructions)		<u> </u>	Yes No
For	Paperv	vork Reduc	ction Act Notice, see the separate instructions. Cat I	No. 11282Y		Form 990 (2018)

		,
Form 990	0 (2018)	' Page 2
Part I		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	Northwest SHARE provides services in the areas of Health (vegetarian food), Arts (dances and Drama), Relati	
	finally formal Education. As a charity we have helped many people with free food (My Sweet Lord Restaurant	
	free burrito distribution on the streets. As a formal school we are taking care of educating students regardle We also procured a food truck to give out free food in 2015 and started a animal shelter & organic farming sh	
2	Did the organization undertake any significant program services during the year which were not listed	on the
	prior Form 990 or 990-EZ?	· · 🔲 Yes 🗹 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any pr	
	services?	· · Yes INo
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service.	unicos as maasured hy
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants at	nd allocations to others.
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: 001) (Expenses \$ \$754,108.00 including grants of \$) (Revenue \$	\$777,820)
	The Synergy Learning Academy a part of NW SHARE provides elementary education and primary education to	
	A total of 70 kids being trained reducing burden on overcrowded public-school classrooms and to provide he	listic education
	The education is subsidized through donations received by NorthwestSHARE	
4b	(Code: 002) (Expenses \$ \$199,986.49 including grants of \$) (Revenue \$	\$273,740.71)
•	The Health part of Northwest SHARE provides free food at Seattle's University district via a Vegetarian food	
	This truck also roams the greater Seattle area and is feeding 200 plates + of hot food on a typical weekend da	
	the street to those who need them - predominantly unemployed and homeless and some high-school and col	lege students
	NW SHare has also put forward proposals to build a pioneer homeless village in greater Seattle area known f	••••••
	homelessness in the country due to a combination of rapid rent increases and evictions of disadvantaged se	
	NwShare also conducts classes in ethnic languages and takes care of cows as a showcase of traditional organization.	anic tarming

	(0)	
4C	(Code: 002) (Expenses \$ including grants of \$) (Revenue \$)

) (Revenue \$

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

Total program service expenses ▶



Part IV Checklist of Required Schedules

			195	140
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	v	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	İ
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		,
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		~
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		,
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			,
7	"Yes," complete Schedule D, Part I 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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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		-
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 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, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
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		,
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		٧
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		٧
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	~	~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<u> </u>
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		٧
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
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	,	
		_	000	

Form **990** (2018)

Part	Checklist of Required Schedules (continued)			- 1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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		V
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		,
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С.	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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	-	~
ь	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		v
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	٧	
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		>
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		>
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28Ь		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		•
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	~	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		100	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		

art	Statements Regarding Other INS Fillings and Tax Compliance (continued)			
	Enter the number of ampleyees reported on Form W.2. Transmitted of Ware and Tay	<u></u>	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	 		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		~
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)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u> </u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		~
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	3C		
oa	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		_
Þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ.,
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			1
а	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 . 10b			[
11	Section 501(c)(12) organizations. Enter:			1
a	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)]]
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		~
	Note. See the instructions for additional information the organization must report on Schedule O.		1	Ì
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			1
c	the organization is licensed to issue qualified health plans			1
е 4а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		 ,
	If "Yes," complete Form 4720, Schedule O.		. 900	<u> </u>
		rom	n 990	(2018)

Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins						
Saction	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	· · · · · ·	• •	· ·					
Secu	on A. Governing body and management			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a							
I	If there are material differences in voting rights among members of the governing body, or		' '		ĺ				
	if the governing body delegated broad authority to an executive committee or similar				٠.				
	committee, explain in Schedule O.		1 . 1	, ,	,				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b			, ;				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
_	any other officer, director, trustee, or key employee?		2		~				
3	Did the organization delegate control over management duties customarily performed by or				,				
_	supervision of officers, directors, or trustees, or key employees to a management company or other		4		~				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed /			~				
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	<u>5</u>		~				
6	Did the organization have members or stockholders?		P						
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		~				
b	Are any governance decisions of the organization reserved to (or subject to approva	l by) members,							
۰	stockholders, or persons other than the governing body?	 Idertaken during	7b		<u> </u>				
8	the year by the following:	dertaken danng	1 .		'				
а	The governing body?		8a	~					
b	Each committee with authority to act on behalf of the governing body?		8b	~					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be a section of the section	ot be reached at							
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C). <u>.</u>	9		~				
Section	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C						
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a	ļ	~				
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple.		10b	,					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a	7					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done		12c		_				
13	Did the organization have a written whistleblower policy?		13	~					
14	Did the organization have a written document retention and destruction policy?	•	14		1				
15	Did the process for determining compensation of the following persons include a review of		H		1.				
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?	,						
а	The organization's CEO, Executive Director, or top management official		15a		~				
Ь	Other officers or key employees of the organization		15b		~				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		16a						
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization		,						
b	participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the	461	ļ					
C = **	organization's exempt status with respect to such arrangements?	· · · · ·	16b	L	<u> </u>				
	on C. Disclosure		•						
17	List the states with which a copy of this Form 990 is required to be filed Washington	-) 000! 000	 F <i>(</i> C -		E04/-				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicabl (3)s only) available for public inspection. Indicate how you made these available. Check all the Own website Another's website Upon request Other (explain in Sc	at apply. hedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.				y, and				
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	•					
	Viii Raman, 11828 NE 41st Ln. Kirkland. WA 98033								

Form	990	(2018)	
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Page	•

•	·		
Part \	/11	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	ind
		Independent Contractors	

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.

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

☐ Check this box if neither the organization no	r any relate	a orga	anız	atic	n c	ompe	nsa	ated any currer	it officer, directo	r, or trustee.	
				(4	C)						
(A)	(B)	١			ition			(D)	(E)	(F)	
Name and Title	Average					than one of the second		Reportable	Reportable	Estimated	
	hours per	office	er and			or/trust		compensation	compensation from	amount of	
	week (list any hours for	두	ĭ	Q	\$	g ∓	77	from the	related organizations	other compensation	
	related	divid	ă.	Officer	٩	함	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	Ct al	tion		큧	8 %	7	(W-2/1099-MISC)		organization and related	
	line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		,		organizations	
		8	uste			ans.					
	1		δ			<u>a</u>					
											_
(1) Harry Terhanian	ļ			l	١.		1				
President	ļ	~		L_		<u> </u>	L.	0	0		(
(2) Ramesh Yerramsetti	ļ										
Director		~		_			<u> </u>	0	0		(
(3) Viji Raman,											
Vice-President		~			匚			0	0		C
(4) Sanjay Gupta,	<u> </u>				İ						
Director	<u></u>	~						0	0		C
(5) Don Porterfield,						ļ					
Director		~						0	0		(
(6) Venkatraghavan lyer											
Director		1						0	0		(
(7) Vidyasagar Chandrasekhar											
Director		~					L	0	0		(
(8) Shalini Alapaty										,	
Director		•						0	0	<u></u>	C
(9)										<u> </u>	
(10)											
					<u> </u>					<u> </u>	_
(11)	ļ										
(12)								<u> </u>	<u> </u>		-
<u> </u>	t										
(13)											
(14)											
	1 "]						i	I			

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/005			lighes	st C	ompensated E	mployees (continue	d)		
	(B) Average hours per week (list any	bοx, ι	unles	Pos eck s pe	more rson	than one of the or/trust	an ee)	(D) Reportable compensation from	(E) Reportab compensation related		(F) Estimated amount of other			
	hours for related organizations below dotted line)	יים ו	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compe from organ and r	ensation n the elization related izations		
(15)														
(16)														
(17)														
(18)														
(19)					-									
(20)				-		<u> </u>								
(21)			-	-	-	-								
(22)												-		
(23)														_
(24)														
(25)														
1b c	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c)				· ·		· ·	▶ ▶						
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, o	or tr	rust ind	ee, ividi	key e	emp		nest compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater th	portal an \$	ble 150,	con ,000	npei)? <i>I</i> :	nsatio	on a s,"	nd other comp complete Sch	pensation from the second seco	om the	4		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	dividual 	5		٧
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.											anizatio		ax
	(A) Name and business add	tress							(B) Description of s	ervices	C	(C) compens	ation	
								\vdash						
					_									
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed ab	ove) who				

Form **990** (2018)

Par	t VIII	Statement of Revenue						
		Check if Schedule O contain	ns a res	sponse or note to	any line in this	Part VIII	. <u></u>	<u> </u>
			·· ·		(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues		† · · · · · · · · · · · · · · · · · · ·				
	С	Fundraising events		†				
	ď	Related organizations						
<u>a</u> : ₽		Government grants (contribution		 				
Si		All other contributions, gifts, gran		 				
iğ ē	'	and similar amounts not included abo						1
출동				\$273,740.71	,			
5 5	9	Noncash contributions included in lines						
	h	Total. Add lines 1a-1f			\$273,740./1			}
홀	1			Business Code				
<u>Š</u>	2a	Tuition Fees		611699	\$777,820.45	\$777,820.45		
č	Ь							
.Σ	C						··	
Š	d							
Ē	e							
Program Service Revenue	f	All other program service rev	enue .					
Ĕ	g	Total. Add lines 2a-2f		.	\$777,820.45	_		
	3	Investment income (includia	ng divid	dends, interest,				
		and other similar amounts)		🕨				
	4	Income from investment of tax-e	exempt b	ond proceeds▶				
	5	Royalties						
	-		Real	(ii) Personal				
	6a	Gross rents			ļ			
	Ъ	Less: rental expenses		-}			-	
		Rental income or (loss)		 				}
	d	Net rental income or (loss)		<u> </u>				
			curities	(ii) Other			 	
	7a	dioss amount nom sales of		(ii) Other				
		assets other than inventory		<u> </u>				
	b	Less: cost or other basis						
		and sales expenses .						
	C	Gain or (loss)			<u> </u>		<u> </u>	
	ď	Net gain or (loss)		<u> ▶</u>				
enne	8a	Gross income from fundraising events (not including \$	ng					
Other Rever		of contributions reported on lin See Part IV, line 18						
¥	ь	Less: direct expenses	b	,	1			
9		Net income or (loss) from fun		events . >				
		Gross income from gaming ac See Part IV, line 19	ctivities.					
	ь	Less: direct expenses	_					
		Net income or (loss) from gar		ivities •				
		Gross sales of inventory						
		· · · · · · · · · · · · · · · · · · ·	, .ccc a					
			_	·		Ì		
	•	Less: cost of goods sold .						
		Net income or (loss) from sale	es of inv		0	0		
	<u> </u>	Miscellaneous Revenue		Business Code				
	11a							
	Ь							.
	С	***************************************						
	d	All other revenue						<u></u>
	е	Total. Add lines 11a-11d.		>				_
	12	Total revenue. See instruction	ns .		\$777 820 45	\$777 820 45		

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com				
Da ===	Check if Schedule O contains a respon-		(B)	(C)	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	\$576,808.13	\$576,808.13		
9 10	Other employee benefits	\$36,690.47	\$36,690.47		
11 a	Fees for services (non-employees): Management	\$3,140.98		\$3,140.98	
b	Legal				
C	Accounting	\$2,399.44		\$2,399.44	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	\$2,724.48	\$2,724.48	·· · · · · = - · ·	
13	Office expenses	\$9,066.01		\$9,066.01	
14	Information technology	\$1,326.00		\$1,326.00	
15	Royalties				
16	Occupancy	\$32,244.50	\$32,244.50		
17	Travel	\$3,090.16	\$3,090.16		············
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	\$35,752.34	\$35,752.34		
23	Insurance	\$11,023.47	\$11,023.47		
24	Other expenses. Itemize expenses not covered 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 O.)				
a	Food	\$81,185.20	\$81,185.20		
Ь	Rent or Lease	\$32,244.50	\$32,244.50		
c	Teaching Materials	\$29,495.22	\$29,495.22		
d	Building Maintenance	\$24,033.12	\$24,033.12		
. е		\$109,560.94	\$109,560.94		
25	Total functional expenses. Add lines 1 through 24e	\$995,222.46	\$995,222.46		
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)			,	

Form 990 (2018)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X **(B)** Beginning of year End of year Cash-non-interest-bearing \$300,369,72 1 1 \$428,152.88 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(t)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 Notes and loans receivable, net 8 Я Inventories for sale or use 9 ٩ Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 172,778.93 Less: accumulated depreciation 10b 10c 110,281.31 \$66,897.62 \$62,497.62 Investments—publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 . 12 12 Investments-program-related. See Part IV, line 11. 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 \$367,267.34 \$490,650.50 Accounts payable and accrued expenses 17 17 \$2,114.89 \$2,048.69 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 o n 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 \$2,114.89 \$2,048.69 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > \(\bigcap \) and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 35031.01 \$91,303.51 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 Retained earnings, endowment, accumulated income, or other funds . 31 32 32 \$365,152.45 \$365,218.65 ğ 33 33 \$400.183.46 \$456,522.16 Total liabilities and net assets/fund balances . . . \$402,298,35 \$458,570.85

						<u>, </u>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		\$1,0	51,56	<u>61.16</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		\$9	95,22	<u> 22.46</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		\$	56,33	38.70
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		\$4	00,18	<u>83.46</u>
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				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		\$4	56,52	<u> 22,16</u>
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII		· · · ·	٠,		<u> </u>
			_	Y	'es	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		ı	ŀ
	If the organization changed its method of accounting from a prior year or checked "Other," ex	piain ii	n			- {
_	Schedule O.		<u> </u>	-	-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a	\dashv	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r	l	İ	Ì
	reviewed on a separate basis, consolidated basis, or both:				1	}
	Separate basis Consolidated basis Both consolidated and separate basis		21	-		
b	• • • • • • • • • • • • • • • • • • • •			'	-+	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ea on a	a		ļ	- 1
	Separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				ı	
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	,omiah	.	- -	-	
С	of the audit, review, or compilation of its financial statements and selection of an independent account			_		
	If the organization changed either its oversight process or selection process during the tax year, ex				\dashv	
	Schedule O.	фан н	"			ı
3a		forth i	,	_		
Ja	the Single Audit Act and OMB Circular A-133?		' 3 <i>i</i>	a		~
ь	The state of the s	rgo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ا ا	b		
			F	orm (990	(2018)
						. ,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name	Name of the organization Employer identification number							
	Northwest SHARE 91-1918588							
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
		zation is not a private founda		•	•	-	•	\sim 1
1		church, convention of churc						
2	_	school described in section		· ·				~{
3		hospital or a cooperative ho						(CID F=44
4	ho	medical research organizationspital's name, city, and stat	e:					
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described in
6 7	☐ Ar	federal, state, or local gover n organization that normally escribed in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	□ A	community trust described i	n section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	or un	n agricultural research organ university or a non-land-gra niversity:	nt college of agr	riculture (see instruction	ons). Ente	er the nar	ne, city, and state of	f the college or
10	red su ac	n organization that normally on the ceipts from activities related upport from gross investment cuired by the organization a	to its exempt fu t income and un fter June 30, 19	nctions—subject to c related business taxa 75. See section 509(;	ertain ex ble incon a)(2). (Co	ceptions, ne (less s mplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its
11		n organization organized and	•	•	-			
12		n organization organized and						
		one or more publicly suppo neck the box in lines 12a thro						
а		Type I. A supporting organ the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	elect a ma	ajority of t		
b		Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same			
c		Type III functionally integ	rated. A support	ting organization oper	rated in c			ally integrated with,
		its supported organization(-				
d		Type III non-functionally integration that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
е		Check this box if the organ functionally integrated, or I						e II, Type III
f	Ente	er the number of supported o	organizations .					[
_ g	Prov	vide the following information	about the supp	ported organization(s)				
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
 (D)			· · · · · · · · · · · · · · · · · · ·					
(E)								
T-4-1								

Pag	ė	2

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease complé	ete Part III.)	
	on A. Public Support			T	1 15 22 25	1 77777	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total_
1	Gifts, grants, contributions, and				1 1	į	
	membership fees received. (Do not include any "unusual grants.")	J					J
_							
2	Tax revenues levied for the organization's benefit and either paid		1	1			
	to or expended on its behalf						
3	The value of services or facilities		<u> </u>		 	 	
3	furnished by a governmental unit to the		}	1	1 1	i	
	organization without charge				l <i>I</i>		
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				} /	1	
	line 1 that exceeds 2% of the amount			ļ	/	ļ	
	shown on line 11, column (f)	-			1 /		1
_ 6	Public support. Subtract line 5 from line 4				/		
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016/	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,			/			
	payments received on securities loans,			/			
	rents, royalties, and income from			/	ł	ł	ļ
	similar sources			/	<u> </u>	ļ <u></u>	
9	Net income from unrelated business			/		į	ļ
	activities, whether or not the business		/				
	is regularly carried on		/				ļ
10	Other income. Do not include gain or			•			
	loss from the sale of capital assets (Explain in Part VI.)			ł		ļ	
44	•						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	/egg instruction	one)	<u> </u>	<u> </u>	12	<u> </u>
13	First five years. If the Form 990 is for the	. /	-		or fifth tay v		n 501(c)(3)
10	organization, check this box and stop he		is mst, secon	u, umu, louru	i, Or murtax y	ear as a secur	JII 301(c)(3)
Secti	on C. Computation of Public Suppor		<u>e</u>				
14	Public support percentage for 2018 (line 6			1. column (fl)		14	%
15	Public support percentage from 2017 Sch					15	<u>%</u>
16a	331/2% support test - 2018. If the organi			c on line 13, ar	nd line 14 is 3		
	box and stop here. The organization qua						▶ 🗆
b	331/2% support test-2017: If the organia	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	ore, check
	this box and stop here. The organization						🟲 🗀
17a	10%-facts-and-circumstances test -20	018. If the ora:	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, an	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported
	organization						🕨 🗀
ь	10%-facts-and-circumstances test - 20	D17. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is /10% or more, and if the organiza	tion meets th	e "facts-and-c	circumstances'	" test, check	this box and	stop here.
	Explain in Part VI how the organization n	neets the "fact	ts-and-circums	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						· · · · □
18	- Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions						▶ □

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.)

	ir the organization rails to quality	under the tes	is listed belo	w, piease co	inplete rait	11.)	
	on A. Public Support			·			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees		[I			
_	received. (Do not include any "unusual grants.")	\$381,671.05	\$449,196.36	\$355,617.64	\$267,043.51	\$273,740.71	\$1,727,269.27
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	\$153,256.00	\$398,378.50	\$424,758.25	\$597,305.11	\$777,820.45	\$2,351,518.31
3	Gross receipts from activities that are not an unrelated trade or business under section 513				-		
4	Tax revenues levied for the organization'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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	\$534,927.05	\$847,574.86	780375.89	\$864,348.62	\$1,051,561.16	\$4,078,787. <u>58</u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b		nt .		P 1 4		\$4,078,787.58
Secti	on B. Total Support		 				<u> </u>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	\$534,927.05	\$847,574.86	780375.89	\$864,348.62	\$1,051,561.16	\$4,078,787.58
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	\$20.55	\$2.83	35.5	0	0	\$58.88
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			,			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	\$534,947.60	\$847,577.69	\$700,411.39	\$864.348.62	\$1,051,561.16	\$4,078,846,46
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization'	s first, second	l, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8			3, column (f))		15	99.99 %
16	Public support percentage from 2017 Sch		•			16	100 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (I			y line 13, colun	nn (f))	17	%
18	Investment income percentage from 2017	Schedule A, P	art III, line 17			18	%
19a	331/3% support tests-2018. If the organi					ore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this b	-	_				
20	Private foundation. If the organization die	d not check a b	ox on line 14,	19a, or 19b, cl	heck this box	and see instruc	ctions 🕨 🔲

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 and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part II.	art V.		
Section	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		لَــــــــا
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.	3b		
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.	3c		
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.	4a		
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.	4b		ļ
C	Did the organization support any foreign supported organization that does not have an IRS determination			İ
	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.	4c		
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			ς.
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Sa		
	designated in the organization's organizing document?	5b 5c		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5 C		
6	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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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 .	9a		
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 .	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
40	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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.	10a		

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.)

School	116 ¥ (L 011) 320 01 330-EV) 5019			Page :
Part	Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а		1-		
	below, the governing body of a supported organization?	11a	<u> </u>	├─-
	A family member of a person described in (a) above?	11b	 	-
Soot	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. ion B. Type I Supporting Organizations	11c	<u>. </u>	<u> </u>
Secu	on b. Type i Supporting Organizations		V	No.
4	Did the diverters twisters or membership of one or more comparted associations have the necessity		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		ł	
	controlled the organization's activities. If the organization had more than one supported organization,	İ		
	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.		ļ	
^	Contains a second and the second and	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			İ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	<u> </u>	 	
Sooti	ion C. Type II Supporting Organizations	2	L	
Secu	on C. Type ii Supporting Organizations		W	- A4 -
4	Ways a majority of the appropriation is allowed any autority and a second and a second as a second at the second		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			ŀ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	-		ļ
Sacti	ion D. All Type III Supporting Organizations	1		L
Secu	on b. All Type in Supporting Organizations		V	NI.
1	Did the expense tree projude to each of its supported expense time, by the last day of the fifth month of the		Yes	No
'	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	ł		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ĺ		ł
	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	<u> </u>		<u> </u>
_	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	<u> </u>	-	-
	significant voice in the organization's investment policies and in directing the use of the organization's]		l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		}	l
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	e)
a a	☐ The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,	0.00,,,	5).
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
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	<u> </u>		
	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? <i>Provide details in Part VI</i> .	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

randy Type III Non-runctionally integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ Section A—Adjusted Net Income	nizat	(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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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 instructions).	y int	tegrated Type III support	ing organization (see

Part	y Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zauons (continueo)				
Secti	Section D—Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5_	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.	, <u>, , , , , , , , , , , , , , , , , , </u>					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	th the organization is res	sponsive				
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required—explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
<u>a</u>	From 2013						
<u> </u>	From 2014						
	From 2015			· · · · · · · · · · · · · · · · · · ·			
	From 2016						
	From 2017						
<u>f</u>	Total of lines 3a through e						
	Applied to underdistributions of prior years		-				
	Applied to 2018 distributable amount						
<u>i</u> _	Carryover from 2013 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$						
<u>a</u> _	Applied to underdistributions of prior years						
<u> </u>	Applied to 2018 distributable amount						
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if			,			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.]					
b	6 Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
1	and 4c.	}	-	-			
8	Breakdown of line 7:		· · · ·				
a	Excess from 2014 .		· · · · · · · · · · · · · · · · · · ·				
<u>a</u>	Excess from 2015						
	Excess from 2016						
<u>d</u>	Excess from 2017						
e	Excess from 2018						
	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	l					

_	1	
Pag	Ð	С

Part VI	Ipplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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 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, 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, es 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
						
	,					
	•					
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Northy	vest SHARE		91-1918588
Par			ls or Accounts.
	Complete if the organization answered "	<u> </u>	1
4	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year) .		
	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		11.
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the	advisors in writing that the assets he	Id in donor advised
6	Did the organization inform all grantees, donors, ar	_	
U	only for charitable purposes and not for the benefit		
			• •
Pari	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the conservation		***************************************
	Preservation of land for public use (for example, recreation)		f a historically important land area
	Protection of natural habitat	· 	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
Ь	Total acreage restricted by conservation easements		. 2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not or	n a
	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	ninated by the organization during the
	tax year ▶		-
4	Number of states where property subject to conserv		
5	Does the organization have a written policy regard	arding the periodic monitoring, inspe	<u> </u>
	violations, and enforcement of the conservation eas		🗌 Yes 🔲 No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
_	A		
7	Amount of expenses incurred in monitoring, inspecting \$\bigs\$\$	g, handling of violations, and enforcing c	conservation easements during the year
_			
8	Does each conservation easement reported on line 2		
^			
9	In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of	onservation easements in its revenue a	ind expense statement and
	organization's accounting for conservation easemer		ndar statomonts that describes the
Part	<u> </u>		Other Similar Assets
	Complete if the organization answered ")	Yes" on Form 990. Part IV. line 8.	Julie Cilliai Assets.
12	If the organization elected, as permitted under FASI		a statement and belongs about wedge
10	of art, historical treasures, or other similar assets	held for public exhibition, education	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to	o its financial statements that describe	s these items.
	If the organization elected, as permitted under FAS		
_	art, historical treasures, or other similar assets held t	for public exhibition, education, or rese	earch in furtherance of public service
	provide the following amounts relating to these items	s:	•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, I	historical treasures. or other similar a	assets for financial gain, provide the
	following amounts required to be reported under FA	SB ASC 958 relating to these items:	•
а	Revenue included on Form 990, Part VIII, line 1 .		> \$
b	Assets included in Form 990, Part X		> \$

Dagá	•

Part	III Organizations Maintaining							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her recor	ds, chec	k any of the	e follow	ring that make	significant use of its
а	☐ Public exhibition				or exchang			
b	☐ Scholarly research		Θ	Other				
C	Preservation for future generations							
4	Provide a description of the organizat XIII.							
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donation ined as p	s of art, part of the	historical tr e organizati	easures	s, or other simi	lar 🗌 Yes 🗌 No
Part								
	Complete if the organization 990, Part X, line 21.	answered "Yes'	" on Fon	m 990, f	Part IV, line	e 9, or	reported an a	mount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing t	able:		<u>,</u>	
						<u> </u>	<u> </u>	Amount
C	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		n/2 □ Voc □ No
2a b	Did the organization include an amour If "Yes," explain the arrangement in Pa							
Pari								
	Complete if the organization	answered "Yes"	" on For	m 990, I	Part IV, line	e 10.		
		(a) Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions					[
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and					-		
	programs							
f	Administrative expenses							
g	End of year balance		L <u></u>	<u></u>	<u> </u>			
2	Provide the estimated percentage of t	he current year en	nd baland	e (line 1g	g, column (a	i)) held a	as:	
a	Board designated or quasi-endowmer	nt 🕨	%					
b	Permanent endowment	%						
С	Term endowment ▶% The percentages on lines 2a, 2b, and	20 obould equal 1	00%					
3a	Are there endowment funds not in the			zation th	at are held	and ad	ministered for t	the
Ja	organization by:	e possession or u	ie Organi	Zauon un	at are rieiu	and ad	Tillinstered for t	Yes No
								3a(i)
	•							. 3a(ii)
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on S	chedule R?			. 3b
4	Describe in Part XIII the intended uses	of the organization	on's endo	wment f	unds.			
Part								
	Complete if the organization	answered "Yes	" on For	m 990, I	Part IV, line			
	Description of property	(a) Cost or ot (investm			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land					SAME OF		
b	Buildings		 	ļ				
С	Leasehold improvements		76,077.88			ļ	\$72,917.68	\$3,160.20
đ	Equipment	. \$	86,701.05	1			\$65,717.45	\$20,983.60
<u> </u>	Other	.	\$11,500		n (D) line 44	20.1	\$2,750	\$8,750
ı otal.	Add lines 1a through 1e. (Column (d) n	nust equal rorm 9.	συ, raπ i	n, coiumi	יו (<i>ס), ווחפ</i> ול	<i>JU.</i>)	▶	

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on For	m 990. Part IV. line	e 11b. See Form 9	90. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financia	I derivatives			· · · · · · · · · · · · · · · · · · ·
(2) Closely I	neld equity interests			
(3) Other				
(A)			<u>. – </u>	
(B)				
(C)				**
(D)		· · · · · · · · · · · · · · · · · · ·	<u> </u>	_
(E) (F)				
(G)				
(H)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII	Investments-Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11c. See Form 9	90, Part X, line 13.
	(a) Description of investment	(b) Book value		d of valuation: -year market value
(1)				•
(2)				
(3)				
(4)				
(6)				
(7)				···
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨			
Part IX	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form 9	90, Part X, line 15.
	(a) Description			(b) Book value
(1)		<u></u>		
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			
	Complete if the organization answered "Yes" on Forline 25.	m 990, Part IV, line	e 11e or 11f. See F	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4)				
(5)				<u> </u>
(6)				
(7)				
(8)		— 		
Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	runcertain tax positions. In Part XIII, provide the text of the footnot	ote to the organization	's financial statement	s that reports the
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	here if the text of the	footnote has been pro	ovided in Part XIII .

n-		A
Pa:	'nΑ	4

	('amplota it the organization answered "Vee" on Form (100 Part IV line 12a		
1	Complete if the organization answered "Yes" on Form 9 Total revenue, gains, and other support per audited financial statem		11 -	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ents	· · · • • · · · · · · · · · · · · · · · · 	
2		ا مم ا	1 1	
a	Net unrealized gains (losses) on investments		 '	
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	·····
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
Ь	Other (Describe in Part XIII.)			
_	Add lines 4a and 4b			
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I			
Part			nses per Return.	•
	Complete if the organization answered "Yes" on Form 9			
1	·		· · · <u> 1 </u>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	 	
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 1 1	
а	,,	. 4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part			
c 5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part Supplemental Information.	! I, line 18.)	5	urt X. line
c 5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Pa	urt X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Pa	urt X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Pa	urt X, line
c 5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Pa	rt X, line
c 5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Pa	rt X, line
c 5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Pa	rt X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Pa	urt X, line
c 5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Pa	urt X, line
c 5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Pa	urt X, line
c 5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Pa	rt X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Pa	urt X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Pa	urt X, line

Page 5	D (Form 990) 2019 Supplemental Information (continued)	Schedule D (For
	Supplemental Information (continued)	Part XIII
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SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Northwest SHARE 91-1918588 Other expenses Utilities \$17,784.22 Mana Samskriti Event Expenses \$13,855.17 Stationery & Printing \$11,374.15 Taxes & Licenses \$9,126.69 Textbooks \$8,402.61 Feed Expenses \$7,423.85 Services 1099 \$5,205.85 Expenses Miscellaneous \$5,098.78 Supplies \$2,875.50 Grocery expense \$2,727.07 Meals and Entertainment \$2,350.80 Licensing expense \$1,601.00 Field trip exp \$1,391.00 Supplies & Materials \$1,179.88 Farm Equipment \$961.52 City Wide Maintenance \$875.00 City B&O tax \$572.07 Teacher Education \$454.82 King County Taxes \$142.68 Bank fees \$83.84 Dues & Subscriptions \$83.00 L&I \$60.80 Shipping and delivery expense \$36.33 State Revenue Tax \$465.34, \$25.60 IRA Employee Accounts + Matching \$15,467.11 -\$1,582.69 Expense reimbursements \$1,360.31

Schedule O (Form 990 or 990-EZ) (2018)		<u>.</u>		1	<u> </u>	. " '. Page 2
Name of the organization	7.	3", 41			•	Employer identification number
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